

Notice of Hardship for Participant

Fee Notice: Submission of this form to TriStar constitutes a request for distribution paperwork, for which fees will be charged to the appropriate party. Due to the time involved in the distribution process, these fees will be charged regardless of whether or not the participant can be forced out of the plan due to a low balance, or does not return the paperwork to us for processing and allows it to expire after 180 days.

Instructions: Please complete this form and send to TriStar Pension Consulting. Forms which are not completed in full will delay the hardship process.

Plan Name: _____

Participant Information:

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Date of Birth: ____/____/____ **Last 4 of SSN:** _____ **E-Mail:** _____

Phone: _____ **Address:** _____ **City:** _____ **State:** ____ **Zip:** _____

Participant Employment Information:

Date of Hire: ____/____/____

Hours worked in current plan year: _____ **Hours worked in previous plan year:** _____

Date of last deferral: ____/____/____ **Year to Date Deferrals:** \$ _____

Has the Participant received a Hardship Distribution in the past?

YES NO UNKNOWN

Reason for Hardship: _____

Additional Comments: _____

Completed By: _____ **Phone:** _____ **Date:** ____/____/____

Return completed form to TriStar Pension Consulting by Fax:
(405) 418-4015 or by E-mail: Tiana@tristarpension.com