



## TDRA APPLICATION FOR HARDSHIP DISTRIBUTION

Complete this *TDRA Application for Hardship Distribution* if you are a member and want to request a financial hardship distribution of your elective deferrals (not including earnings) from your 403(b) account under the Tax-Deferred Retirement Account of the Pension Fund of the Christian Church (Disciples of Christ) ("TDRA"). Only one hardship distribution is permitted in a six month period. A hardship distribution cannot exceed the amount required to meet the immediate and heavy financial need created by the financial hardship, and all other reasonably available sources must be exhausted before a hardship distribution can be taken. Hardship distributions are subject to income tax when received and, if taken before age 59½, will generally be subject to a 10% penalty tax.

**- PLEASE TYPE OR PRINT CLEARLY -**

### I. MEMBER INFORMATION

Member \_\_\_\_\_ Member Ref. No. \_\_\_\_\_  
(first) (middle) (last/family name)  
☐ *Check here if there has been a change to your contact information on file.*  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### II. AMOUNT AND SOURCE OF DISTRIBUTION

You may have more than one elective deferral account under the TDRA. Separate accounts are established for different employers and pre-tax elective deferrals are maintained separately from Roth elective deferrals. **Indicate the account number or numbers to which this Application applies:**

The following TDRA account number(s) (*limited to pre-tax and/or Roth elective deferral accounts only*):

no. \_\_\_\_\_ no. \_\_\_\_\_ no. \_\_\_\_\_

I hereby apply for a hardship distribution from the above TDRA account(s) in the amount of \$ \_\_\_\_\_ (not to exceed the lesser of (i) the amount of the financial need, plus anticipated taxes and penalties, or (ii) the balance in my elective deferral account, including earnings).

If this Application applies to multiple TDRA accounts, your distribution will be made first from pre-tax elective deferral accounts on a pro rata basis, and second from Roth elective deferral accounts on a pro rata basis. You can instead make the following elections:

- ☐ Distribute my Roth elective deferrals before my pre-tax elective deferrals.  
☐ Distribute my Roth elective deferrals and pre-tax elective deferrals on a pro rata basis.

### III. REASON FOR HARDSHIP DISTRIBUTION

I certify that this hardship distribution is requested for the reason set forth below (*check which reason applies*):

- ☐ **Expenses for (or necessary to obtain) medical care for me, my spouse, my dependents, or my primary beneficiaries that would be deductible under section 213(d) of the Internal Revenue Code** (generally, medical expenses for the diagnosis, cure, mitigation, treatment or prevention of disease).
- ☐ **Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for me, my spouse, my dependents, or my primary beneficiaries.**
- ☐ **Costs directly related to the purchase (excluding mortgage payments) of my principal residence in which I presently reside or will reside.**

- ☐ **Payment necessary to prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence.**
- ☐ **Expenses for the repair of damage to my principal residence that would qualify for a casualty deduction under section 165 of the Internal Revenue Code** (generally, losses that arise from fire, storm, theft, or other casualty, without regard to whether the loss is attributable to a federally declared disaster or whether it exceeds 10% of the member's adjusted gross income).
- ☐ **Payments for burial or funeral expenses for my spouse, parent, dependent, or primary beneficiary.**
- ☐ **Expenses and losses (including loss of income) incurred by me on account of a disaster declared by the Federal Emergency Management Agency (FEMA), where my principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance.**

A dependent is defined in section 152 of the Internal Revenue Code, but without regard to whether the individual is someone else's dependent, whether the dependent is married, or the dependent's gross income. Primary beneficiary means the beneficiary designated to receive benefits under the TDRA upon the member's death, on file with Pension Fund.

#### IV. FEDERAL INCOME TAX WITHHOLDING RULES

**Federal Withholding.** A hardship distribution is taxable to you in the year of receipt and, if you are under age 59½, is subject to a 10% early withdrawal penalty. Pension Fund will withhold 10% on the taxable portion of the distribution. You may elect to change the default withholding rate by completing a **Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**. To access this form, see [www.pensionfund.org](http://www.pensionfund.org).

**State Withholding.** Unless you have a current state income tax withholding election in place, you will need to complete a state tax withholding certificate for your state of residence. If you live in a state that mandates state income tax withholding, Pension Fund will withhold the required amount. For more information regarding the withholding requirements of your state of residence, see [www.pensionfund.org](http://www.pensionfund.org).

**Indicate your state of tax residence (if different than your home address in Section I)**\_\_\_\_\_.

#### V. MEMBER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- The hardship distribution I have requested is on account of an immediate and heavy financial need, it is for the reason elected in Section III, and it does not exceed the amount of such financial need, including federal, state or local income taxes or penalties reasonably anticipated to result from the distribution. I have no alternative means reasonably available to satisfy my financial need. I understand that I am personally responsible for maintaining substantiation of these certifications for tax purposes.
- I understand that I am not eligible for a hardship distribution if I have terminated employment, attained age 59½, or am disabled, or if I have a rollover account, since under any such circumstance I would be entitled to a regular distribution under the TDRA.
- I understand that a hardship distribution is not eligible for rollover to an IRA or other retirement plan.
- I understand that I cannot take another hardship distribution from the TDRA for a six month period after this withdrawal.
- I understand that the personal information provided on this Application will be used by Pension Fund to process my request and to provide member services to me under the TDRA.
- I certify that the information provided on this Application is accurate, and agree to provide such other information as required by Pension Fund to process this request. I understand that by signing this Application, I am accepting and assuming any liability Pension Fund may incur because of incorrect information I have provided.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

## VI. APPROVAL/DENIAL OF REQUEST

This hardship distribution request is hereby:

☐ **Approved** for \$ \_\_\_\_\_. A check will be mailed to your home address as provided in Section I of this Application.

☐ **Denied.**

If denied in whole or part, the request was denied for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

**Pension Fund Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name** \_\_\_\_\_

### **Pension Fund of the Christian Church**

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: [pfcc1@pensionfund.org](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)