

## PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 SCHOOL DISTRICT PLAN NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Not required)

## INSTRUCTIONS

1. Review and complete Hardship Requirements to determine if you are ELIGIBLE to take a hardship withdrawal.
2. Choose AMOUNT type, AMOUNT requested, WITHHOLDING, GROSS UP and DELIVERY METHOD.
3. Indicate REASON and supply DOCUMENTATION, SIGN and MAIL your form for processing.
4. All checks issued by Voya Financial are mailed to your current address on record. Before submitting this form, please contact a Customer Service Associate or go online to verify that the Plan has your current address. Failure to do so may result in your check being mailed to an incorrect address. The contact information is available on the last page of this form. If the address on record is incorrect, please contact your employer to update your current address and verify that the Plan has been updated prior to submitting this form.

**PLEASE NOTE: AN INCOMPLETE APPLICATION OR NOT SUPPLYING ALL REQUIRED DOCUMENTATION WILL CAUSE A DELAY IN RECEIVING YOUR CHECK.**

## HARDSHIP REQUIREMENTS

1. Some plans are administered on a "Facts and Circumstances" basis. To qualify for a hardship withdrawal under these plans, the following must be true:
  - The need cannot reasonably be satisfied through insurance reimbursement, liquidation of assets, cessation of elective contributions under the plan or loans from the plan, or from commercial sources.

Some plans are administered on a "Safe Harbor" basis. To qualify for a hardship withdrawal under these plans, the following conditions generally apply:

- Your Employer will be notified of this hardship withdrawal. A withdrawal requires that elective contributions under all plans maintained by the Employer, including this plan, cease for a period of at least six months.

### 2. GOOD ORDER

Good order is receipt at our designated location of this form accurately and entirely completed, including all necessary signatures. If we determine that this form is not received in good order, it may be returned to you for correction and processed upon resubmission in good order at our designated location, at the address above.

### TERMS AND CONDITIONS

The withdrawal effective date will be the date our designated location has received the request and any other required documentation or forms in good order. For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date good order is determined. A valuation date is any normal business day, Monday through Friday, that the NYSE is open. All withdrawals may be subject to one or more of the following: Voya contractual fees, deferred sales charges, or market value adjustments. There may be withdrawal restrictions on certain funds (please refer to your prospectus). Any fees will be deducted from the remaining account balance. Any taxes will be deducted from the amount you request. Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

3. IRS allows Hardship withdrawals only when other financial resources are not reasonably available. Since a loan and other distributions from the plan are considered other resources, you should take them from all plans maintained by the employer first, if available, unless the taking of a loan would increase the amount of my financial need and/or create an adverse financial situation. If you have any questions regarding other available resources, please contact a Customer Service Associate or go online. The contact information is available on the last page of this form.

- You are not required to take a loan if repaying it would increase your hardship. Repayment of a loan from the CalSTRS Pension2 would increase my hardship. Therefore, I do not wish to take a loan at this time. If this box is not checked and you have loan availability, your hardship request will be rejected.
- I have exhausted all other means available. I understand that if a loan is available to me under the CalSTRS Pension2, my hardship request will be rejected.
- I have exhausted all other means available. I understand that if other distributions are available in the CalSTRS Pension2, my hardship request will be rejected.
- I have not requested a hardship withdrawal for the same hardship reason from any other retirement plans in which I participate that would cause the amount that I received to be in excess of my stated hardship need.

4. Please check with your TPA and or Employer for information on whether your 403(b) plan requires a suspension of contributions to the plan for the 6 months following a hardship withdrawal.

**CHOOSE AMOUNT TYPE AND AMOUNT REQUESTED**

**Amount Type:** Depending on the contributions available under your account and the terms of your plan, you may have the option to elect payment from the designated Roth account(s). (choose one):

- I do not elect to receive a hardship withdrawal from my designated Roth account(s).
- I elect to receive a hardship withdrawal from my designated Roth account(s). I understand that my withdrawal request will be satisfied by first liquidating my non-Roth account(s) and then my Roth account(s).

**Note:** Amounts will be withdrawn in accordance with regulations governing hardship withdrawals and will not exceed the maximum allowed. If the amount available for withdrawal is less than the dollar amount you are requesting, the transaction will be processed for the maximum amount available. The request will not be processed if other assets in the plan can be freely distributed (e.g., rollover accounts, etc.).

**Amount Requested:** Withdraw the following (choose one):

- Maximum available** (not to exceed amount documented) OR  \$ \_\_\_\_\_ (indicate the total dollar amount)

**Note:** If your available hardship withdrawal amount based on your current account balance is less than the financial need specified above, the hardship will be processed up to the maximum amount available. If you elected an additional tax withholding, we will process using the default withholding rate of 10% for federal taxes and the required state tax, if applicable.

If your hardship withdrawal amount is approved for a partial amount, based on the supporting documentation provided, the hardship will be processed up to the partial amount approved. If you elected an additional tax withholding and did not elect to gross up, we will process using the default withholding rate of 10% for federal taxes and the required state tax, if applicable.

**CHOOSE TAX WITHHOLDING AND GROSS UP ELECTION**

**Tax Withholding Elections:** Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. You are responsible for understanding and planning for the tax implications of any withdrawal. You may wish to contact your financial/tax advisor before submitting this form.

**Federal Withholding Rules: Non-periodic payments – 10% withholding.** Non-periodic, non-rollover eligible payments from pensions, annuities, and IRA's are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions and hardship withdrawals. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

**Federal Withholding Elections:**

- DO NOT** withhold any federal income tax unless mandated by law.
- DO** withhold federal taxes using the default withholding rate of 10%.
- Additional amount** you want withheld from your payment \$ \_\_\_\_\_ (Note: This amount is in addition to the default withholding rate of 10%.)

**Note:** If no federal withholding election is checked above, we will withhold using the default withholding rate of 10%.

**Notice:** Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

**State Withholding Elections:**

- DO NOT** withhold any state income tax unless mandated by law.
- DO** withhold state taxes in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

**Note:** If no state withholding election is checked above or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to your plan's website and/or your State Department of Taxation for details.

**Gross Up Elections:** You may elect to increase the amount of your withdrawal so that the check you receive will be for the amount you requested after your elected tax withholding and anticipated penalties are withheld. This is called gross up. If there are no changes to the tax withholding elections above, and you elect to gross up, your withdrawal amount will be increased to cover the default withholding rate of 10% for federal taxes and the required state tax, if applicable. Please choose from each gross up options below:

*For example: If your stated withdrawal need was \$1,000, you elected to gross up and have 10% + \$100 withheld for federal taxes, the \$1,000 pre-tax withdrawal amount could be increased to \$1,222.22. You would receive a net check amount of \$1,000; the additional \$222.22 (10% + \$100 of \$1,222.22) would be sent to the IRS to pay taxes. You may only increase the withdrawal amount if there are sufficient funds available in your account.*

**Gross up for state:**  Yes  No **Gross up for federal:**  Yes  No **Gross up for penalty:**  Yes  No

**Note:** If no gross up election is checked above, we will not gross up your withdrawal.

**HOW WOULD YOU LIKE TO RECEIVE YOUR WITHDRAWAL?**

**First class mail at no additional charge.** If you previously set up an ACH Direct Deposit election, you cannot choose this option. Your hardship request will be directly deposited based on the banking instructions you have on file. You will not receive a check.

**Expedited delivery.** I understand I will pay a nonrefundable fee of \$50 which will be deducted from my account. If you previously set up an ACH Direct Deposit election, you cannot choose this option. Your hardship request will be directly deposited based on the banking instructions you have on file. You will not receive a check.

**Automated Clearing House Note:** You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank via ACH. You may update your ACH banking information on the [Pension2.com](http://Pension2.com) website.

**REASON FOR HARDSHIP WITHDRAWAL AND CHECKLIST**

Attach copies of any documents that will substantiate both the nature and the amount of the severe financial hardship. **These copies will not be returned; therefore, you should not send originals.**

The following circumstances are considered for severe financial hardship under the Plan. If you have any questions about the qualifying reasons for a hardship withdrawal or the acceptable forms of documentation, please contact a Customer Service Associate before proceeding. The contact information is available on the last page of this form. **PLEASE CHOOSE ALL APPLICABLE TO YOUR CIRCUMSTANCE:**

REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/ DOCUMENTATION
<input type="checkbox"/> <b>Unreimbursed medical expenses for medical care previously incurred or anticipated by:</b> <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your dependent <sup>1</sup> <input type="checkbox"/> Your beneficiary <sup>2</sup>	<b>1) Explanation of Benefits (EOB), and</b> <b>Must:</b> <input type="checkbox"/> be dated within the past 12 months, <b>and</b> <input type="checkbox"/> reflect the amount paid by the insurance company, <b>and</b> <input type="checkbox"/> reflect the amount owed by the insured <b>2) Corresponding bill from the provider</b> <b>Must:</b> <input type="checkbox"/> be dated within the past 12 months, <b>and</b> <input type="checkbox"/> indicate the amount still owed by the insured <b>3) <input type="checkbox"/> If applicable, I certify that I do not have insurance</b>	<ul style="list-style-type: none"> <li>• Medical bills that do not show portion paid by insurance</li> <li>• Collection agency notices</li> <li>• Bills already paid</li> </ul>
<input type="checkbox"/> <b>Tuition, related educational fees, room and board for the next 12 months post-secondary education for:</b> <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your child <input type="checkbox"/> Your dependent <sup>1</sup> <input type="checkbox"/> Your beneficiary <sup>2</sup>	<b>1) Itemized tuition bill, and/or Room and Board statement provided by the the school, or</b> <b>Must:</b> <input type="checkbox"/> be dated within 4 months of the beginning of the quarter or semester, <b>and</b> <input type="checkbox"/> contain student's name, <b>and</b> <input type="checkbox"/> be due in the next 12 months <b>2) Related Educational Fees</b> <input type="checkbox"/> Text books bill or receipt dated within the last 4 months, <b>or</b> <input type="checkbox"/> Off campus lease agreement signed and within the same time period as the tuition bill, <b>or</b> <input type="checkbox"/> Miscellaneous - provide supporting documentation	<ul style="list-style-type: none"> <li>• Estimate for tuition with no student name (general estimate from school). You need to provide an actual tuition bill.</li> <li>• Student loans</li> <li>• Financial aid award letters</li> <li>• Bills already paid (except for text books)</li> </ul>
<input type="checkbox"/> <b>Purchase of your principal residence or costs directly related to your purchase (excluding mortgage payments)</b>	<b>1) If borrowing, loan estimate from lender, and</b> <b>2) Signed purchase contract or intent-to-purchase agreement, and</b> <b>All above must:</b> <input type="checkbox"/> be dated within last 60 days, <b>and</b> <input type="checkbox"/> reflect the address of the residence being purchased, <b>and</b> <input type="checkbox"/> reflect the purchase price, <b>and</b> <input type="checkbox"/> reflect the amount of the down payment, <b>and</b> <input type="checkbox"/> reflect a closing date no more than 6 months in the future, <b>and</b> <input type="checkbox"/> reflect signatures of both buyer and seller <b>3) If building, you must also provide a copy of the signed builder's permit or builder's contract</b> <b>4) If purchasing a mobile home, you must also provide a copy of the Deed to show that you own the land</b>	<ul style="list-style-type: none"> <li>• Rental/lease agreement for purchase of a primary residence</li> <li>• Mortgage applications</li> <li>• Truth in lending disclosures</li> <li>• Bills already paid</li> <li>• Land purchases only</li> </ul>

REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/ DOCUMENTATION
<input type="checkbox"/> <b>Repair of principal residence that would qualify as a casualty deduction such as a fire or storm</b>	<ol style="list-style-type: none"> <li>1) Letter explaining what caused the casualty, <b>and</b></li> <li>2) Statement from your insurance company stating the loss is not covered, <b>and</b></li> <li>3) Billing statement or cost estimate</li> </ol> <p><b>All above must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> be dated within last 4 months, <b>and</b></li> <li><input type="checkbox"/> reflect the amount necessary to repair principal residence, <b>and</b></li> <li><input type="checkbox"/> include the property address, <b>and</b></li> <li><input type="checkbox"/> have a future payment due date</li> </ul>	<ul style="list-style-type: none"> <li>• General estimate for repair (no property address, not dated or amount owed)</li> <li>• Routine maintenance, remodeling, additions, non-attached buildings and garages</li> <li>• Bills already paid</li> </ul>
<input type="checkbox"/> <b>Prevention of mortgage foreclosure or eviction from your principal residence</b>	<ol style="list-style-type: none"> <li>1) Proof of foreclosure or eviction                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Tax lien, <b>or</b></li> <li><input type="checkbox"/> Bank/ mortgage statement, <b>or</b></li> <li><input type="checkbox"/> Letter from bank/ mortgage company, <b>or</b></li> <li><input type="checkbox"/> Letter from landlord on company letterhead or notarized, <b>or</b></li> <li><input type="checkbox"/> Copy of the court document substantiating the eviction or foreclosure legal proceedings</li> </ul> <p><b>All above must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> be dated within last 4 months, <b>and</b></li> <li><input type="checkbox"/> reflect the amount necessary to prevent eviction/ foreclosure, <b>and</b></li> <li><input type="checkbox"/> contain eviction/foreclosure date. This date must be in the future, <b>and</b></li> <li><input type="checkbox"/> include the property address, <b>and</b></li> <li><input type="checkbox"/> have a future payment due date</li> </ul> </li> <li>2) If the current address on record is a PO Box, a document from a municipal or government agency providing proof of physical address.                              (Example: Utility bill or drivers license)</li> </ol>	<ul style="list-style-type: none"> <li>• IRS tax liens that do not specify address of property to be foreclosed</li> <li>• Late payment statements that do not threaten eviction or foreclosure</li> <li>• Lease agreements</li> <li>• Bills already paid</li> </ul>
<input type="checkbox"/> <b>Funeral/Burial expenses for:</b> <input type="checkbox"/> Your spouse <input type="checkbox"/> Your child <input type="checkbox"/> Your parent <input type="checkbox"/> Your dependent <sup>1</sup> <input type="checkbox"/> Your beneficiary <sup>2</sup>	<ol style="list-style-type: none"> <li>1) Copy of death certificate, <b>and</b></li> <li>2) Funeral/burial statement</li> </ol> <p><b>Must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> reflect name of deceased, <b>and</b></li> <li><input type="checkbox"/> reflect date of services provided within the past 90 days, <b>and</b></li> <li><input type="checkbox"/> reflect your name as individual billed, <b>and</b></li> <li><input type="checkbox"/> include itemized funeral/burial expenses, <b>and</b></li> <li><input type="checkbox"/> have a future payment due date</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-purchase of lot or headstone</li> <li>• Bills already paid</li> </ul>
<p><b>If you selected a severe financial hardship for your dependent or your beneficiary:</b></p> <p><sup>1</sup>A dependent is anyone who meets the definition of a Qualifying Child or Qualifying Relative as described in Section 152 of the Internal Revenue Code without regard to section 152(d)(1)(B) (with regard to funeral expenses) and without regard to section 152(b)(1), (b)(2) and (d)(1)(B) (for tuition/related educational expenses).</p> <p><sup>2</sup> If permitted under the Plan, your beneficiary must be designated the primary beneficiary of your account.</p> <p><input type="checkbox"/> By checking this box, I hereby certify that the person(s) I am requesting funding for would be considered as a dependent<sup>1</sup> or beneficiary<sup>2</sup> as stated above. If this box is not checked, I understand my hardship request will be rejected.</p>		

**AUTHORIZATION**

**TAX RESIDENCY INFORMATION**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid backup withholding.

***Under penalties of perjury, I certify that:***

1. *The number shown on this form is my correct taxpayer identification number; and*
2. *I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and*
3. *I am a U.S. citizen or other U.S. person (including U.S. resident alien) (as defined in the instructions for IRS form W-9). (If you are subject to back-up withholding, you must strike through statement number 2.) If you are not a U.S. citizen or other U.S. person, please check the box below to indicate your status as a Non-Resident Alien.*

**Non-Resident Alien** (Must submit an original IRS Form W-8BEN or other applicable form W-8.) As a non-resident alien, your taxable income is subject to 30% U.S. federal tax withholding unless tax treaty provisions can be applied. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a U.S. taxpayer identification number in Part I and all applicable fields in Part II must be completed. A U.S. taxpayer identification number may be applied for by submitting a Form W-7 to the Internal Revenue Service (IRS). IRS forms W-8 and W-7 are available on their web site [www.irs.gov](http://www.irs.gov) or by contacting them at 800-829-1040. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid backup withholding.

***By signing below, I certify that:***

1. *I have read and understand the information contained within this form.*
2. *The facts presented in this request and in the documents used to substantiate my hardship withdrawal amount are true to the best of my knowledge and describe an outstanding severe financial hardship.*
3. *I have exhausted all other means available and meet the Plan requirements as stated in the Hardship Requirements section.*
4. *I hereby authorize CalSTRS Pension2 and Voya to contact any person or business to confirm any facts or statements contained in this application and the attached documents.*
5. *I certify, under penalties of perjury, that to the best of my knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete and the attached documents are valid and complete and have not been altered or manipulated in any manner.*

***By signing below, I understand that:***

1. *If any required information or documentation is missing from my application, there will be a delay in receiving my withdrawal check or my application will be returned to me.*

**PARTICIPANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Verified that the Plan has your current address
- Reviewed and completed the Hardship Requirements to determine if you are **ELIGIBLE** to take a hardship withdrawal
- Indicated your **TYPE, AMOUNT, TAX WITHHOLDING** and **GROSS UP ELECTIONS**
- Selected **DELIVERY METHOD** if requesting a check
- Selected a **VALID REASON** for the withdrawal
- Confirmed that you have first exhausted all distributions (other than hardship withdrawals) and loans from all plans maintained by the employer
- Provided the **REQUIRED DOCUMENTATION**
- Provided authorized **SIGNATURE**

**If you have any questions or need to obtain additional plan or account information, please go online at [Persion2.com](http://Persion2.com) or call the CalSTRS Pension2 Service Center at 1-844-elect2 (1-844-353-2872) (TTY/TTD users call 1-800-468-5449). Customer Service Associates are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Eastern Time (excluding stock market holidays).**

**If your application is complete, please mail or fax the application and any required documentation to:**

**VIA FAX**  
 Voya Financial  
 Attn: CalSTRS Pension2 Plan Administration  
 1-888-814-5862

**VIA MAIL**  
 Voya Financial  
 Attn: CalSTRS Pension2 Plan Administration  
 P.O. Box 24747  
 Jacksonville, FL 32241-4747

**VIA OVERNIGHT DELIVERY**  
 Voya Financial  
 Attn: CalSTRS Pension2 Plan Administration  
 8900 Prominence Parkway  
 Jacksonville, Florida 32256-8264

**THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION**

**This section must be completed if required by the Employer.**

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Participant's eligibility for such withdrawal and have not relied solely on information provided by the Participants in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

**NAME OF TPA FIRM** \_\_\_\_\_

**AUTHORIZED SIGNER NAME (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE (MM/DD/YYYY)** \_\_\_\_\_

**EMPLOYER OR PLAN SPONSOR AUTHORIZED SIGNATURE AND CERTIFICATION**

**This section must be completed when required to do so by a contract between the Company and the Employer.**

I am an Employer or Plan Sponsor of the plan identified above and certify the following:

- The requested benefits are permitted by the plan.
- The distribution is being made from a contract authorized under the Employer's 403(b) plan.
- I have read and agree to the terms and conditions of the requested withdrawal and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

**AUTHORIZED SIGNER NAME (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE (MM/DD/YYYY)** \_\_\_\_\_