

Request for a Hardship Withdrawal Voucher

To determine you have met the requirements to take a hardship withdrawal from this 403(b) plan, please complete the following information. After you have completed this information, you will need to mail or fax it to CPI Common Remitter Services along with supporting documentation. The address can be found at the end of this request. Upon receipt, CPI will determine your eligibility and if approved will send a voucher to you to be attached to your vendor's required hardship withdrawal forms. The Hardship Withdrawal Voucher will be valid 30 days from date of issue.

Your vendor may also require that you provide additional information. Please be aware that vendors may impose additional processing restrictions or requirements in order to receive a hardship withdrawal from a particular account. Therefore, completion of this request does not ensure approval of the hardship withdrawal.

Section A: Participant Information

Plan Name: USD #259 Wichita Public Schools	Plan Number: 104491
--	---------------------

Please print clearly.

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Last Name	First Name	M.I.	Social Security Number (SSN)
-----------	------------	------	------------------------------

Date of Birth

Address

City	State	Zip Code
------	-------	----------

Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No

Daytime Phone Number:	When Available?
-----------------------	-----------------

Evening Phone Number:	When Available?
-----------------------	-----------------

In order to expedite the process, a voucher can be automatically sent to you by e-mail. Would you like the voucher e-mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a valid e-mail address:

Section B: Amount Needed to Satisfy Hardship-Specify Reason for Need

Mark the box or boxes to indicate which of the following immediate and heavy financial needs make you eligible to receive a Hardship Withdrawal. The amount requested for an immediate and heavy financial need may be increased to include any additional amounts necessary to pay any federal, state, or local income taxes reasonably anticipated to result from the distribution. In addition, there may be a 10% excise tax on this type of distribution. This tax will not apply if the distribution is used to pay deductible medical expenses (deductible medical expenses are those that are in excess of 7½% of your adjusted gross income), or is made when you have attained age 59 ½.

<input type="checkbox"/> Medical expenses for the Participant, Participant's spouse, or dependents or beneficiaries not paid by insurance.	Amount Needed: \$ _____
<input type="checkbox"/> Costs directly related to the purchase of a principal residence for the Participant (excluding mortgage payments.)	Amount Needed: \$ _____
<input type="checkbox"/> Payment of tuition and related educational fees (such as laboratory fees for science majors, music room fees for music majors, or other fees that are an integral part of education, including room and board) for the next 12 months of post-secondary education for the Participant, Participant's spouse, children, dependents, or beneficiaries.	Amount Needed: \$ _____
<input type="checkbox"/> Expenditures to prevent eviction of the Participant from the Participant's principal residence or foreclosure on a mortgage on that residence.	Amount Needed: \$ _____

Participant Certification

I certify that the information provided in this request is true and correct to the best of my knowledge.

I understand that if elective deferrals are used to meet the withdrawal amount, I will be prohibited from making elective deferrals and/or voluntary employee contributions (if applicable) to this 403(b) plan and all other retirement plans maintained by my employer, if any, for 6 months after receipt of the hardship distribution.

I also understand that my receipt of funds from each selected vendors is contingent on any additional restrictions or requirements imposed under the contract or account from which I am requesting a distribution, and that receipt of a Hardship Withdrawal Voucher does not ensure approval of the distribution.

I further understand that the voucher will expire after 30 days from the date it was issued. If the voucher is not used within 30 days, it will become invalid and it will be necessary to request a new voucher.

Please note: After you have completed this information, you will need to sign and date the document, and mail or fax it to the address below along with paperwork that supports the request for a hardship withdrawal such as: medical bills, notice of eviction or foreclosure, invoice from mortuary, etc. Be sure to keep the originals of the supporting documentation and only send copies to CPI.

Printed Name:

Signature:

Date:

**Please send this request with
supporting documentation to:**

**CPI Common Remitter Services
4903 10th Street
PO Box 110
Great Bend, KS 67530-0110
Fax (620) 792-5622**