Application for Hardship Withdrawal

Everence

Praxis Mutual Funds

This form should be used when taking a financial hardship withdrawal from your 403(b) plan. Use in conjunction with *403(b)(7) Distribution Request*. You must submit documentation supporting the amount you are requesting. Please send this form to:

Regular mail
Praxis Mutual Funds
c/o U.S. Bancorp Fund Services LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight mail
Praxis Mutual Funds
c/o U.S. Bancorp Fund Services LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

If you have any questions, please call Shareholder Services at (800) 977-2947. Failure to complete any portion of this form will delay processing of your request.

Participant's name | Birth date | Social Security no.

Address | City | State | Zip

I am applying for a hardship withdrawal from my 403(b) retirement plan. I confirm that the reason for the hardship is:

☐ Expenses for (or necessary to obtain) medical care that would be deductible under Internal Revenue Code (IRC) Section 213(d) for:
☐ me, ☐ my spouse, or ☐ my other dependents.

☐ The purchase of my principal residence (excluding mortgage payments).

☐ The payment of tuition, related education fees, and room and board expenses for up to the next 12 months of post-secondary education for:
☐ me, ☐ my spouse, ☐ my child(ren), or ☐ my other dependents.

☐ The prevention of the eviction from my principal residence or the foreclosure on my mortgage on that residence.

☐ Payments for burial or funeral expenses for:
☐ my deceased parent, ☐ my spouse, ☐ my child(ren), or ☐ my other dependents.

☐ Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under IRC Section 165.

Withdrawal amount requested _____

Federal income tax election notice

The distributions you receive from Praxis Mutual Funds are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to federal income tax.

Please make your election by checking the appropriate box. If you elect not to have withholding apply to your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Federal tax withholding election

I have read the notice above and understand the distributions I receive from Praxis Mutual Funds are subject to federal income tax withholding unless I elect not to have withholding apply.

☐ I **do not** want to have federal income tax withheld from my distribution.

☐ Please withhold federal taxes: $_____ or _____%

State income tax election

If federal taxes are withheld from your distribution, state taxes may also be withheld.

My state of residence for tax purposes is _____

State income tax withholding will be calculated in accordance with the regulations of your state of residence.

1. Residents of California, Delaware, Iowa, Kansas, Maine, Oklahoma, and Virginia will have state taxes withheld when federal withholding applies.
2. Residents of North Carolina and Oregon will have state taxes withheld when federal withholding applies, unless otherwise noted.

   ☐ I do not want state income tax withheld.

Signature

To receive the hardship withdrawal requested above, I certify that the financial need cannot be relieved in one of the following ways:

- Through reimbursement or compensation by insurance;
- By liquidation of my assets;
- By cessation of salary reduction contributions; or
- By distributions or loans from any plan maintained by the employer, or by any other employer, or by borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need.

I understand that I will not be able to make salary reduction contributions to any 403(b) plan for a period of six months from the date of this hardship distribution. After six months I may begin to make salary reduction contributions.

I understand Praxis Mutual Funds is required to withhold federal income tax unless I elect not to have withholding apply. I also understand that if I have not reached age 59 1/2, this distribution may be subject to a 10 percent penalty tax in addition to income taxes.

_____ _____

Participant's signature Date