

## NOTICE OF HARDSHIP WITHDRAWAL

Your Plan provides that, at the Plan Administrator's discretion, the amounts that have been contributed on your behalf as salary reduction may be withdrawn if you have a proven financial hardship.

**VERY IMPORTANT NOTE:** The amount distributed as a hardship withdrawal may be subject to Federal income taxation and a 10% penalty if you are not age 59½ (unless the funds withdrawn are to pay certain deductible medical expenses as provided by law). You should consult your tax advisor regarding the tax consequences of a hardship withdrawal before you complete an application for a hardship withdrawal.

A proven financial hardship can arise for several reasons. For example, a hardship may arise if there is an accident or sickness to you, your spouse or your dependents, or if you are purchasing a primary residence.

Before a hardship withdrawal can be granted, it must be shown that you have no other resources or savings which you can use to take care of your hardship.

To apply for a hardship withdrawal, sign the application confirming that a hardship exists and attach to it copies of any supporting documents or bills and a brief statement that confirms the nature of the hardship and your inability to meet such hardship from other financial resources you may have.

Your application will be considered by the Plan Administrator and you will receive a prompt response.

# APPLICATION FOR HARDSHIP WITHDRAWAL

## I. TO BE COMPLETED BY PLAN PARTICIPANT

Participant Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_  
(Please Print)

As a Participant in the \_\_\_\_\_ PLAN, I hereby apply for a hardship withdrawal. I understand that the withdrawal may not exceed the amount required to meet the financial hardship and I certify that I have no other funds reasonably available to satisfy these obligations. I understand that the withdrawal may be subject to Federal income taxation, a 10% penalty for "premature distributions" if I am not yet 59½ (unless the funds withdrawn are to pay certain deductible medical expenses as provided by law), and mandatory withholding to the extent the withdrawal constitutes an eligible rollover distribution. I also certify that none of the money I am requesting to withdraw is subject to a qualified domestic relations order. If I am married, my spouse has consented to this withdrawal. My spouse's consent is required to this withdrawal even though he or she has already consented to another beneficiary. In support of my request, I have attached copies of any bills and invoices evidencing the hardship, as well as a brief financial statement.

I intend to use the funds requested for the following purpose:

- To purchase my primary residence.
- To pay the educational expenses of myself, my spouse or my dependents.
- To pay medical and/or hospital expenses for myself, my spouse or my dependents.
- To prevent the eviction from my home or foreclosure on the mortgage of my principal residence.
- To pay the burial or funeral expenses of my parent, spouse, or child.
- To pay for the repairs of damage on my principal residence. The repairs qualify for the "casualty deduction" on my federal income tax return.
- Other (explain in detail): \_\_\_\_\_

Having designated the reason for requesting a hardship distribution by checking one or more of the options, I understand that I must now demonstrate that I have no other resources available to me to meet this hardship. I can do this by meeting the criteria set forth below:

1. that the distribution will not be in excess of the immediate financial need; (\$ \_\_\_\_\_ (enter amount));
2. that I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer;
3. that I will not be able to make elective deferral contributions for 6 months after I receive a hardship distribution.

## VOLUNTARY FEDERAL TAX WITHHOLDING AUTHORIZATION

- I elect to have the 20% withholding taken out at this time.
- I elect to have 0% withholding taken out at this time.

Please withhold \_\_\_\_\_% or \$ \_\_\_\_\_ federal income tax from the taxable amount of the hardship.

**STATE TAX WITHHOLDING.** If you elected federal tax withholding, state taxes will also be withheld if you are a resident of Arkansas, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Vermont or Virginia.

- State of Residence \_\_\_\_\_
1. Do not withhold \_\_\_\_\_
  2. Withhold \$ \_\_\_\_\_ or \_\_\_\_\_% of federal tax amount  
or \_\_\_\_\_% of total taxable amount.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

