

# HARDSHIP WITHDRAWAL REQUEST

PLEASE PRINT OR TYPE

PLAN NAME \_\_\_\_\_

## PARTICIPANT INFORMATION

Name _____			
_____	_____	_____	_____
First	Middle	Last	
SS# _____ - _____		Date of Birth _____	
Home Address _____			
City _____		State _____	Zip _____
Telephone: (____) _____			

Amount of Hardship Withdrawal needed and not to exceed the below amounts: \$ \_\_\_\_\_

### Reason for the Hardship :

- [ A ] Medical Expenses: Amount: \$ \_\_\_\_\_  
Describe: \_\_\_\_\_
- [ B ] Purchase of Principal Residence: Amount: \$ \_\_\_\_\_  
Address of Residence: \_\_\_\_\_
- [ C ] Payment of post-secondary tuition or related expenses:  
Amount: \$ \_\_\_\_\_  
Name of school: \_\_\_\_\_  
Name of student: \_\_\_\_\_  
For which school period (e.g., fall semester 1999):  
\_\_\_\_\_
- [ D ] To prevent eviction or foreclosure: Amount: \$ \_\_\_\_\_  
Period for which rent or mortgage payments are in arrears:  
\_\_\_\_\_  
Is this your principal residence?    [ ] Yes    [ ] No
- [ E ] Payment of burial or funeral expenses for the employee's deceased parent, spouse, children or dependents: Amount: \$ \_\_\_\_\_  
Name of deceased: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
- [ F ] Payment for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under section 165: Amount: \$ \_\_\_\_\_  
Cause of loss (fire, storm, theft or other casualty):  
\_\_\_\_\_  
\_\_\_\_\_

Hardship withdrawals are available only if you have already exhausted other resources that are reasonably available to you, including resources belonging to your spouse and dependents and loans from qualified plans.

Have you requested all distributions that may be available to you under this Plan or any other plan maintained by the Company? [ ] Yes [ ] No [ ] N/A

Have you borrowed against your benefits under this Plan or any other plan maintained by the Company? [ ] Yes [ ] No [ ] N/A

I certify that I have no other resources reasonably available to me to pay the expenses listed above. I further certify that the foregoing information is true and correct. I understand that the Plan Administrator will consider my request, and I agree to provide any additional information the Plan Administrator may require.

I understand that I must be given the opportunity to consider my decision to take a hardship withdrawal for at least 30 days after receiving this application and related information. I hereby waive that right to the 30-day waiting period.

**A hardship withdrawal restricts you from contributing to the plan for six months from the date of your hardship distribution.**

\_\_\_\_\_  
\*PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

#### CONSENT OF PARTICIPANT'S SPOUSE TO HARDSHIP WITHDRAWAL

I have been advised that my spouse has requested a hardship withdrawal from the above referenced plan. I understand that if the hardship withdrawal request is granted this will result in a reduction in the benefit that I might otherwise receive at my spouse's retirement, termination of employment, termination of the plan, disability or death. I hereby consent to hardship withdrawal and the reduction in the benefit which my spouse or I would otherwise receive.

\_\_\_\_\_  
\*PLAN TRUSTEE/SPONSOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT'S SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

IF NOT WITNESSED BY PLAN ADMINISTRATOR:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

#### PLAN AUTHORIZATION

**Signature of Plan Trustee/Sponsor** is required.

I certify that the above participant has satisfied the plan's requirements for a hardship withdrawal and authorize a hardship withdrawal to the participant in the amount requested. Distribution to the participant shall be made in accordance with the plan's distribution procedures.

\_\_\_\_\_  
\*PLAN TRUSTEE/ SPONSOR SIGNATURE

\_\_\_\_\_  
DATE

**\*Hardship will not be processed without the Participant and Plan Trustee/Sponsor Signature.**