

Financial hardship shall be determined by the Employer. (Pentegra Trust Company requires that the Employer certify factual information within its knowledge to confirm the existence of the Participant's financial hardship.) Hardship withdrawals shall be permitted only if the Participant has first made all available withdrawals and loans from all plans of the Employer and plans of entities related to the Employer in which he or she is a participant. To establish financial hardship, the Participant must demonstrate an immediate and heavy financial need, and the amount allowable as a hardship withdrawal shall not exceed the amount required to meet the immediate and heavy financial need which is not reasonably available from other resources of the Participant.

Employer Name / Plan Name

STEP 1 Participant Information

Name (Last, First, MI)

- -

Social Security Number

As a Participant in the above listed plan, I hereby apply for a hardship withdrawal. I confirm that the reason for the hardship is:

- To pay medical expenses which I, my spouse or dependents have incurred;
- To purchase a principal residence (excluding mortgage payments);
- To pay tuition for up to 12 months of post-secondary education for myself, my spouse, children or dependents;
- To prevent my eviction from, or the foreclosure on my principal residence;
- To pay for funeral expenses for a member of my immediate family; or
- To pay for expenses for repair of damage to a principal residence (in circumstances qualifying for a casualty deduction under the Internal Revenue Code without reference to the 10 percent of adjusted gross income floor).

Employer may require that documentation to support the reason for this withdrawal be attached to this application.

STEP 2 Withdrawal Information

We recommend that you speak with a tax or financial advisor regarding the consequences of this hardship withdrawal.

Amount of distribution:

Distribute the following dollar amount from the account: \$ _____. I understand the amount of the distribution check that I receive will be reduced by any applicable account maintenance fees, redemption fees, contingent deferred sales charges and federal income tax withholding.

Waiver of Waiting Period:

In accordance with Federal Regulations, your hardship withdrawal cannot be paid until at least 30 days after the date you receive a "Special Tax Notice". However, you have the right to waive this 30-day requirement in order to have your distribution processed sooner. Please check the appropriate box below:

- I wish to waive the 30-day waiting period.
- I do **not** wish to waive the 30-day waiting period.

Federal Income Tax Withholding:

A 10% withholding will apply unless you indicate below a different percentage to withhold.

- I do not want any federal income tax withheld from my distribution.
- I want federal income tax withholding at a rate of _____ %

Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax. If you elect not to have withholding applied to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Note: Distributions are taxable and may be subject to a 10% premature distribution penalty if you are under 59½ years of age unless an exception applies.

STEP 3 | Payment Options

By Check: *NOTE: Checks over \$50,000 will automatically be sent overnight and charged Pentegra's \$35 UPS Overnight Fee.*

For checks under \$50,000 you may elect to have it sent UPS overnight for a \$35 fee.

Make check payable to the Participant and mail to the Participant's address of record.

Mail check to a third party address (Signature Guarantee required in Step 4).

Make check payable to:

ATTN

Address

City

State

Zip

To Bank: *(NOTE: Verify that all account information is correct, if funds reject due to wrong account information you will be charged any applicable reject fees.)*

ACH Transfer to my bank account. (Allow 3-5 business days to receive your proceeds.)

Bank Name

Names(s) on Bank Account

Bank Address

City

State

Zip

Routing Number

Account Number

Account Type: Checking Savings

Wire Transfer to my bank account. (Allow 3-5 business days to receive your proceeds.) *There is a \$35 wire fee for this option.*

Bank Name

Names(s) on Bank Account

Bank Address

City

State

Zip

Routing Number

Account Number

Account Type: Checking Savings

STEP 4 | Signature & Acceptance

Participant must check either 4A or 4B.

4A. Participant Certification

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must now demonstrate that I have no other resources available to me to meet this hardship.

I agree that the need for the hardship requested above cannot reasonably be relieved:

1. through reimbursement or compensation by insurance or otherwise;
2. by liquidation of my assets to the extent that such liquidation would not itself cause a severe financial hardship;
3. by cessation of employee contributions to this account;
4. by other distributions and loans available to me from this and other retirement plans; or
5. by borrowing from commercial sources on reasonable commercial terms.

4B. Participant Suspension

I agree to stop all payroll deductions to my Pentegra Trust Company account for 6 months following the hardship withdrawal requested above.

I hereby affirm that the information given is true and correct, and I authorize and direct the Custodian to make the hardship withdrawal according to the instructions provided on this form. In addition, by signing this form, I understand and acknowledge that (i) my employer is required to execute any and all other documents, and to provide and/or share any and all other information, necessary to comply with Section 403(b) of the Code and the final regulations promulgated there under and (ii) there is the risk that if my employer and/or the plan is not in compliance with Section 403(b) of the Code and the final regulations promulgated there under that the hardship withdrawal being made by Pentegra Trust Company under this form may be considered a disqualifying event by the Internal Revenue Service and reportable by Pentegra Trust Company. I acknowledge I will be not charged a Distribution Fee if my distribution is in cash.

➤ / /

DATE (MONTH / DAY / YEAR)

Signature Guarantee: To obtain a signature guarantee, the Participant must sign this form and have it signature guaranteed. Signature Guarantee must be performed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. A notarization from a notary public **does not** meet signature guarantee requirements.

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DATE (MONTH / DAY / YEAR)

----- **SPONSOR SECTION** -----

This request is:

- Accepted, based on documentation received.
- Rejected *, for the following reason _____

* Do not submit rejected application to Pentegra Trust Company.

Pentegra Trust Company requires the Employer to certify factual information within its knowledge as employer prior to making a hardship withdrawal to the Participant from the Account. The information provided in connection with this request is true and accurate. The hardship withdrawal directed is one that the Participant is permitted to receive. Furthermore, the individual signing this form on behalf of the employer referenced above by represents and warrants that he/she is duly authorized to execute this form on behalf of the employer and to legally bind the employer to the terms and conditions stated herein.

➤ / /

DATE (MONTH / DAY / YEAR)

Please mail the completed form and all required supporting documents to:
 Pentegra Trust Company
 c/o ASPire
 ATTN: Distributions
 4010 Boy Scout Blvd, Suite 500
 Tampa, FL 33607

For Customer Service, please contact 866.634.5873.