

EMPLOYER NAME _____

APPLICATION FOR HARDSHIP DISTRIBUTION

SECTION 1 – PARTICIPANT INFORMATION:

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Street) (City) (ST) (ZIP Code)

Social Security #: _____ Daytime Phone: _____

SECTION 2 – AMOUNT AND NEED OF WITHDRAWAL:

I hereby apply for a hardship distribution from the above Plan. The amount of the distribution which I request is \$ _____. The reason for my request is as follows (check boxes, circle choices and complete blanks):

I (my spouse) (my child) (dependent) (beneficiary) have **incurred uninsured medical expenses** in the amount of \$ _____. (Please attach a copy of any invoice, or letter from your healthcare provider describing the cost, and need for the procedure, along with evidence that insurance will not cover the expense.)

I (my spouse) (my child) (my dependent) (am) (is) attending (college) (an approved trade or technical school) (graduate school) and require \$ _____ for the next 12 months of **tuition, related educational fees, and room and board expenses**. (Please provide a copy of invoice or letter from school confirming enrollment and expenses.)

I need \$ _____ to prevent **eviction from my principal residence or foreclosure** on the mortgage on my principal residence. (Please provide a copy of eviction notice, past-due statement, etc.)

I need \$ _____ for use in the **purchase of my principal residence**, which amount shall not be used for a mortgage payment. (Please provide a copy of signed purchase agreement attached.)

I need \$ _____ for the payment of **funeral expenses** for a member of my family. (Please provide a copy of any applicable invoice.)

I need \$ _____ for expenses for the **repair of damage** to my principal residence that would qualify for the casualty deduction under Code Section 165 due to a catastrophic event (i.e., hurricane, tornado, fire.) (Please attach copy of any applicable invoice.)

SECTION 3 – INCOME TAX WITHHOLDING INSTRUCTIONS:

A hardship withdrawal is not eligible for rollover, withholding is not mandatory, but we are required to apply 10% withholding unless you elect otherwise. If you elect not to have Federal Income Tax withheld, you are still liable for payment of Federal Income Tax on the taxable portion of your withdrawal. You may also be subject to tax penalties.

10% Federal Income Tax will apply by default unless you elect otherwise below:

- I do not want Federal Income Tax withheld from my withdrawal
- I elect the mandatory 10% Federal Income Tax withholding, plus an additional (\$ or %) _____

SECTION 4 – PARTICIPANT AUTHORIZATION:

I certify that the distribution requested does not exceed the amount of my immediate and heavy financial need (including any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution). I also certify that I have obtained all distributions, other than hardship distributions and all reasonable nontaxable loans available under this or other retirement plans of my employer. I certify that the statements set forth above are true and complete, I have attached documents evidencing the hardship event (as designated above), and I agree to provide any additional documentation that is requested. I have received a copy of the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and understand the tax implication of this distribution.

I acknowledge that under the terms of the Plan, and any other plans maintained by my employer, I cannot make any 401(k) or 403(b) salary deferral contributions for the six-month period following my hardship distribution.

I, the undersigned Participant, hereby confirm that I have read the attached notice explaining my rights; confirm my elections regarding my distribution as indicated above; and acknowledge my understanding of, and agreement with, the information and other statements contained in this form and the other materials provided with my distribution package. **Further a distribution fee pursuant to the terms of the Plan will be charged to my account for this distribution payment.**

SIGNATURE OF PARTICIPANT: _____

DATE: _____

SECTION 5 - PLAN ADMINISTRATOR ACKNOWLEDGEMENT:

The foregoing withdrawal is hereby granted denied.

SIGNATURE OF PLAN ADMINISTRATOR: _____

DATE: _____

If your request has been denied, the denial is based upon your failure to meet the criteria stated in the Plan for a hardship distribution. If you wish to appeal the determination of the Plan Administrator, you may do so by filing a notice of appeal with the Plan Administrator in accordance with the claims procedure.