

# Loan/Hardship/In-Service Withdrawal Request

**Administrative Retirement  
Services, Inc.**

You must read the attached SPECIAL TAX NOTICE prior to completing this form.

<b>Plan and Participant Information</b>	Plan Name / Company Name		Client No. / Billing Group No.	
	Participant's Full Name (First, MI, Last)	Social Security No.	Contract No.	Daytime Phone No.
	Participant's Address	City & State		ZIP Code

<b>Withdrawal Information</b>	Participant Cost Basis: <i>(after-tax contributions)</i> \$ _____ Use percent or dollar amounts to indicate how money is to be withdrawn from the Employee and Employer accounts applicable to your plan.  <i>Employer</i> _____ % or \$ _____ <i>Employee</i> _____ % or \$ _____
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Special instructions: *(if applicable)*

<b>Type of Withdrawal</b>	Select one of the following: <input type="checkbox"/> Non-taxable loan      In-service withdrawal: <input type="checkbox"/> Before age 59½ <input type="checkbox"/> After age 59½ <input type="checkbox"/> Disability <input type="checkbox"/> Hardship withdrawal
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<b>Payment and Mailing Information</b>	Make check payable to: <i>(Check one)</i> <input type="checkbox"/> Participant <input type="checkbox"/> Plan Trustee	Mail check to: <i>(Check one)</i> <input type="checkbox"/> Participant (address on file) <input type="checkbox"/> Plan Trustee (address on file)
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<b>Tax Withholding</b>	<p><b>State Taxation:</b>      My residence state for tax purposes is: _____.</p> <p><i>If any part of this payment is exempt from mandatory state tax withholding:</i></p> <p><input type="checkbox"/> I want _____% or \$ _____ withheld from this payment</p> <p><input type="checkbox"/> I do not want state income tax withheld from this payment</p> <p><b>Federal Taxation:</b>      <i>If any part of this payment is exempt from mandatory federal tax withholding:</i></p> <p><input type="checkbox"/> I want federal income tax withheld from this payment</p> <p><input type="checkbox"/> I do not want federal income tax withheld from this payment</p> <p><b>Hardship Withdrawals</b> are considered non-rollover eligible distributions and are subject to 10% elective federal tax withholding, unless you elect to have no federal income tax withheld.</p>
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<b>Authorized Signatures</b>	<i>I certify that I have received from the Trustee/Named Fiduciary (or a party designated by him) and understand the terms of the special tax notice regarding the application of the Federal Income Tax withholding to certain plan payments and, if applicable, waive the 30-day notice requirement.</i>	
	<b>Participant Signature</b>	<b>Date</b>
	<i>I certify that (a) I am a Trustee/Named Fiduciary of the Plan identified above; (b) the requested benefits are permitted by the Plan; (c) for withdrawals made to pay Plan expenses I have determined in my fiduciary capacity that the service requested was necessary and provided at a reasonable expense to the Plan; (d) if the Plan requires spousal consent for the withdrawal, it has been secured in a separate document; (e) if the participant's signature has been obtained in a separate document, the participant has received from the Trustee/Named Fiduciary (or a party designated by him) and understood the terms of the special tax notice regarding application of the federal income tax withholding to certain plan payments; the participant's withholding elections for state and federal income tax purposes, where applicable, have been obtained in a separate document; and, (f) I have read and agree to the terms and conditions and certify that the information stated above is true and complete. I further understand that ARS may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, ARS is entitled to rely exclusively on the information contained on this ARS Withdrawal Request Form.</i>	
	<b>Trustee/Named Fiduciary Name</b> (please print)	<b>Date</b>
	<b>Trustee/Named Fiduciary Signature</b>	<b>Daytime Phone No.</b>