

**Form Completion Instructions:
403(b) Financial Hardship Acknowledgement Form (6 Month Suspension) (403b-6)**

A **403(b) Financial Hardship Acknowledgement Form (6 Month Suspension)** (403b-6) is used to take a financial hardship distribution from a 403(b) account. If permitted by the employer, if Foresters Financial Services, Inc. (FFS) is an approved vendor and FFS agrees to permit financial hardships, an employee may take a financial hardship if he/she has incurred a financial hardship as defined by law. For most employers, employee contributions are prohibited for six months following a hardship distribution. Financial hardship distributions are subject to 10% federal tax withholding unless the employee elects otherwise on the [IRS Form W-4P](#).

Note: Generally, the employer's or Third Party Administrator's (TPAs) approval is required before taking a financial hardship distribution. Generally, FIS will not determine if an employee is eligible for a hardship distribution. All employers and/or TPAs will be advised when an employee takes a hardship so that employee contributions will be suspended.

These instructions will assist in the proper completion of this form. Snapshots of each section along with instructions on how to properly complete that section are available below.

Foresters Financial Services, Inc. does not permit Hardship Distributions from non-ERISA 403(b) Plans maintained by Tax-Exempt 501(c)(3) Organizations.

1. Notification Information

Check one: Employer Third Party Administrator ("TPA")

Employer's Name on Account (print) Required \$ Eligible Amount of Hardship Distribution from First Investors Funds (completed by Employer/TPA)

TPA's Name, if applicable (print)

Employer/TPA's Mailing Address (Street Address, City, State, Zip Code)

Employer/TPA Contact's Name (print) Employer/TPA Contact's Telephone Number

Check either: Employer or Third Party Administrator ("TPA")

Provide the following information on the account:

- Name of Employer on Account
- Eligible Amount of Hardship Distribution from First Investors Funds (completed by Employer/TPA)
- Name of TPA, if applicable
- Employer's / TPA's Mailing Address
- Name of Employer / TPA Contact
- Employer / TPA Contact's Telephone Number

2. Immediate and Heavy Need

Employee's First Name (print) Employee's Last Name (print) Employee's Last 4 Digits of Social Security Number

I have incurred an "an immediate and heavy" financial need and request a hardship distribution in the amount stated above. Proper documentation to substantiate my immediate and heavy financial need has been provided to my Employer, or, if applicable, the Third Party Administrator acting on behalf of my Employer, or is attached hereto but only if Foresters Financial Services, Inc. has agreed to maintain such documentation. I acknowledge that an "immediate and heavy" financial need is defined by the Internal Revenue Code, as being one of the following:

- Expenses for (or necessary to obtain) medical care that would be deductible under Section 213(d) of the Internal Revenue Code (determined without regard to whether the expenses exceed 7.5 percent of adjusted gross income) for myself, my spouse, my dependents, or if permitted by the Employer's plan, my primary beneficiary.
- Costs directly related to the purchase of my principal residence (excluding mortgage payments).
- Payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months of post-secondary education for myself, my spouse, my children, my dependents or if permitted by the Employer's plan, my primary beneficiary.
- Payments necessary to prevent eviction from my principal residence or foreclosure on the mortgage of said residence.
- Payments for burial or funeral expenses for my deceased parent, spouse, child, dependent, or if permitted by my Employer's plan, my primary beneficiary.
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Section 165 of the Code (determined without regard to whether the loss exceeds 10% of adjusted gross income).

- Name of Employee
- Last 4-Digits of Employee's Social Security Number

3. Distribution Necessary to Satisfy Financial Need

In addition, the distribution is necessary to satisfy my financial need.

- The distribution does not exceed the amount of my immediate and heavy financial need.
- Monies are not available to me from any other source, other than this hardship distribution. I have received all currently available distributions and nontaxable loans currently available under all plans maintained by my employer.
- I understand that I am prohibited from making elective contributions and employee contributions to the plan and all other plans maintained by my employer for at least 6 months after receipt of the hardship distribution.

- Review this section.

4. Signature, Certification and Acknowledgement

I understand that financial hardship distributions may only be made if permitted under my Employer's Plan and if I have an "immediate and heavy" financial need. I certify that the amount stated in **Section 1** is a result of an "immediate and heavy" financial need. Proper documentation to substantiate my immediate and heavy financial need has been provided to my Employer, or, if applicable, another person such as the Third Party Administrator acting on behalf of my Employer.

I further understand that: financial hardship distributions are limited to the aggregate dollar amount of my elective deferrals to my 403(b) (excluding income thereon), reduced by the aggregate dollar amount of my elective deferrals that were previously distributed to me; assets held in Foresters Financial Services, Inc. Roth 403(b) Custodial Accounts and Foresters Financial Services, Inc. 403(b) Rollover Accounts are not available for hardship distributions; proceeds from a financial hardship distribution are not eligible to be rolled over; unless otherwise agreed to in writing, Foresters Financial Services, Inc., its affiliates and their directors, officers, employees, agents and representatives (collectively, "Foresters") do not determine my eligibility for a hardship; Foresters did not provide specific tax advice; and it is my responsibility to seek such tax advice from a qualified tax advisor. I acknowledge that: Foresters Financial Services, Inc., has no duty or responsibility for determining whether such distribution is permitted under my Employer's Plan or for determining if the amount requested complies with the law.

Employee's First Name (print) Employee's Last Name (print) Signature of Employee Date

Provide:

- Signature of Employee
- Date

5. Signature and Certification of Employer/Third Party Administrator ("TPA")

Our procedures generally require your Employer or TPA to sign below before we will process distributions.

If the Employer is a Tax-Exempt 501(c)(3) Organization I certify that the Plan is subject to ERISA.

I certify that the Employer's Plan permits Hardship Distributions, the employee named in **Section 1** has provided the proper documentation to substantiate that he/she has an immediate and heavy financial need, and that a distribution which is not in excess of the eligible Amount of Hardship Distribution from First Investors Funds designated in **Section 1** is authorized. If the Amount of Hardship Distribution from First Investors Funds is greater than the value of the employee's First Investors Fund 403(b) account(s), the account(s) may be liquidated in full.

For governmental and church 403(b) Plans and Plans subject to ERISA: I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request; the request is in accordance with the provisions of the Plan, and the distribution is hereby authorized.

Employer/TPA Authorized Individual's Name (print) Title Employer/TPA's Telephone Number

Signature of Authorized Individual for Employer/TPA Date

Provide:

- Print Name of Authorized Individual for Employer or TPA
- Signature of Authorized Individual for Employer or TPA and Date
- Employer's or TPA's Telephone Number