
TSA HARDSHIP WITHDRAWAL REQUEST

CONTRACT NUMBER _____ OWNER _____

STREET ADDRESS _____ ☐ Is this Address for this request only?

CITY _____ ☐ Is this a Permanent Address?

STATE _____ ZIP CODE _____

DAYTIME PHONE # () _____ E-mail Address _____

(This request is to accompany the required withdrawal request and Qualification election form for Section 403(b) annuities.)

"Hardship" is defined as an immediate and heavy financial need of the policy owner which cannot be met by other resources reasonably available to satisfy the need. **The following events are considered to meet the hardship criteria. Please check the appropriate qualification:**

_____ Medical expenses in excess of those reimbursed by an employer plan or through insurance;

_____ Purchase of a principal residence for the policyowner;

_____ College tuition for the policyowner, spouse, and/or children; and

_____ Amounts necessary to prevent the eviction from, or foreclosure of the mortgage on, the policyowner's principal residence.

_____ Burial or funeral expenses;

_____ Expense for the repair or damage to a principal residence that would qualify as a casualty deduction under section 165;

_____ Expense and losses incurred by a Federally declared disaster.

What is the amount required to satisfy this financial need? \$ _____ *

*A hardship distribution may not exceed the financial needs of the hardship but included amounts needed to pay income taxes anticipated to result from the distribution

CERTIFICATION

I certify that this need cannot be met:

- a. Through reimbursement or compensation by insurance;
- b. By reasonable liquidation of my assets (or those of my spouse or minor children);
- c. By stopping my contributions to my TSA policy;
- d. By borrowing from commercial sources; such as banks or credit unions.

THE FORM MUST BE COMPLETED AND SIGNED IN INK BY THE PERSON OR PERSONS, WHO UNDER THE TERMS OF THE POLICY, HAVE THE RIGHTS OF OWNERSHIP.

Contract Owner's Signature _____ Date _____

Contract Owner's Social Security Number _____ -- _____ -- _____

Any transaction involving a qualified plan may have substantial income or penalty tax consequences. Insurers and their representatives may not offer independent tax and legal advice. Please consult your own tax advisor before you act.

COMMUNITY PROPERTY STATES

If you currently reside in one of the following states (or **Puerto Rico**) please complete the additional information below:

Arizona
California
Idaho

Louisiana
New Mexico
Nevada

Texas
Washington
Wisconsin

1. If you have **never been married**, please acknowledge by signing here:

Signature

Date

2. If you are **currently married**, your spouse must consent to the transaction by signing here:

Spouse's Signature

Date

3. If your **spouse is deceased**, please attach a copy of the death certificate.

4. If you are **divorced**:

(A) and the policy was included in the Divorce Decree or Property Settlement Agreement and was awarded to you, please attach a certified copy of the document. Spouse's consent not required.

(B) and the policy was not included in the Divorce Decree or Property Settlement Agreement, it will be necessary for your ex-spouse to consent by signing here:

Ex-Spouse's Consent

Ex-Spouse's Signature

Date

Unless the Company has been notified of a community property interest in this policy, the Company shall be entitled to rely on its good faith belief that no such interest exists and assumes no responsibility for inquiry. The insured and/or Policyowner signing this form agrees to indemnify and hold the Company harmless from the consequences of accepting this transaction.

NO AGENT IS AUTHORIZED TO ALTER THE TERMS OF THE CONTRACT OR BIND THE COMPANY.