



# The Standard<sup>®</sup>

Standard Retirement Services, Inc.  
1100 SW Sixth Avenue P9A Portland OR 97204-1020  
Phone: 800.858.5420 Fax: 888.418.6806  
Email form to: benefitrequests@standard.com

## Retirement Plan Withdrawal Request (NL) (For Active Employees)

### Employee Instructions:

If your plan allows, you may request your withdrawal online for faster processing. To submit an online request, please visit our website at [www.standard.com/retirement](http://www.standard.com/retirement) and log in to your Personal Savings Center account. Before you submit this form, be sure to find out whether your plan requires Plan Administrator/Employer approval of withdrawal requests. If your plan does, and there is no plan administrator signature in Section B, your request will not be processed.

- (1) Complete Sections A, B, C, D, E (for Roth funds only) F and G.
- (2) In order to receive a plan withdrawal you must submit a completed form.
- (3) You may email pages 1-4 to [benefitrequests@standard.com](mailto:benefitrequests@standard.com) or mail /fax this request to the address or fax number on the top of the form.

### (A) EMPLOYEE/PARTICIPANT

PLAN NAME:*	CONTRACT NUMBER:*
EMPLOYEE/PARTICIPANT NAME:*	SOCIAL SECURITY NUMBER:*

**For plan name or contract number, please reference your account statement or contact your plan administrator.**

REQUEST IS DUE TO:

- Qualified Age Withdrawal (i.e. 59½ if allowed by plan)
- Voluntary After-Tax Withdrawal
- Hardship Withdrawal
- Rollover Source Withdrawal
- Other Withdrawal specified in Summary Plan Description

MAILING ADDRESS:*	DATE OF BIRTH:*	EMAIL ADDRESS:	<b>* REQUIRED TO PROCESS REQUEST</b>
CITY:*	STATE:*	ZIP:*	
ALTERNATE MAILING ADDRESS: (if check should be mailed to an address other than the above mailing address.)			

- Use **next business day delivery** to send my distribution check (an additional fee will be deducted from your account). **Next business day delivery is not available for PO boxes. A street address must be supplied or the check will be sent via USPS mail.**  
**\*\*Delivery method does not affect processing time — incomplete requests will delay processing\*\***
- My address is outside the U.S. or its territories. **I am mailing my IRS Form W-9 or W-8 BEN with this request.**  
(The original IRS Form must be received before payment can be processed. Fax copies cannot be accepted.)

### (B) PLAN ADMINISTRATOR/EMPLOYER SIGNATURE ONLY (if applicable)

**I certify that this request is in compliance with plan provisions.** If this is a hardship withdrawal, I have determined that the employee qualifies for a financial hardship distribution under the terms of the plan. If required by the plan, I have taken the action necessary to suspend elective contributions for six months. If this is a Qualified Age withdrawal, I have determined that the plan allows a distribution while the employee is still employed and without showing financial need.

**The Standard is authorized to make this distribution.** If The Standard is designated as the Manager of the Approval Process (MAP), you DO NOT sign this form. By signing this authorization request, you will be responsible for the oversight and authorization of this transaction.

PLAN ADMINISTRATOR OR DESIGNATED REPRESENTATIVE (PRINT NAME):	PHONE:
PLAN ADMINISTRATOR OR DESIGNATED REPRESENTATIVE SIGNATURE:	DATE:

CONTRACT NUMBER:	PARTICIPANT NAME:
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**(C) REASON FOR REQUEST (if due to hardship) – See Special tax Notice Regarding Plan Payments for important information**

If the request is due to a hardship, please check applicable boxes below. If this is not a hardship, skip to section D. Refer to **Guidelines to Required Documentation for Hardship Withdrawal** on page 5.

I have the following immediate and heavy financial need:

- Payment of medical expenses not covered by insurance for myself, spouse or dependents
- Purchase or construction of principal residence
- Payment of tuition and related educational fees for the next 12 months of post-secondary education for self, spouse or dependents
- Prevention of eviction from or foreclosure on mortgage of principle residence
- Funeral expenses for members of immediate family
- Repair of damage to principle residence due to catastrophic events
- Other: (specify) \_\_\_\_\_

**(D) BENEFIT OPTION for PRE-TAX (NON-ROTH), EMPLOYER CONTRIBUTION and VOLUNTARY AFTER-TAX FUNDS ONLY**  
(Cash payments will be reduced by Tax Withholding and fees, if required)

**\*\*Choose ONLY one of the below options.\*\***

If you have assets in a Personal Choice Retirement Account (PCRA), or a Self-Directed Brokerage Account (SDBA), this account will be included in consideration for your request and must contain enough liquid assets to cover the request. If you have questions about the withdrawal provisions of your plan, see your plan administrator.

**1.) ROLLOVER (transfer funds to another qualified retirement account)**

If you must take a Required Minimum Distribution in this calendar year, this amount will be distributed to you as cash before your rollover is completed.

- Rollover of maximum available
- Partial rollover of \$\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ AND balance to remain in the plan
- Partial distribution of \$\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ payable to me GROSS (before taxes) AND rollover the remaining balance
- Rollover of pre-tax balance to Roth IRA (You will be responsible for taxes related to this conversion on your personal tax return for the year distributed.)

NAME OF INSTITUTION/PAYEE (check made payable to):	SEND THE CHECK TO THE ATTENTION OF (optional):	ACCOUNT NUMBER:
MAILING ADDRESS (where rollover check will be mailed):	CITY:	STATE:      ZIP CODE:

**2.) DISTRIBUTION (cash payment of funds)**

- Lump Sum distribution of maximum available payable to me
- Partial distribution of \$\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ payable to me GROSS (before taxes) and balance to remain in the plan
- Other option described in Summary Plan Description: (specify) \_\_\_\_\_

CONTRACT NUMBER:	PARTICIPANT NAME:
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**(E) BENEFIT OPTION for ROTH FUNDS ONLY** (Cash payments will be reduced by Tax Withholding and fees, if required).

**\*\*Choose ONLY one of the below options.\*\***

If you have assets in a Personal Choice Retirement Account (PCRA), or a Self-Directed Brokerage Account (SDBA), this account will be included in consideration for your request and must contain enough liquid assets to cover the request. If you have questions about the withdrawal provisions of your plan, see your plan administrator.

**1.) ROLLOVER (transfer funds to another qualified retirement account)**

Note: If you must take a Required Minimum Distribution in this calendar year, this amount will be distributed to you as cash before your rollover is completed.

- Rollover of maximum available
- Partial rollover of \$\_\_\_\_,\_\_\_\_,\_\_\_\_.\_\_\_\_ AND balance to remain in the plan
- Partial distribution of \$\_\_\_\_,\_\_\_\_,\_\_\_\_.\_\_\_\_ payable to me GROSS (before taxes) AND rollover the remaining balance.

NAME OF INSTITUTION/PAYEE (check made payable to):	SEND THE CHECK TO THE ATTENTION OF (optional):	ACCOUNT NUMBER:
MAILING ADDRESS (where rollover check will be mailed):	CITY:	STATE:      ZIP CODE:

**2.) DISTRIBUTION (cash payment of funds)**

- Lump Sum distribution of maximum available payable to me
- Partial distribution of \$\_\_\_\_,\_\_\_\_,\_\_\_\_.\_\_\_\_ payable to me GROSS (before taxes) and balance to remain in the plan
- Other option described in Summary Plan Description: (specify) \_\_\_\_\_

**(F) TAX WITHHOLDING**

The IRS requires us to apply withholding on any taxable distribution (including any distribution eligible for a rollover, but is not rolled over). Each state provides its own withholding requirements on taxable distributions. We will apply these rates unless you, or state law, specify otherwise.

For U.S. citizens or residents, the minimum federal mandatory withholding rate of 20 percent will apply to most distributions. You may indicate a higher rate of withholding if you choose, however if you do not indicate a rate or choose a rate below the required federal minimum, by law we must withhold the applicable minimum.

**State Income Tax** – If applicable, state income tax will be withheld from all payments unless you check this box:

- Do not withhold state income tax, unless required by law**
- Gross up amount to cover tax withholding** (increase the amount distributed to cover the tax withholding)

**Federal Income Tax** – Required tax withholding will be withheld from the taxable portion of all payments unless you are eligible to select an option below:

- Withhold \_\_\_\_\_% from my payments in addition to the taxes required by law**
- Gross up amount to cover tax withholding** (increase the amount distributed to cover the tax withholding)

*For Hardship Requests only:*

- Do Not withhold federal income tax unless required by law**

CONTRACT NUMBER:	PARTICIPANT NAME:
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**(G) EMPLOYEE/PARTICIPANT SIGNATURE**

If this is a hardship withdrawal, I have provided the plan administrator or The Standard with an itemized statement showing the costs incurred. I certify that the financial need cannot be relieved through:

- Insurance payments
- Reasonable liquidation of my assets
- Borrowing from commercial sources on reasonable commercial terms
- Stopping my elective contributions or voluntary contributions (if required by plan)
- Distributions or nontaxable loans from this or any other plan maintained by my employer or former employers

If this request relates to the hardship of a beneficiary other than a spouse or dependent, I certify that the beneficiary is my named beneficiary under the plan.

**Certification:** I acknowledge receipt and understand the terms and conditions relating to the payment of and tax implication of my taxable benefits from “the plan” as explained in the **Special Tax Notice Regarding Plan Payments**. I also understand that any securities holdings that I have in my account will be sold once I submit this form, and I agree to this liquidation in order to process my distribution. I certify that the above information is true and correct to the best of my knowledge and that the Rollover Institution or Other Employer’s Plan named in Section (D) is an **“Eligible Rollover Distribution”** as defined in Internal Revenue Code 401(a)(31)(D). I understand the Trustee of “the plan” will rely on this information in making the distribution that I have requested. I hereby consent to the payment of my vested account balance.

EMPLOYEE/PARTICIPANT SIGNATURE:*	DATE SIGNED:*	PHONE NUMBER:*
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\*REQUIRED TO PROCESS REQUEST

## Guidelines to Required Documentation for Hardship Withdrawals

**NOTE: These guidelines apply if The Standard Manages the Approval Process. If your employer approves distributions for your plan contact them regarding what documentation they require.**

The following are guidelines to the documentation required for various types of hardship withdrawals. Please review the provisions of your plan's Summary Plan Description carefully for the conditions under which you may take a hardship distribution.

The distribution form provides options for federal income tax withholding. You may elect to not withhold, withhold at the default rate of 10 percent or increase withholding to a percent of your choice.

Hardship Reason	Document Submittal Guidelines	Guideline Additional Information
Medical Expenses	<p>Medical expenses that are not eligible for reimbursement by your insurance should be documented by providing to The Standard copies of medical bills or explanation of benefits (EOB) statements from your insurance carrier. These must be current (dated within the 30 days prior to the date you submit your request). The document(s) should provide a breakdown of the amount paid by your insurance and the amount for which you are responsible.</p> <p>For cases of ongoing medical treatment, a statement by a licensed physician providing an explanation of planned treatment and the estimated associated fees is also required.</p>	<p>Expenses eligible for insurance reimbursement that have been previously reimbursed do not qualify.</p> <p>Expenses for cosmetic surgery are <b>not</b> eligible unless the surgery is necessary to correct an abnormality, personal injury from an accident or a disfiguring disease.</p>
Purchase of Primary Residence	<p>Past or future costs directly related to the purchase of a primary residence, excluding mortgage payments, should be documented by providing The Standard with a copy of the purchase and sales agreement, including the amount due and the buyer and seller signatures.</p> <p>If the residence will be new construction, submit a building contract with an estimate of the building costs. The contract should include signatures of the builder/seller and the buyer.</p>	<p>Costs related to the purchase of a secondary residence, such as a vacation home, are <b>not</b> eligible.</p>
Prevention of Eviction or Foreclosure	<p>Documentation to prevent <b>eviction</b> from a primary residence should be submitted to The Standard and include a letter from the landlord indicating that eviction will occur if payment is not made. The document must be current (dated within the last 30 days of your submitted request), clearly indicate your name and address, the amount of the monthly payment and the number of months past due.</p> <p>Documentation to prevent <b>foreclosure</b> on the mortgage of a primary residence should be submitted to The Standard and must include a letter from the financial institution indicating that foreclosure will occur if payment is not made. The document must be dated within the last 30 days and clearly indicate your name and address, the amount of the monthly payment that is due and the number of months past due.</p>	<p>Costs related to prevent eviction or foreclosure of a secondary residence, future mortgage, or rent payments, on primary or secondary residences are <b>not</b> eligible.</p>
Post Secondary Education Expense	<p>Documentation for tuition and/or related education fees should be submitted to The Standard and can include room, board and books related to post-secondary education for you, your spouse, children or dependents.</p> <p>Submit a copy of acceptance or enrollment verification from a college or university and a copy of the tuition statement and related covered expenses. The document should be on school letterhead or from the school's online enrollment system. Please make sure that the names of the institution and student are clearly evident.</p>	<p>Expenses for non-post-secondary education such as elementary or high school are <b>not</b> eligible.</p> <p>Note: Post-secondary education includes attendance at a qualified school that offers specialized programs required for your employment.</p>
Burial / Funeral Expenses	<p>Submit documentation to The Standard for burial or funeral expenses of deceased parents, spouse, children or dependent. Also include a copy of the bill, invoice or fee estimate from the cemetery or funeral home.</p>	
Casualty Loss	<p>Submit documentation to The Standard for the repair of damage to your primary residence as a result of a casualty loss including a copy of a bill, invoice or estimate for repairs from a contractor.</p> <p>Also include a written description of the casualty event and related damage, including your name and the address of the property affected by the event.</p>	<p>Damages or loss caused by the homeowners is not covered.</p>