

---

**HARDSHIP WITHDRAWAL REQUEST AND ELECTION**

As a participant in the above Plan, I am requesting a Hardship Withdrawal of previous salary deferral contributions on account of an immediate and heavy financial need due to:

Please indicate applicable reason for hardship withdrawal request by entering your initials by an option listed:

- ( ) Medical expenses incurred or necessary for the medical care of the participant, spouse or dependent of the participant.
- ( ) Purchase of the participant's principal residence (excluding mortgage payments)
- ( ) Payment of tuition and related educational fees for the next 12 months of post-secondary education for the participant spouse or dependent of the participant.
- ( ) Payment of amounts necessary to prevent the eviction of the participant from the participant's principal residence or foreclosure on the mortgage of the participant's principal residence.

**Amount requested: \$ \_\_\_\_\_ or "Maximum". Availability of a specific dollar amount requested is subject to fees or expenses, if applicable. The maximum hardship distribution cannot exceed the cumulative employee deferral contribution total to-date, net of earnings; or, the liquidation value of employee deferral contribution benefits, if less and is based on current Plan provisions governing Hardship withdrawal.**

**Optional: I elect to have \_\_\_\_ % Federal taxes withheld from the gross withdrawal total.**

**Optional: I elect to have \_\_\_\_ % State taxes withheld from the gross withdrawal total.**

I understand and hereby agree that the employer may request additional information that may be required to confirm my need. This may include a financial statement, tax return, and such other financial information that the employer deems necessary to approve the withdrawal. **I further understand that a Hardship Withdrawal is a taxable distribution and it is subject to the 10% Early Withdrawal Penalty imposed by the IRS if I am under age 59.5**, and that I am not allowed to make employee salary deferral contributions to the Plan for a period of six months from the date of the Hardship Withdrawal.

I also acknowledge that I have been advised as to the personal tax implications associated with the employer's acceptance of my request and do hereby release my employer, the Plan Administrator, and the Trustees of the Plan from and against any and all claims the undersigned may have or hereafter claim to have against said Administrator, Trustees, and employer, but only with respect to my hardship withdrawal or any future consequences resulting from such. I further certify that:

- (1) The amount requested is not in excess of the immediate and heavy financial need (including amounts necessary to pay any federal, state, or local income taxes or penalties anticipated to result from the distribution).
- (2) I have no other reasonably available resources from which these funds may be obtained, either through the distribution or non-taxable loan from any other Plan of the Employer, or through a loan from commercial sources under reasonable commercial terms.
- (3) None of the money I am requesting to withdraw is subject to a Qualified Domestic Relations Order.
- (4) I have liquidated all reasonable assets, and I am not being reimbursed or compensated by insurance.
- (5) Stopping all elective contributions or other employee contributions under the Plan would not satisfy my hardship.

In Witness Whereof, the undersigned has hereto set (his)(her) hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Participant: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

\_\_\_\_\_  
Plan Representative or Notary

Print Participant Name: \_\_\_\_\_

Participant Social Security Number: \_\_\_\_\_

Participant Mailing Address: \_\_\_\_\_

\_\_\_\_\_

---

**SPOUSAL CONSENT**

(Required **IF** Gross Withdrawal is **\$5,000 or Greater**)

I hereby approve of, and consent to, my spouse's election for a hardship withdrawal. I understand that this election may have the effect of reducing the benefit I would receive under the Plan should my spouse die prior to retirement.

In Witness Whereof, the undersigned has hereto set (his)(her) hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Spouse: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

\_\_\_\_\_  
Plan Representative or Notary

Print Name of Spouse: \_\_\_\_\_

---

**EMPLOYER ACCEPTANCE:**

I hereby  authorize  do not authorize this hardship distribution to the above-named Participant. I further certify that this decision has been rendered in a consistent and uniform manner to all like requests.

\_\_\_\_\_  
Authorized Plan Representative

\_\_\_\_\_  
Date