

STO-ROX SCHOOL DISTRICT
403(B) PLAN
INSERVICE WITHDRAWAL REQUEST FORM

Participant Name	
Address	
City, State, Zip	
Social Security Number	

This form is used to request an inservice withdrawal. A Distribution Election Form must also be used to process the distribution.

I. WITHDRAWAL TYPE.

Hardship.

Immediate and Heavy Financial Need. I claim that the following reasons require a hardship withdrawal:

- Expenses incurred or necessary for medical care for the me, my spouse, children, dependents or primary beneficiary;
- The purchase (excluding mortgage payments) of my principal residence;
- Payment of tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse, children, dependents or primary beneficiary;
- The need to prevent eviction from or mortgage foreclosure on my personal residence;
- Payments for burial or funeral expenses for my deceased parent, spouse, children, dependents or primary beneficiary; or
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction.

Amount Necessary to Satisfy Need. I certify that:

I have obtained all distributions, other than hardship distributions, and all nontaxable loans under all plans;

If I am eligible to make Elective Deferrals (or after-tax contributions, if any) under any plan sponsored by my employer, I will not make such contributions for six months after the receipt of the hardship distribution; and

The distribution is not in excess of the amount of an immediate and heavy financial need (including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution).

I wish to withdraw the following amount:

The maximum amount available to me.

\$_____ (Certain restrictions may not allow you to withdraw the full amount requested.)

Withdrawals after Age 59-1/2.

I hereby certify that I am at least age 59-1/2 and request a withdrawal from my Account for that reason.

I wish to withdraw the following amount:

The maximum amount available to me.

\$_____ (Certain restrictions may not allow you to withdraw the full amount requested.)

Qualified Reservist Distribution.

I request a withdrawal from my elective deferral account.

I wish to withdraw the following amount:

The maximum amount available to me.

\$_____ (Certain restrictions may not allow you to withdraw the full amount requested.)

II. SIGNATURES

I hereby request a withdrawal as indicated under Section I. I hereby certify that the information above has been examined by me and that the information contained on this form is, to the best of my knowledge, accurate. I agree to provide any additional information that may be necessary to process my request. I have received a "Special Tax Notice Regarding Plan Payments" form which explains the tax consequences of the in-service distribution. I further acknowledge that hardships will be determined based solely upon Nationwide account balances and information provided to Nationwide and/or my employer.

Dated _____, 200__.

Participant's Signature

As Plan Administrator, I hereby authorize the above withdrawal.

Plan Administrator's Signature

Date

- A \$100 hardship or \$50 in-service distribution processing fee will apply. The fee will be deducted from your account at the time of distribution.

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