
(enter Plan Name)

APPLICATION FOR HARDSHIP WITHDRAWAL

As a Participant in the above Plan, I hereby request a Hardship Withdrawal as provided below: (Please print or type.)

1. Name: _____ Social Security No.: _____
Address: _____

2. Reason for Payment

- Prevention of Eviction from or Foreclosure on Primary Residence
- Payment of unreimbursed medical expenses for me, my spouse, or my dependents
- Payment of tuition and related fees for Post-Secondary Education for the next twelve (12) months for me, my spouse, or my dependents
- Payment of funeral expenses for a family member
- Purchase of a principal residence.
- Other (please specify): _____

3. **Amount Requested:** \$ _____

Having designated the reason for requesting a hardship distribution by checking one or more of the options above and indicating the amount requested above, I understand that I must now demonstrate that I have no other resources available to me to meet this financial hardship. I can do this by certifying and providing such additional information as may be necessary to show that the need cannot be met by one of the following alternatives:

- through reimbursement or compensation by insurance or otherwise;
- by selling or otherwise liquidating my assets, but only if doing so would not itself increase the amount of the need;
- by stopping my elective contributions and employee contributions to the Plan;
- by borrowing money from a bank or other commercial lender on terms that would be considered commercially reasonable, but only if doing so would not itself increase the amount of the need; or
- by election to receive a distribution or loan from the Plan or any other qualified retirement plan in which I am or was a participant, but only if doing so would not itself increase the amount of the need.

I understand that the Administrator will consider my request within a reasonable time, and I agree to provide any additional information which the Administrator may require.

Participant Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

SPOUSE'S CONSENT

I hereby consent to the distribution of benefits to my spouse, a participant under the Plan. 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.

Spouse's Signature: _____ Date: _____

Witness: _____ Date: _____

Approved by Plan Administrator: _____	Date: _____
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INCOME TAX WITHHOLDING ELECTION FOR INDIVIDUALS RECEIVING DISTRIBUTIONS

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Check box A if you do not want any federal income tax withheld from your distribution. Check box B or C if you want federal income tax withheld from your distribution.

Name of Recipient: _____ Social Security No.: _____

Address: _____

Signature of Recipient: _____ Date Signed: _____

TOTAL DISTRIBUTIONS

- A. I do not want to have federal income tax withheld from my distribution.*
- B. Please withhold only the mandatory 20% federal income tax from my distribution.
- C. I want to have additional federal income tax withheld from my distribution, over the mandatory 20%.
 - 1. Please withhold an additional amount determined from the Withholding table below.
 - 2. Please withhold the following additional amount from my payment:
 _____ % or \$ _____

* May only be elected if the distribution is less than \$200 which is exempt from the mandatory 20% federal income tax withholding.

Withholding Table

<u>Distribution</u>	<u>Withholding Amount</u>
Up to \$20,000	5% of the Qualified Total Distribution
Over \$20,000 but not over \$40,000	\$1,000 + 13-1/2% of amount over \$20,000
Over \$40,000 but not over \$135,000	\$3,700 + 16 2/5 % of amount over \$40,000
Over \$135,000 but not over \$205,000	\$19,280 + 22-1/2% of amount over \$135,000
Over \$205,000 but not over \$280,000	\$35,030 + 27% of amount over \$205,000
Over \$280,000 but not over \$330,000	\$55,280 + 32% of amount over \$280,000
Over \$330,000	\$71,280 + 37% of amount over \$330,000