

Horace Mann Investors, Inc.
P.O. Box 4511
Springfield, Illinois 62708-4511
Fax: 217-541-8370

Retirement Advantage Hardship/Unforeseeable Emergency Request Form

Employer Name: _____

Account: 403(b)/ 403(b) Roth Account 457(b)/ 457(b) Roth Account

Please note: A separate form must be submitted for each account.

1. Client Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Last 4 of SSN: _____ Date of Birth: _____

Phone Number: _____ Email: _____

2. Reason for the Request: Check all that apply to your immediate and heavy financial need.

- Medical Expenses as defined in the IRC Section 213(d), over and above insurance reimbursements, for me, my spouse or my dependent. I have attached copies of the current medical billings which show amounts not covered by insurance or I have attached billings from the provider showing the prepayment required for services with a statement from that provider that expected expenses will not be covered by insurance.
- My purchase of a principal residence (not for payment on existing mortgage). I have attached a copy of a signed purchase contract, an "intent to purchase agreement" or a copy of a builder's contract with cost estimates. **This option is not available for 457(b) or 457(b) Roth accounts.**
- The possible eviction from my principal residence and/or possible foreclosure on the mortgage balance of my principal residence if the balance remains unpaid. I have attached a copy of a statement or letter from my bank/mortgage company, a letter from my landlord, or a copy of a court document substantiating the eviction or foreclosure legal proceedings.
- Expense to repair damage to my principal residence that would qualify for a casualty loss deduction under Internal Revenue Code Section 165. I have attached a copy of the current insurance report or a letter certifying that my principal residence was not covered by insurance for the damage incurred and a current estimate or bill itemizing the repairs.
- My own, my spouse's, my child's, or other dependent's post-secondary education tuition and fees which will occur during the next 12 months. I have attached a copy of an itemized tuition billing and/or room and board statement provided by the post-secondary school. **This option is not available for 457(b) or 457(b) Roth accounts.**
- Burial expenses for my deceased parent, my spouse, my child, or other dependent. I have attached a copy of the current funeral/burial billing statement.
- Other (per IRS Regulations): _____
This option is only available for 457(b) or 457(b) Roth accounts

3. Amount of Transaction Request

Amount Requested: \$ _____

 I elect to increase the amount requested by the applicable taxes expected to be withheld.

If the dollar amount you are requesting exceeds the amount available from your account, Horace Mann Investors, Inc. (HMII) will process for the maximum amount available. Please contact HMII or your plan administrator for additional questions on your account or plan's limits.

4. Federal Income Tax Withholding

Your distribution will be subject to the voluntary federal income tax withholding at a rate of 10% unless otherwise indicated below. You should consult with a tax advisor or government authority for guidance. Distributions from your account will be reported to the Internal Revenue Service and state revenue agencies.

 I do not want to have federal income tax withheld from my payment, if allowed. I elect to have additional Federal withholding of \$ _____ or _____ %**5. State Income Tax Withholding**

Your distribution will be subject to the state income tax withholding at a rate determined by your resident state unless otherwise indicated below. State income tax withholding is **not** allowed in Alaska, Arizona, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington, and Wyoming. You should consult with a tax advisor or government authority for guidance. Distributions from your account will be reported to the Internal Revenue Service and state revenue agencies.

 I do not want to have state income tax withheld from my payment, if allowed. I elect to have additional state withholding of \$ _____ or _____ %**6. Distribution Proceeds Delivery Method**

-
- Send a check to my address on file
-
-
- Next Day Mail (\$60 processing fee)
-
-
- Regular Mail (5 – 7 business days)

 Direct Deposit (electronically deposit funds directly into my bank account)

Financial Institution Name: _____

Financial Institution Phone Number: _____

Financial Institution Address: _____

ABA Routing #: _____ Account #: _____

 Checking Account Savings Account

7. Hardship/Unforeseeable Emergency Terms

I have read and understand the terms of this form and accept the terms stipulated. I accept full responsibility for compliance with IRS regulations and further understand that Horace Mann Investors, Inc. (HMII) accepts no responsibility concerning my compliance with IRS requirements. Consult with an appropriate tax advisor for additional information and advice.

A Hardship/Unforeseeable Emergency withdrawal may be taken from your plan if your plan allows for Hardship/Unforeseeable Emergency withdrawals and only if you have an immediate and substantial financial need, and if money from other sources is not reasonably available to you to meet the need. This type of withdrawal is limited to your elective deferrals and cannot be rolled over. If you have any loans or other types of withdrawals available to you under this plan or any plan of the employer, you will be required to take those loans and withdrawals first.

If your request is approved, your contributions will be suspended for six months following the withdrawal, and will not automatically resume. You may not request a withdrawal in excess of the amount required to meet the financial need, however, you may request that your withdrawal include an additional amount that is estimated to cover income taxes which are reasonably anticipated to result from the withdrawal.

I authorize the transaction to my account in the manner I have indicated, and I assume sole responsibility for the tax consequences of the withholding election. I certify the above information and attached documentation are accurate and that I am entitled to receive the payments for which I have applied. I understand that fees may apply to this distribution.

By signing this request, I certify to the validity of the representations made to Horace Mann Investors, Inc., (HMII). I authorize HMII to provide data regarding this request to my Employer or Plan Administrator or their designee, when requested.

8. Client and Spouse Signature

Client Signature: _____ Date: _____

Spouse's Signature*: _____ Date: _____

* Required in the Community Property States of AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

9. TPA/Plan Administrator Approval and Signature

I as Authorized Plan Administrator certify that (1) this transaction is in accordance with the terms of the plan; (2) the Participant has been provided with all required explanations of the taxation rules regarding this transaction, (3) the record keeper is entitled to rely on our authorization and is hereby indemnified from all liability arising from following our instructions.

TPA/Plan Administrator Signature: _____ Date: _____

10. How to Submit Your Request

If you have any questions about this form, please call The Retirement Advantage team at (877) 602-1870, between 8:00 am CST and 5:00 pm CST.

Please return this completed form to HMII for processing either via mail or fax as follows:

HMII Retirement Advantage
P.O. Box 4511

OR Fax Number (217) 541-8370

Springfield, IL 62708-4511