

NOTICE OF HARDSHIP WITHDRAWAL

PLAN NAME:

The Plan provides that certain amounts may be withdrawn from your account if you have a financial hardship. This Hardship Distribution will reduce the value of the benefits you receive at retirement. Before requesting a hardship withdrawal, you must prove that the need cannot be met by other resources.

You may request a hardship distribution from your salary deferral account. You may be able to withdrawal funds from some of your other accounts. Ask the Plan Administrator if you need more information about the funds available.

In order to qualify for a Hardship Distribution, certain conditions must be satisfied. A hardship distribution may only be made for payment of the following:

- 1) Medical expenses which you, your spouse or dependents incur. These must be expenses described in Section 213(d) of the Internal Revenue Code,
- 2) Costs directly related to the purchase your primary residence,
- 3) Amounts necessary to prevent your eviction from your primary residence or the foreclosure on your primary residence,
- 4) Expenses to repair damages to your primary residence that would qualify for the casualty deduction for income tax purpose under Section 165 of the Internal Revenue Code,
- 5) Tuition, related educational fees, and room and board expenses for the next twelve (12) months of post-secondary education for you, your spouse or dependent, or
- 6) Funeral expenses for your deceased parent, spouse, child or dependent.

Under special rules permitted by the IRS, you will be considered not to have sufficient resources to meet the immediate and heavy financial need, but only if;

The hardship distribution is not more than the immediate and heavy financial need. The amount needed may include any amounts necessary to pay federal, state, or local taxes or penalties anticipated because of the distribution; and

All Hardship Distributions are subject to income tax, but tax withholding is OPTIONAL. Federal tax will NOT be withheld unless you elect otherwise by completing the appropriate section of the “*Application for Hardship Withdrawal*.” Mandatory state withholding does not apply, although a 10% penalty tax may apply if you are not yet age 59 ½.

To apply for a Hardship Distribution, sign this form and fill out the “*Application for Hardship Withdrawal*.” **Return the application and this form to the Plan Administrator.** You may be asked to provide documentation to verify your request.

If you are legally married, your spouse must sign the *Application for Hardship Withdrawal*. The signature must be witnessed by the Plan Administrator or by a Notary Public.

Participant: _____ Social Security #: _____

Participant Signature: _____ Date: _____

APPLICATION FOR HARDSHIP WITHDRAWAL

PLAN NAME: _____

Participant: _____ Social Security #: _____

Address: _____

City, State Zip: _____ Amount Requested \$ _____

As a Participant in the Plan, I hereby apply for a hardship withdrawal. I have reviewed the Notice of Hardship Withdrawal, and I confirm that the reason for the hardship is:

- To pay medical expenses for me, my spouse or my dependents.
- To purchase my primary residence.
- To prevent the eviction from or foreclosure on my primary residence.
- To pay expenses for the repair of damages to my primary residence.
- To pay educational expenses for me, my spouse or my dependents.
- To pay funeral expenses for my deceased parent, spouse, child or dependent.

Having designated the reason for requesting this hardship distribution, I am applying for this hardship in writing or electronically that I do not have cash or other liquid assets to satisfy the immediate and heavy financial need. By signing this form, I am certifying to the plan administrator that I have no other resources available to meet this hardship. If requested by the plan administrator, I will provide documentation of this need.

I agree that in order to receive the hardship distribution requested above:

- 1) My immediate financial need is the amount requested,
- 2) My election is irrevocable and will reduce the benefits I receive from my account at retirement,
- 3) I understand that if I am not over age 59 ½, I will also be subject to a 10% federal penalty tax on the total amount of the distribution, and
- 4) I understand that the Plan Administrator will consider my request within a reasonable time, and I agree to provide any additional information, which the Plan Administrator may require.

Waiver of 30-day Notice Period. I consent to an immediate distribution of the elected portion of my account. I waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

Marital Status. I am (check one) not married married (If you are married, your spouse must sign below.)

Source of Hardship Distribution. I elect to have such hardship distribution paid as follows:

\$ _____ from my 401(k) pre-tax account.

\$ _____ from my ROTH after-tax account

\$ _____ from my other eligible accounts.

This distribution is subject to tax, but is *NOT* subject to mandatory federal or state income tax withholding. Taxes will NOT be withheld, *unless I elect otherwise below:*

Federal withholding in the following percentage: _____% State withholding in the following percentage: _____%

SIGNATURES

Participant Signature: _____ Date: _____

I hereby consent to the distribution of benefits to my spouse. I understand that in consenting to this distribution, I will be waiving rights to a survivor benefit that I would be legally entitled to at a later date. **My signature has been witnessed by the Plan Administrator or a Notary Public.**

Spouse's Signature: _____ Date: _____

**CHANGE IN SALARY DEDUCTION
DUE TO HARDSHIP WITHDRAWAL**

PLAN NAME:

Participant: _____ Social Security #: _____

Address: _____

City, State Zip: _____

Effective Date of Change: _____

CHANGE IN SALARY DEDUCTION

I elect to stop my contributions at this time.

I understand that I will not be eligible to participate again until six (6) months from this date.

Participant Signature: _____

Date: _____

Employer Signature: _____

Date: _____