

United Benefit Pensions Inc.

35 Pinelawn Road, Suite 103E, Melville, NY 11747
Telephone: 631-622-3170 • Fax: 631-622-3185

NATIONWIDE CLIENTS: Notice Of Participant Loan or Hardship

FROM _____ DATE _____

TYPE OF REQUEST:

- Loan: PLEASE COMPLETE SECTIONS I, II & III
 Hardship: PLEASE COMPLETE SECTIONS I, II & IV
 (Review the *Hardship Distribution Fact Sheet* for information on Hardship withdrawals)

I. PARTICIPANT INFORMATION:

Plan Name: _____

Billing Group or Case Number: _____ Social Security #: _____ Birth Date: _____

Participant Name: _____ Phone Number: _____ Hire Date: _____

Address: _____

II. ADDITIONAL PARTICIPANT INFORMATION - (to be completed by Trustee):

Please list the years the employee **did not** work at least 1,000 hours _____
(If left blank, we will assume the employee worked 1,000 hours in all plan years).

Does this employee have any outstanding loans? Yes No If Yes, Amount Paid on Loan to Date: \$ _____

III. LOAN INFORMATION: (non-taxable event) - Financial Necessity (NOTE: There may be a processing fee. Please check with Trustee).

Amount Of Loan Requested: \$ _____ Length of Repayment _____ (Max. 5 years)

Frequency Of Repayment: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly

Does this employee have any outstanding loans? Yes No If Yes, Amount Paid on Loan to Date: \$ _____

IV. HARDSHIP: (taxable event)

NOTE: If applying for a hardship, and if the plan provides for loans and the maximum loan has not been taken, the participant may be required to take a loan and thus must complete the information in Section III.

Amount Requested: \$ _____

Give Reason For Hardship: _____ Has the reason for the hardship been verified by a Trustee? Yes No

This information is required to properly withdraw money from this plan. Please sign below to indicate that the information has been reviewed and is accurate and complete.

Trustee Signature _____ Date _____

****By signing this form as Trustee, you are liable for reviewing the distribution upon receipt of the money and verifying that it is correct.****

OFFICE USE ONLY

DATAIR VAL FILE _____

VESTING EXCLUSIONS _____

PYE _____

DATAIR DOC FILE _____

YEARS OF SERVICE _____

VESTING SCHED _____

DOB _____ DOH _____

VESTING % _____

HCE [YES] [NO] S/C [YES] [NO] DIST DATE _____