



# Guardian Retirement Solutions HARDSHIP/MINIMUM DISTRIBUTION REQUEST

**Regular Mail:**  
Guardian Insurance & Annuity Company, Inc.  
Guardian Retirement Solutions  
P.O. Box 26280  
Lehigh Valley, PA 18002-6280

**Express Mail:**  
Guardian Insurance & Annuity Company, Inc.  
Guardian Retirement Solutions  
3900 Burgess Place, 3 South  
Bethlehem, PA 18017

**Telephone: 1-877-500-2380**  
**Facsimile: 1-610-807-6900**

Plan Name		Contract Number	
Participant Name	Date of Hire	Social Security Number	
Participant Street Address*		E-mail Address	
City	State	Zip Code	Date of Birth

\*The address provided will become the permanent address on file for this participant. Address and Date of Birth are required for processing.

## IF THE FORM IS NOT COMPLETED IN ITS ENTIRETY, THE REQUEST WILL NOT BE PROCESSED.

### 1. REPORTABLE DISTRIBUTION

Choose only one.

- Minimum Distribution**
- Hardship-** (Please select reason below.)
  - Medical Expenses** that I (or my spouse or dependent) have incurred, to the extent not reimbursed by insurance, or need to pay prior to obtaining medical care.
  - Purchase of Primary Residence** excluding mortgage payments.
  - Tuition and Related Educational Fees** including lab fees, for the next 12 months for post-secondary education for myself, my spouse or my dependent.
  - Prevention of Eviction** on my primary residence.
  - Prevention of Foreclosure** on my primary residence.
  - Funeral Expenses**
  - Expenses for the Repair of Damage** to my primary residence.

**Other Resources:** Under penalty or perjury, I represent that the above hardship expense cannot be met by any other reasonable available source, including (1) reasonable liquidation of my, my spouse's or my minor children's assets such as cash, bank accounts, stocks, securities and any other investments and property (without creating an additional financial need); (2) distributions and non-taxable loans

from other retirement plans or borrowing from commercial sources on reasonable commercial terms; (3) reimbursement or compensation by insurance or otherwise; and (4) suspension of elective contributions or employee contributions under the plan.

**Consequences of Withdrawal:** I understand that (1) my elective deferrals (pre-tax) to this plan and all other plans maintained by the employer are suspended for at least 6 months after the hardship withdrawal is made.

.....  
 **Life Insurance Premium** - Life Insurance Premiums not made payable to GLIC will be assessed a CDC.

Make Check Payable to:

\_\_\_\_\_  
(must complete delivery instructions)

Withdrawals may be assessed a CDC. The CDC amount, if applicable, will be deducted from the requested withdrawal amount (Contract/Agreement Section 8). A Market Value Adjustment may be assessed for withdrawals from the Fixed Rate Investment (Contract/Agreement Section 8).

Continued on next page.

PARTICIPANT NAME

SOCIAL SECURITY NUMBER

**2. FEDERAL TAX WITHHOLDING** (Election required unless the distribution is to be made payable to the Plan.)

**Choose only one.**

- Withhold the required percentage per IRS regulations
- Withhold a fixed amount: \$ \_\_\_\_\_ or \_\_\_\_\_%
- Do NOT withhold

**3. STATE TAX WITHHOLDING** (Complete if applicable; this section does not pertain to distributions made payable to the Plan.)

If state tax withholding should be taken for a state other than the one indicated in the permanent address on Page I, enter the tax withholding state: \_\_\_\_\_. **NOTE: If this field is not completed, it will default to state listed in permanent address on Page I.**

**Mandatory State**

- Withhold only the amount mandated by the state listed above.
- Withhold an additional elective amount: \$ \_\_\_\_\_ or \_\_\_\_\_%.
- Do NOT withhold

**Voluntary State**

- Withhold an amount: \$ \_\_\_\_\_ or \_\_\_\_\_%.
- Do NOT withhold

**4. DELIVERY INSTRUCTIONS**

(Must choose one. Excludes any fees.)

- Mail to Participant**
- Mail to TPA**
- Mail to Plan Sponsor**
- Wire Funds** - Complete Wire Information Section Below.
- Other** - Complete Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

- PRIORITY DELIVERY:** (No Post Office Boxes)
  - UPS**
  - Federal Express**

**Account Number** \_\_\_\_\_  
**(Must Complete. No Credit Cards will be accepted.)**

**5. WIRING INFORMATION** (Complete this section if wiring funds. A copy of voided check or deposit slip is required.)

**Minimum wire amount is \$5,000.**

ABA Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank City, State \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Participant Name \_\_\_\_\_

Reference Number \_\_\_\_\_

Memo \_\_\_\_\_

*Continued on next page.*

PARTICIPANT NAME

SOCIAL SECURITY NUMBER

**6. DISTRIBUTION SOURCE Please provide all sources from which there is a balance being distributed.**

(For the Amount you may provide \$, %, units or remainder.)

All Funds

All Sources

Amount

Vested %

Rollover

(If partial distribution, provide instruction for remaining balance.)

**Fund**

Source

Amount

Vested%

**Fund**

Source

Amount

Vested%

**Fund**

Source

Amount

Vested%

**Fund**

Source

Amount

Vested%

**After Tax Distributions:** (Must be completed if there is any after tax money in account.)

Pre-87 Contribution Amount: \$ \_\_\_\_\_

Post-86 Contribution Amount: \$ \_\_\_\_\_

**7. ADDITIONAL INFORMATION**

Should the check be made payable to the Plan?

Yes  No

If **Yes**, check will be mailed to the Contractowner at the company. The Plan is responsible for tax withholding and tax reporting. **If the Federal/State Tax Withholding sections are completed, the information will be disregarded.**

Should the participant's remaining balance be forfeited to the Forfeiture Account?  Yes  No

Does any TPA Withdrawal Fee apply?  Yes  No  
(Fee will be included in TPA monthly roll up check)

If Yes: \$ \_\_\_\_\_ TPA Number \_\_\_\_\_

**8. SIGNATURES**

In the event the form must be returned for additional information, GIAC accepts no responsibility for any market value fluctuations as a result of the delay. GIAC does not agree to pay any costs incurred for special handling.

**Provide the applicable signatures below.**

By signing the request, you understand:

- partial distributions of funds will only be made from the core fund options and no funds will be distributed from the SDB Option.
- participant terminations with remaining funds in the SDB option at the time of termination will be liquidated and moved to a core fund.
- residual dividends posted to SDB accounts will be distributed using the original termination instructions, for both participant and plan terminations.
- and accepts full responsibility for the completeness and accuracy of the information presented.

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Plan Sponsor Signature Date

\_\_\_\_\_  
Authorized Representative (TPA) Signature Date