

APPLICATION FOR HARDSHIP WITHDRAWAL

PARTICIPANT INFORMATION

Plan Name:

Participant Name:

Address:

City:

State:

Zip:

Social Security Number:

Date of Birth:

REQUEST FOR HARDSHIP WITHDRAWAL

Permissible hardship expenses must satisfy one or more of the following conditions and must be for an immediate and heavy financial need. I understand I must provide proof to my employer that I have a hardship for one of the following reasons **(check all that apply and attached required documentation)**:

- Tax deductible medical expenses incurred by my spouse, my dependent, my beneficiary, or myself. Required documentation: copies of current invoices or statements and proof from your health insurance provider that expenses are not eligible for reimbursement.
- Purchase of my principal residence (excluding mortgage payments). Required documentation: full documentation of agreement made between you and the seller.
- Tuition payments, room and board, and related education expenses for the next 12 months of post secondary education for my spouse, my dependent, my beneficiary, or myself. Required documentation: documentation from the school stating the amount of education-related expenses.
- Prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence. Required documentation: official letter of eviction or foreclosure from the mortgage lender or landlord.
- Payments for burial or funeral expenses for my deceased parent, spouse, child, dependent, or beneficiary. Required documentation: copies of invoices of funeral and other related expenses.
- Payments of expenses for the repair of damage to my principal resident that would qualify for the casualty deduction under Code Section 165. Required documentation: estimated amount of repair costs, including labor.

Note: If the withdrawal is needed for the expenses of your spouse, dependent, or beneficiary, you must attach a statement identifying the individual and his/her relationship to you. Your beneficiary is an individual who is named as beneficiary under the Plan and has an unconditional right to all or a part of your account balance in the event of your death. You may name more than one beneficiary. If the hardship withdrawal is needed for the expense of your beneficiary, he or she must be named as beneficiary at the time the hardship occurred, and you must provide a valid beneficiary designation form.

HARDSHIP CONDITIONS

I certify that:

1. The amount I am requesting below does not exceed my financial need (including any amounts necessary to pay federal, state, or local income taxes, plus penalty for premature distribution if under age 59½).
2. I have obtained all currently available distributions and loans from the Plan, and any other plan maintained by my Employer. A loan will not be treated as reasonably available to satisfy the need if the loan itself would increase the hardship (e.g., if a loan from the plan could jeopardize my ability to obtain mortgage financing).
3. I understand that this amount is not eligible to be rolled over to an IRA.
4. I understand that my right to make elective 401(k) contributions to this Plan or any other plan maintained by my Employer will be suspended for a period of six (6) months following receipt of this distribution.
5. I understand that the hardship amount requested may be limited based on the accounts in the Plan available for hardship.
6. I have sufficient documentation to justify the financial need.

CALCULATION OF HARDSHIP AMOUNT

This distribution will be reported as taxable income and a 10% premature distribution penalty may apply if under age 59½. I hereby request the following Hardship Withdrawal:

1. \$ _____ For the documented hardship; plus
2. _____ *(enter %.)* Optional withholding: 10% premature distribution penalty, if applicable for participants under age 59½. If not withheld at this time, will be assessed with your tax return filing.
3. _____ *(enter %.)* Optional withholding: amount withheld for Federal Income Tax. If not withheld at this time, will be assessed with your tax return filing.
4. _____ *(enter %)* Mandatory withholding: amount withheld for State and Local Income Tax as required by law.

\$ _____ Total Hardship Withdrawal Request*

*Divide Amount listed in item (1) by 1 minus the sum of the percentages in items (2 - 4). For example, if the Hardship amount is \$1,000, Federal Tax plus penalty is 30%, and the State Tax is 7.5%, the total Hardship Withdrawal would be \$1,000 divided by (1 minus 37.5%, or 62.5%), or \$1,600.

EXECUTION

I hereby attest that I have no other funds reasonably available to me to satisfy the obligations I have indicated above. In support of my request, I have attached copies of applicable documents and invoices evidencing the hardship.

I understand that I must execute the applicable withdrawal forms in order to process this request and must agree to the applicable processing fees, if any.

Participant's Signature _____ **Date** _____
(Participant, please submit form to Employer)