



A. Hardship Withdrawal Qualification

You must be currently employed by the Sponsor of this plan and unqualified for standard distribution options to be eligible for a hardship withdrawal. A distribution processing fee of \$75 will be charged to your account after your Hardship Withdrawal Request is approved and processed.

B. Participant Information

Participant Name: _____ Phone: (____) _____

Social Security Number (Last 4 digits): _____

Company Name: _____

C. Delivery Instructions

Once approved for a hardship, a Hardship Withdrawal Request form will be delivered as a DocuSign envelope to the email provided below.

Email: _____

D. Notice and Signature

I understand that upon approval of this Initial Hardship Request form, I will receive an additional Hardship Withdrawal Request form that will need to be completed and submitted to Paychex Retirement Services for final processing. I understand this is a request specifically for a hardship withdrawal and is to be reviewed and approved by my Plan Administrator prior to final approval and processing.

NOTE: Review of this form may take up to 3 business days.

Participant Signature: _____

Date: _____

Mail: Paychex Retirement Services
Attn: Loans and Distributions
1175 John Street
West Henrietta, NY 14586

Fax: (585) 389-7219
Attn: Loans and Distributions

Looking for Immediate assistance? Log into your online account at www.paychexflex.com, access Retirement Services, then click the question mark in the lower right-hand corner to access our live chat!