Application for Hardship Withdrawal

❈ Praxis Mutual Funds

A fund family of Everence

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	**Overnight mail**
Praxis Mutual Funds	Praxis Mutual Funds
c/o U.S. Bank Global Fund Services	c/o U.S. Bank Global Fund Services
P.O. Box 701	615 E. Michigan St., 3rd Floor
Milwaukee, WI 53201-0701	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.

☐ Costs directly related to the purchase of my principal residence (not including 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.

☐ Expenses and losses (including loss of income) incurred on account of a federally declared disaster, provided my principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

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: _____% (Must be 10% or greater).

State income tax election

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. Not all states require tax withholding.

☐ I do not want state income tax withheld.

Withold $ _____

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; or
• By cessation of 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