

INSTRUCCIONES PARA COMPLETAR LA FORMA DE DISTRIBUCION

Lincoln Financial Group

For use with:
Lincoln Director™
Lincoln American Legacy Retirement
Lincoln Director™ in the State of New York
Lincoln American Legacy Retirement in the State of New York

Distribution request form
 - TPA Serviced - Pinnacle

Important Information

- Complete and submit all pages of this form.
- Please return the completed form for processing to Pinnacle Financial Services, Inc.; Fax: 561-547-4800 or email clientservices@pinnacle.com
- Incomplete information will cause processing delays.

1. Participant Information

Our records will be updated to reflect the address given here.

Plan name _____ Contract number _____
 Account number _____ Plan ID _____
 Participant's name _____
 Address _____
 City _____ State _____ Zip _____
 Social Security number _____ Date of birth ____/____/____ (mm, dd, year)
 Day phone _____ Date of hire ____/____/____ (mm, dd, year)

2. Distribution Eligibility - Select the options that apply.
 Under the Internal Revenue Code, an employee is only eligible to make a partial withdrawal or full withdrawal if a reason listed below is applicable. (Check plan document for eligibility of options below.)

No longer working for employer. Termination date ____/____/____ (Complete Sections 4, 5, 6, 7 and 8.)

Retirement as of ____/____/____ (Complete Sections 4, 5, 6, 7 and 8.)

Total and permanent disability as of ____/____/____ (To qualify for lower taxation, provide a social security disability letter with this form to plan sponsor/Third Party administrator (TPA) for review) (Complete Sections 4, 5, 6, 7 and 8.)

Death of participant as of ____/____/____ (Provide a certified copy of death certificate to plan sponsor/TPA for review) (Complete Sections 3, 4, 5, 6, 7 and 8.)

In-service withdrawal - pre-age 59½ of employee rollover money only (Contract surrender charges and/or market value adjustment may apply to withdraw from the Guaranteed Account or the Guaranteed Stable Value Account.) (Complete Sections 4, 5, 6, 7 and 8.)

In-service withdrawal - age 59½ or older (Active employee only, market value adjustment may apply to withdraw from the Guaranteed Account or the Guaranteed Stable Value Account.) (Complete Sections 4, 5, 6, 7 and 8.)

Hardship (active employee only) (Complete attached Hardship Distribution Checklist and provide along with any supporting documentation to plan sponsor/TPA for review) (Complete Sections 4, 5, 6, 7, 9 and 11.)

Required Minimum Distribution (RMD) (only applicable if age 70½ or older and no longer employed, unless you are a 5% or more owner) (Complete Sections 4, 5, 6, 7 and 8.)

Qualified Domestic Relations Order (QDRO) (Provide a copy of QDRO to plan sponsor/TPA for review) (Complete Sections 3, 4, 5, 6, 7 and 8.)

Plan termination initiated by employer (Contract surrender charges and/or market value adjustment may apply to withdraw from the Guaranteed Account or the Guaranteed Stable Value Account.) (Complete Sections 4, 5, 6, 7 and 8.)

Qualified military reservist distribution. Active duty date ____/____/____ (Complete Sections 4, 5, 6, 7 and 8.)
(This type of distribution is not subject to the 10% tax penalty provided the participant is currently on active duty and has served more than 179 days.)

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Sección 1: Por Favor, complete la mayor cantidad de información posible. Su plan y la información de cuenta se incluyen en el cuerpo de la carta de presentación de correo electrónico, así como en su estado de cuenta. Si usted no recuerda la fecha exacta de cuando lo contrataron nosotros vamos a comprobar con el empleador.

Sección 2: Por favor, seleccione la opción mas apropiada. Si ya no está trabajando con el empleador tiene que incluir la fecha exacta de terminación. (Si se conoce)

3. Beneficiary for Death Benefit / Alternate Payee for QDRO
 Complete if distribution due to death or QDRO. Note: If there are multiple beneficiaries, each must fill out a separate form.

Name _____ Relationship _____
 Social Security number _____ Date of birth ____/____/____ (mm, dd, year)
 Share _____% (for death benefit only) Amount \$ _____ (for QDRO only)
 Phone number _____
 Address _____
 City _____ State _____ Zip _____

4. Withdrawal Options - This section must be completed for all distribution types.
 • Refer to the important tax information section of this form for further withholding information.
 • Please choose from one of the options below:

Option 1: Distribution (Do not complete this section if electing a direct rollover.)

Total lump sum distribution payable to me for the full amount available (This is not available for hardship withdrawal requests.)

Partial withdrawal payable to me in the amount of \$ _____

Required Minimum Distribution (RMD) in the amount of \$ _____
(Only applicable if age 70½ or older and no longer employed, unless you are a 5% or more owner. The \$ amount needs to meet the RMD requirements or penalties may apply.)

Check this box and complete the information below if your beneficiary is your spouse and is more than 10 years younger than you.
 Spouse's name _____
 Social Security number _____ Date of birth ____/____/____ (mm, dd, year)

Hardship withdrawal (active employees only) payable to me in the amount of \$ _____
 Please provide amount(s) and source(s) below.

Salary Deferral*	\$ _____	Prevailing Wages	\$ _____
Employer Match	\$ _____	Roth*	\$ _____
Employer Profit Sharing	\$ _____	Other	\$ _____

*Only earnings that have accrued as of the later of December 31, 1988 or the end of the last Plan Year ending before July 1, 1989 can be included in a hardship distribution.

Option 2: Direct Rollover and Lump Sum Distribution Combination for Entire Account Balance

Direct rollover as a portion of my vested account balance \$ _____ and receive the remainder as a lump sum payable to myself.

A lump sum payment payable to myself in the amount of \$ _____ and the remainder payable as a direct rollover to the company provided in Section 7.

Option 3: Direct Rollover

Total vested account balance

Rollover a part of my vested account balance in the amount of \$ _____ (Complete Section 7 to provide rollover instructions.)

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Sección 3: Completar solo si esta solicitud es para na distribución de la Muerte o en Calificada de Relaciones Domesticas, de lo contrario, deje en blanco.

Sección 4: Seleccione la opción apropiada. Si usted ya no trabaja para el empleador, usted debe tomar una distribución de su saldo de la cuenta entera.
Elija opción 1 para una distribución de suma global.
Elija opción 2 para una separación distribución de suma global de distribución de división y combinación de vuelco
Elija opción 3 para una transferencia directa.

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5. Vesting / After-Tax / Roth / Loans
 To be completed by Plan Sponsor/Trustee or Third Party Administrator (TPA), if applicable.

- Is the participant 100% vested in all sources? Yes No
 If "No" indicate information below:
 - Indicate the number of hours worked in current year: _____
 - Indicate the number of years of service: _____
 - Indicate percentage vested by source below:

Employer _____ %	<input type="checkbox"/> Bundled Employer & Employee _____ %	100 %
Employer Discretionary _____ %	<input type="checkbox"/> Qualified Safe Harbor Match _____ %	100 %
Employer Match _____ %	<input type="checkbox"/> Qualified Safe Harbor Non-Elective _____ %	100 %
Employer Secondary Match _____ %		
Prevailing Wages _____ %		
- Does this distribution contain after tax dollars? No Yes
 If yes, what is the after tax cost basis? \$ _____
- Does this distribution contain Roth dollars? No Yes
 If yes, what is the Roth cost basis? \$ _____ Date of first Roth contribution: ____/____/____ (mm, dd year)
- Is there an outstanding loan? No Yes! If yes, what is the outstanding balance? \$ _____
Loans will be defaulted in the event of termination from employment. A Form 1099-R will be issued for the year in which the loan is defaulted.
- Loan default date ____/____/____ (Must be the same or prior to distribution date. Loan default cannot satisfy the RMD).
- Does this distribution contain 457(b) Governmental Plan money? No Yes If yes, how much? \$ _____

6. Important Tax Information
 Applicable federal and state tax withholding rules will be applied to any taxable amount not directly rolled over to an IRA or qualified plan as required by law. In general, the amounts you elect to directly roll over and amounts which are not subject to federal income tax (e.g., any amounts you contributed to the plan on an after-tax or Roth basis, or qualified distributions from a designated Roth account) are not subject to federal income tax withholding. See the Special Tax Notice accompanying this form for more information.

A. Mandatory Federal Tax Withholding (unless an exception applies, see Section B below)
 Mandatory federal income tax withholding of 20% applies to any distribution taken in cash that would otherwise be eligible for rollover. See the Special Tax Notice accompanying this form for more information. This also pertains to death distributions for spouse and non-spouse.

Mandatory 20% withholding, or increase to _____ %. (may not be lower than 20%)
If no selection is made, mandatory 20% will be withheld.

B. Exceptions to Federal Income Tax Withholding
 Federal tax withholding of 10% applies to distributions that are not eligible for rollover unless you elect to have no withholding apply:

- Financial Hardship Distribution** - For additional information, refer to Section C below.
- Required Minimum Distribution (RMD)** - Please note: Any withdrawal amount, which exceeds the required minimum distribution dollar amount is subject to 20% mandatory federal tax withholding.
Federal tax of 10% will be withheld unless you choose otherwise below. If you elect not to have taxes withheld, you will still be liable for payment of federal and state income tax, if applicable, at the time you prepare your personal tax filing. You may also be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. You may wish to discuss your withholding election with a qualified tax advisor.

I elect NOT to withhold the 10% federal tax - If you check this box, The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York, herein separately and collectively referred to as ("Lincoln") will withhold 0% federal tax on distributions due to financial hardship distribution or required minimum distribution.

I elect to withhold more than the 10% federal tax - (may elect withholding up to your current tax rate) _____ %
If no selection is made, a 10% federal withholding tax will be withheld.

C. Hardship Withdrawals Only
 If you are under age 59½, the IRS permits you to take additional amounts to cover the 10% penalty tax imposed by the IRS. This is separate from the voluntary withholding previously described. If you mark the box below, we will increase the check amount by 10% (if you have sufficient funds to do so) and you can use that amount to cover the tax penalty when you submit your taxes after year-end.

Additional amount to cover 10% penalty tax

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Sección 5: Dejar en blanco. La procesadora de Pinnacle Financial completará esta sección.

Sección 6: Si usted está tomando una distribución de suma global, obligatorias 20% de impuestos federales serán declarado desierto, a menos que se aplique una excepción (**véase la opción B**). Si desea obtener más del 20% retenido, por favor indicar en la **Opción A**, el porcentaje total de los impuestos federales que se retendrá.

6. Important Tax Information (cont.)

D. State Tax Withholding
 Lincoln may be required to withhold state tax from your distribution based upon state tax law for your state of residency. In order to assist us with this, please provide your state of residence in the space below.
 State of Residence _____ (Enter state of residence at time of withdrawal)
 Depending on your state of residence, you may elect not to have withholding apply, or if withholding is required, you may elect to increase the minimum rate of withholding. In other cases, state tax withholding is not available.
 The following choices apply only if your state requires or allows income tax withholding.

- If your state mandates a higher amount of income tax withholding than you elect (including if you elect no income tax withholding), we will withhold the higher amount.
- If your state does not require income tax withholding, we will not withhold any state income tax unless you specify an amount.
- If state tax withholding is not available in a particular state, we will not withhold state income tax even if you elect withholding. We recommend that you contact your tax advisor before making any tax withholding elections to answer any questions that you may have regarding your state's withholding laws. If required by your state of tax residence, please submit the applicable state issued withholding election form.

Do NOT withhold state taxes unless required by law

Withhold state taxes at the rate of: \$ _____ or _____ %
Note: The dollar amount or percentage withheld must meet the minimum withholding guidelines for your state. If you are a resident of North Carolina, with distributions not subject to federal tax withholding, you may request to not have state tax withholding (WA-NC form must be attached). If you are a resident of Michigan, you must complete and return a Form MI W-4P in order to complete your withholding election, or to opt out of withholding, for Michigan income tax purposes.

7. Distribution Method
 Note: A check will be issued unless you provide other instructions. All rollover requests are processed as a check payment.
 The requested method of payment should be:

Check (mailed to participant, beneficiary, or alternate payee) **Check** (mailed to plan sponsor/trustee)

Rollover check (mailed to participant, beneficiary, or alternate payee) **Rollover check** (mailed to plan sponsor/trustee)

Rollover check (mail to rollover company listed below):

Rollover company information
 Rollover company name: _____
 Address: _____ street _____ city _____ state _____ zip _____
 Account number: _____
 Name of plan (if applicable): _____

ACH Deposit - Send funds electronically to my personal checking account. Please provide a copy of a voided check and submit with this completed form.
Must provide banking information below: (if incomplete or inaccurate information is received, a check will be mailed.)

ABA number (the digital routing number) _____ Account number _____
 Participant/Account owner's name _____
 Financial institution name _____
 Address _____
 City _____ State _____ Zip _____

*Note: For funds sent via electronic transfer, the account must be in the account holder's name. Depending on the financial institution, it may take three or four days from our processing date to be received in the account.

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Sección 7: Por favor indicar como se debe enviar el pago, y asegúrese de escribir de manera legible al proporcionar la información de su cuenta.
 Cantidad a tanto alzado – si desea que los fondos sean enviado electrónicamente a una cuenta de cheques, usted debe ser un propietario de la cuenta. Además, si va a incluir una copia de un cheque cancelado, por favor tenga en cuenta que no se aceptan cheques iniciales o boletas de depósito.
 Vuelto – Lincoln hace fondos no transferidos. Solo los cheques se envían. Si usted está rodando sobre ambos antes de impuestos y fondos de Roth, se enviaran 2 cheques, así que por favor incluya su número de cuenta para los dos y claramente indican que el número de cuenta es Roth.

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8. Participant / Alternate Payee / Beneficiary / Spouse Signatures

Spousal consent may not be required for all plans. Please check with your plan sponsor/trustee.
If you move during the year in which you take a distribution, you must contact us and provide your new address; otherwise, you may not receive your Form 1099-R.

Participant Consent

By signing below you certify that the information contained on this form is complete and accurate.
Residents of all states except AL, AR, CO, DC, FL, KY, LA, MD, ME, MI, NJ, NY, OH, OK, PA, RI, TN and WA, please note: Any person who knowingly, and with intent to defraud any insurance company or other person, files or submits an application or statement of claim containing any materially false or deceptive information, or conceals, for the purpose of misissuing, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
For Alabama residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
For District of Columbia residents only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
For Florida and New Jersey residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
For Maryland residents only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
For New York residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misissuing, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
For Oklahoma and Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misissuing, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
For Washington residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
For Arkansas, Colorado, Kentucky, Louisiana, Maine, New Mexico, Ohio, Rhode Island, Tennessee residents only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misissuing, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.
For residents of Delaware: In compliance with The Civil Union and Equality Act, effective January 1, 2012, under all of Lincoln insurance contracts, certificates and riders covering Delaware residents, any benefit, coverage or right, governed by Delaware state law, provided to a person considered a spouse by insurance will also be provided to a party to a civil union and any benefit, coverage or right, governed by Delaware state law, provided to a child of a marriage will also be provided to a child of a civil union.
Federal law may impact how certain spousal rights and benefits within some insurance products are treated. For example, federal tax laws that afford favorable income-deferral option to an appropriate spouse (e.g. the Federal Deferral of Marriage Act). You should consult a tax advisor regarding the purchase of any life insurance policy or annuity contract that provides benefits based upon one's status as a "spouse".
For residents of Illinois: The terms and requirements of the Illinois Religious Freedom Protection and Civil Union Act were incorporated into existing Illinois law, including the Illinois Insurance Code. Therefore, beginning June 1, 2011 all contracts of insurance, including renewals and existing contracts comply with that Act.

Check here if you are a participant and do not have a living spouse.
 Check here if you have a living spouse. Spouse's date of birth ____/____/____ (mm/dd/yyyy)

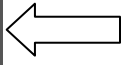
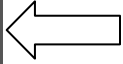
Participant, or Beneficiary, or Alternate Payee signature _____ Date ____/____/____

Spouse Consent (if required by plan document provisions)
By signing below, you, the spouse, consent to the election by your spouse to waive the qualified joint and survivor annuity form of payment and/or the election of an immediate distribution of the benefit. You further acknowledge that the qualified joint and survivor annuity has been explained to you and you understand the effect of such election and that signing here will cause you to give up important rights to which you may otherwise be entitled.

Spouse signature _____ (if required) Date ____/____/____
Witness signature _____ (Plan sponsor or notary public) Date ____/____/____
Notary's commission expires ____/____/____ (mm, dd, year)

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Sección 8: Usted debe firmar esta sección, en el "Participante o Beneficiario, o alternativo beneficiario firma "la línea, ya que sin su firma no vamos a ser capaces de procesar su solicitud.
Es a discreción del administrador del Plan o no si se requiere la firma del cónyuge. Por lo tanto, si usted tiene un cónyuge viviendo con usted, y el saldo de su cuenta o la cantidad de distribución es más de \$5,000.00, le recomendamos que la firme donde dice "firma cónyuge". Esta firma debe ser notariada y su banco puede proporcionar notario libre servicio de costo para usted.



9. Signature / Authorization - Required

Form will be returned if appropriate signatures are not present.
By signing below, you, the plan sponsor/trustee, direct The Lincoln National Life Insurance Company and/or Lincoln Life & Annuity Company of New York, herein separately and collectively referred to as ("Lincoln"), to process the benefit election selected on this form.

Plan Sponsor/ Trustee name (print/type) _____
Plan Sponsor/ Trustee signature _____ Date ____/____/____

10. Third Party Administrators

This form should be forwarded to your Third Party Administrator (TPA) for review unless other arrangements have been made.

TPA name _____ TPA representative name _____
Phone number _____ Extension _____
TPA authorization code _____ Date ____/____/____

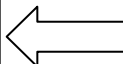
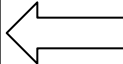
Service fee of \$ _____ to be paid to the TPA. (check one)
 deducted from the proceeds
 in addition to the withdrawal amount

Fees should be sent to the TPA via:
 ACH (if Lincoln has previously received ACH instructions)
 Check

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Lincoln Diversifund and Lincoln American Legacy Retirement are group variable annuity contracts issued on contract form 10470 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it authorized to do so. Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.
Contracts sold in New York are issued on contract form #10470A-704 by Lincoln Life & Annuity Company of New York, Syracuse, NY. The contractual obligations are subject to the claims-paying ability of Lincoln Life & Annuity Company of New York.
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Sección 9: Dejar en blanco. Pinnacle obtendrá la firma del fideicomisario.

Sección 10: Dejar en blanco, Pinnacle completará.



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11. Hardship Distribution Checklist - Complete and provide to Plan Sponsor/TPA for review

This section will help the plan administrator determine if you qualify for a financial hardship distribution from your retirement plan. For detailed explanations of the tax regulations governing hardship distributions and additional information, please go to the Internal Revenue Service's website at irs.gov. Search "hardship distribution" for summary and frequently asked questions.

- A participant must meet two requirements in order to elect a hardship distribution. First, there must be an immediate and heavy financial need. Second, the distribution must be necessary to satisfy the financial need.
- A Plan may limit hardship distributions to pre-tax salary deferral contributions, or may permit hardships from additional sources such as Roth contributions, and employer matching or non-elective contributions. In determining the amount available for a hardship distribution, investment earnings after January 1, 1989 on pre-tax and Roth contributions are not permitted to be distributed.
- Suspension of elective deferrals to all employer plans is required for a minimum of 6 months under the safe-harbor option. At the end of this period, a new Salary Reduction Agreement needs to be submitted in order to re-start your elective deferrals.
- There are 6 categories that qualify for an IRS-approved hardship withdrawal. These requirements are provided in the chart below: (Please select the one that applies).

This information is based on Lincoln's current analysis of the IRS rules and regulations and should not be construed as legal or tax advice. Lincoln advises that tax or legal counsel be consulted regarding the permissibility of any distribution.

Hardship scenario comparison chart

Examples of IRS-Approved Needs	Documentation Required
<input type="checkbox"/> Uninsured medical expenses incurred by the participant, the participant's spouse, participant's primary beneficiary*, or the participant's dependents	• Copies of bills and insurance claim statements for uninsured medical expenses
<input type="checkbox"/> Costs directly related to the purchase of a principal residence for the participant (excluding mortgage payments)	• Copy of signed purchase agreement for primary residence, or sales contract
<input type="checkbox"/> Payment of tuition, related educational fees, and room & board expenses, for up to the next 12 months of post-secondary education for the employee, the participant's spouse, children, primary beneficiary*, or dependents	• Copy of tuition bill and/or any other bills denoting post secondary expenses.
<input type="checkbox"/> Payments to prevent eviction of participant from primary residence or foreclosure on mortgage on primary residence	• Copy of the eviction notice, or foreclosure notice
<input type="checkbox"/> Payments for burial or funeral expenses for the participant's deceased parent, spouse, children, primary beneficiary*, or dependents	• Copy of bill for funeral or burial expenses
<input type="checkbox"/> Expenses for the repair of damage to the participant's primary residence that would qualify for the casualty deduction without regard to whether the loss exceeds 10% of adjusted gross income	• Copy of bills for repair of primary residence, any applicable police reports or insurance inspector reports
*If applicable in plan. Contact your plan administrator to determine if primary beneficiary qualifies for hardship withdrawal.	

Check the items on the list that apply to you:

If you answer "No" to any of these questions, you may not be eligible for a hardship distribution. All available sources of money must be used before a hardship distribution may be taken. If you answer "Yes" to any of the following questions, additional documentation may be required by the Plan Administrator/Employer. Please refer to the Hardship scenario comparison chart for examples of IRS-approved needs and the documentation required.

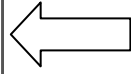
- Yes No
- Does the hardship request meet one of the six IRS criteria (listed in the chart above) and qualify for "an immediate and heavy financial need"?
- Are you able to provide documentation of the hardship expense? The amount of the distribution should not exceed the minimum amount needed to cover the hardship plus anticipated taxes and penalties. Additional documentation may be required by the Plan Administrator/Employer.
- Have you obtained all available distributions (other than hardship distributions) and nontaxable loans from all plans maintained by your employer?

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Lincoln Director and Lincoln American Legacy Preferred are group variable annuity contracts issued on contract form #1678 and state variations by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. The Lincoln National Life Insurance Company does not solicit business in the state of New York, nor is it licensed to do so. Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.

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Products and features are subject to state availability. Limitations and exclusions may apply.
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Sección 11: Retiros por dificultades están regulados por el IRS. Antes de considerar o ser elegible por una dificultad, hay que agotar todas las otras opciones, tales como préstamos, seguros de gastos médicos, etc.

Si su dificultad cae dentro de las guías de líneas del IRS, por favor, completar, firmar y enviar su solicitud, junto con los documentos que apoyan su dificultad, para su procesamiento.