



403(b)(7) AIG Financial Hardship Distribution Form

Use this form to request a financial hardship distribution from your Invesco 403(b)(7) where AIG Retirement Services is the Third Party Administrator (TPA).

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

1 | Participant and Plan Information

Social Security Number <i>(Required)</i>	Invesco Account Number or Plan ID
<input type="text"/>	<input type="text"/>

Participant's Full Name *(Please print name as it appears on account.)*

Primary Phone Number	Email Address
<input type="text"/>	<input type="text"/>

Date of Birth <i>(mm/dd/yyyy)</i>	Plan Name
<input type="text"/>	<input type="text"/>

2 | Reason for Distribution *(Required. Select one.)*

A financial hardship distribution cannot be made from a 403(b) except for the following reasons. Refer to the Additional Information section for important details regarding your distribution.

Note: Documentation/Evidence must be submitted and dated within 60 days of our receipt.

- Eviction from or Foreclosure on a Principal Residence *(Please attach a notice of eviction or foreclosure.)*
- Unreimbursed Medical Expenses for Yourself, Spouse or Dependent *(Please attach copies of current medical bills. Your documentation must reflect that the expenses have been submitted and denied by your healthcare plan.)*
- Tuition, Related Educational Fees, and Room and Board Expenses for the Next 12 Months of Post-Secondary Education for Yourself, Spouse or Dependent *(Please attach copies of applicable bills.)*
- Purchase of a Principal Residence - excluding mortgage payments - *(Please attach a copy of your purchase agreement or construction contract signed by both the buyer and the seller.)*
- Payment of Funeral Expenses for the Participant or the Participant's Spouse *(Please attach copies of applicable bills.)*
- Damage to Primary Residence Property *(Must qualify as a loss on your tax statement. Please attach copies of applicable bills.)*
- Other *(as the IRS warrants.)*

3 | Income Tax Withholding (Complete A and B, if applicable)

A. Federal Income Tax Withholding

If one of the boxes below is not selected, or your only address of record is a P.O. Box or non-U.S. address, Invesco Investment Services, Inc. (IIS) must withhold 10% from your distribution. Even if you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to the tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Minimum election for withholding must be 10% or greater.

Select one.

- I do not want any federal income tax withheld from my distribution.
- I want federal income tax withholding at a rate of % (Must be 10% or greater)

B. State Income Tax Withholding (Applicable to California residents only.)

If federal tax is withheld, state tax withholding is mandatory for California residents, unless you specifically elect not to have state taxes withheld or to withhold tax at different rate. If you do not select an option below, Invesco is required to withhold California state income tax equal to 10% of federal taxes withheld.

- I do not want California state income taxes withheld.
- I want California state income tax withheld at a rate of _____% of the gross distribution amount.

4 | Distribution Instructions (Complete A and B.)

Note: IIS may delay the payment of redemption proceeds with respect to fund shares purchased via check or Automated Clearing House (ACH) for a period of up to ten (10) days in order to enable IIS to confirm that the check or draft has cleared.

A. Amount of Distribution: (Select one.)

- Distribute the entire account.
- I have an outstanding loan, distribute the entire amount and offset the loan.
- I have an outstanding loan, distribute the entire amount available. I understand a sufficient amount must remain in the account to secure the loan and keep the loan active.
- Net** - I would like to receive the following dollar amount from the account: \$, .
 I authorize and direct IIS to redeem additional fund shares in amounts necessary to pay any applicable contingent deferred sales charges and federal income tax withholding.
- Gross** - Distribute the following dollar amount from the account: \$, .
 I understand that the amount of the distribution that I receive will be reduced by any applicable contingent deferred sales charges and federal income tax withholding.

B. Amount of Distribution: (Select one.)

If I do not select an allocation of distribution method, I am directing IIS to distribute using the proportionate method.

Note: If redeeming from multiple funds, then multiple checks, wires, ACHs will be sent.

- Proportionate:** Shares will be redeemed from each fund proportionate to that fund's value with respect to the total value of your account on the day IIS receives your request in good order.
- Distribution From Specific Fund(s):** Please indicate the fund(s) and redemption amounts below.

Fund Number	Fund Name	Percentage	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> or \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

5 | Payment Options (Refer to section 6 to determine if a signature guarantee is required.)

Note: Your distribution will be mailed to the address of record unless specified below. Checks will not be forwarded. Select only one payment option (A or B).

A. By Check:

- Make check payable to the participant and mail to the participant's address of record.
- Mail check to third party address.

Make check payable to:

Mailing Address (Including apartment or P.O. Box number)

City

State

ZIP

B. To Bank: (If banking information is provided and a single delivery option is not selected, proceeds will be sent via ACH.)

- Wire proceeds to my bank account. (An incoming wire fee may be assessed by your financial institution.)
- ACH Transfer to my bank account. (Allow 2-3 business days to receive your proceeds.)

Note: Unless instructed otherwise, IIS will replace your current bank information with the new bank information provided below.

Account Type: Checking Savings

Name(s) on Bank Account

Pay to the order of _____ \$

Please tape your voided check here.

Routing Number

Account Number

6 | Authorization and Signature of Participant (Please sign and date below.)

I understand and agree that this hardship withdrawal is a distribution and will be reported as ordinary income to the Internal Revenue Service (IRS) and me on IRS Form 1099-R for the year in which it is made. The amount of the distribution will be reported on my individual tax return for the year in which it is received and may be subject to a premature distribution penalty tax. I certify that the amount requested constitutes only amounts attributable to salary deferral payments and not to any earnings on such contributions, and that I have not taken a hardship withdrawal from another account held with my employer if that withdrawal combined with this requested withdrawal would exceed my immediate hardship need. I understand and acknowledge the tax consequences of this distribution and I hereby certify that I have a severe and immediate financial hardship due to one or more of the following conditions: medical expenses previously incurred for myself, my spouse, my dependents or my named primary beneficiary for this account; the necessary expenses to obtain medical care for those persons; purchase of my principal residence (not including mortgage payments); payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for me, my spouse, my dependents or my primary beneficiary; prevention of eviction from or foreclosure on a mortgage on my principal residence; funeral expenses or damage to primary residence property. I have exhausted: savings; insurance coverage; loans from commercial credit institutions; distribution of rollover dollars if available under my plan. I have also exhausted any loans from my 403(b) (7) custodial accounts because I have met my lending limits, am not eligible or my plan doesn't permit loans or because repayment of such loans would, in and of itself, create additional hardship.

I further agree to notify my employer that, in accordance with IRS rules for hardship withdrawals, I am suspending salary reduction contributions for a period of no less than six months following the date of the hardship withdrawal.

Signature (Required)

Date (mm/dd/yyyy)

X

A signature guarantee is required under the following circumstances:

- Redemption proceeds will exceed \$250,000 per fund.
- Redemption proceeds to be paid to someone other than the participant.
- Redemption proceeds to be sent somewhere other than the address of record or bank of record on the account.
- Proceeds of an unscheduled redemption will be sent to an address or bank of record that has been on your Invesco account less than 15 days.

<p>Signature Guarantee: (Please place signature guarantee stamp below.)</p>	<p>Each signature must be guaranteed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. A signature guarantee may NOT be obtained through a notary public.</p>
--	--

Note: Endorsement guarantee is not acceptable.

7 | Checklist and Mailing Instructions

Please review checklist before submitting the form.

- A distribution reason was selected in section 2.
- Federal income tax withholding was reviewed in section 3.
- An AIG Retirement Manager certificate is included.
- All required documentation is included.
- Signature guarantee requirements have been reviewed in section 6.
- Your employer has been notified to suspend salary deferrals as necessary.

Please send completed and signed form to:

(Direct Mail)

Invesco Investment Services, Inc.
P.O. Box 219078
Kansas City, MO 64121-9078

(Overnight Mail)

Invesco Investment Services, Inc.
c/o DST Systems, Inc.
430 W. 7th Street
Kansas City, MO 64105-1407

For additional assistance please contact an Invesco Client Services representative at 800 959 4246, weekdays, 7 a.m. to 6 p.m. Central Time.

Visit our website at invesco.com/us to:

- Check your account balance
- Confirm transaction history
- View account statements and tax forms
- Sign up for eDelivery of statements, daily transaction statements, tax forms, prospectuses, and reports
- Check the current fund price, yield and total return on any fund
- Process transactions
- Retrieve account forms and investor education materials

Call the 24-Hour Automated Investor Line 800 246 5463 to:

- Obtain fund prices
- Confirm your last three transactions
- Order a recent account statement(s)
- Check your account balance
- Process transactions

To use the system, please have your account numbers and Social Security number available.

Additional Information

IRS regulations stipulate that the amount distributed cannot exceed the sum of your salary deferral contributions, minus any distributions. Income allocable to salary deferrals made prior to December 31, 1988, may also be included if the plan document permits.

Distribution Reasons

A financial hardship distribution may only be taken due to one or more of the following conditions:

- Eviction from or Foreclosure on a Principal Residence
- Unreimbursed Medical Expenses for Yourself, Spouse or Dependent
- Tuition, Related Educational Fees, and Room and Board Expenses for the next 12 months of Post-Secondary Education for Yourself, Spouse or Dependent
- Purchase of a Principal Residence (excluding mortgage payments)
- Payment of Funeral Expenses for the Participant or the Participant's Spouse
- Damage to Primary Residence Property (must qualify as loss on your tax statement)
- The IRS may issue other relief from time to time, as warranted

You may not receive a financial hardship withdrawal in excess of the amount of your immediate and heavy financial need (which may include amounts necessary to pay any income tax withholding or penalties that may result from the distribution).

Additional Requirements

Also, according to IRS regulations, you are required to exhaust all other avenues before you take a financial hardship distribution including:

- Savings
- Insurance coverage
- Loans from commercial credit institutions
- Loans from your 403(b)(7) custodial accounts if available (unless the repayment of the loan would itself cause more undue hardship)
- Distribution of Rollover Dollars from your 403(b) Plan if available.

Once you have received a financial hardship withdrawal, you must notify your employer that you have suspended salary reduction contributions for a period of no less than six months following the date of the hardship withdrawal.