



**LOAN WITHDRAWAL REQUEST** – *Additional loan documents must be completed and returned prior to loan processing.*

To be completed if you are requesting a plan loan. Maximum loan repayment period: 5 years, 10 years for home loan.

Loan Amount \$ \_\_\_\_\_ Interest Rate: 1% plus Prime Rate Repayment Period: \_\_\_\_\_ Years

Pay Frequency:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

**HARDSHIP WITHDRAWAL REQUEST** – *Additional hardship documents must be completed and returned with proof of hardship.*

To be completed if you are requesting a Hardship Withdrawal as defined by the Internal Revenue Service. Please indicate a specific dollar amount. Note: the amount of the withdrawal may not exceed the amount of the documented hardship.

Hardships can be granted for the following reasons **only**:

- Medical Expenses not covered by Insurance.
- Purchase of a Primary Residence
- Payment of Tuition for Post-Secondary Education
- Payment for Burial Expenses
- Prevent Eviction from or Foreclosure on Primary Residence
- Repairing Damages to Primary Residence that would qualify as an IRS Casualty Deduction

Hardship Amount \$ \_\_\_\_\_

**PAYMENT INSTRUCTIONS**

Mail a check to:

- Participant Address
- Trustee Address
- Rollover Company Address (*except for Hardship Withdrawals*)

Direct Deposit funds by ACH to the financial institution listed below (lump sum cash distributions only):

ABA Number \_\_\_\_\_ (9-digit bank routing number)

Account Number \_\_\_\_\_  Checking  Savings

Name on Account \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

**\*\* MUST PROVIDE VOIDED CHECK OR SAVINGS DEPOSIT TICKET FOR ACH \*\***

**SIGNATURES**

*By signing this form, the Participant acknowledges receipt of the IRS "safe harbor explanation" titled "Special Tax Notice Your Rollover Options" and hereby waives the 30-day waiting period for receiving lump sum distributions.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Required if Participant's account balance is greater than \$5,000.00)**

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
**(A Notary Public or Plan Representative must witness the Spouse's signature.)**

*All distributions are subject to a processing fee. Please contact our office for more information.*

**TRUSTEE SECTION:** *Must be completed by the Trustee or Authorized Signer.*

Company Name	
Plan Name	
Participant's Date of Hire	
Participant's Date of Termination	

**HOURS WORKED**

If Termination Date is in the current plan year: provide hours from first day of plan year to date of termination: \_\_\_\_\_

*Please indicate hours worked in each of the applicable plan years.*

2019:  over 1,000 hours  less than 1,000 hours

2016:  over 1,000 hours  less than 1,000 hours

2018:  over 1,000 hours  less than 1,000 hours

2015:  over 1,000 hours  less than 1,000 hours

2017:  over 1,000 hours  less than 1,000 hours

2014:  over 1,000 hours  less than 1,000 hours

**PLAN CONTRIBUTIONS**

Last contributions deposited or due to be deposited to the plan:

Salary Deferral:            Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Employer (if applicable):    Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**PLAN LOANS**

Does the Participant currently have an outstanding loan balance?

No             Yes    Loan Balance \$ \_\_\_\_\_ (*Loan balance will be reviewed by The Pension Design Group*)

Last payment deposited or due to be deposited to the plan:            Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**SIGNATURE**

Trustee or Authorized Signer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completion, please return this form to The Pension Design Group at:**

**760 Lakeview Plaza Blvd. Suite 700  
Worthington, OH 43085  
Phone 614.888.6008  
Fax 614.888.6173  
admin@pensiondesigngroup.com**