

**REQUEST FOR HARDSHIP WITHDRAWAL
UNDER THE SAFE-HARBOR RULE and
NON SAFE HARBOR RULES
(Please allow a minimum of 4 weeks for processing.)**

Plan Name: _____

Participant's Name: _____

Participant's Address: Street _____

City _____ State _____ Zip _____

Birthdate: ____ / ____ / ____ Soc. Sec. No. : ____ - ____ - ____

Amount Requested: \$ _____

IMPORTANT: *All hardship withdrawals must be accompanied by applicable written documentation which meets or exceeds the amount of the type of hardship being requested. (Example: medical bills showing balances after insurance; tuition bills; estimate of down and closing costs; notice of eviction or foreclosure.) Further, the IRS defines a hardship as:*

An immediate and heavy financial need that cannot reasonably be relieved through reimbursement or compensation by insurance or otherwise, liquidation of available assets, other distributions or loans from any employer plan, cessation of contributions to any employer plan, borrowing from banks, credit unions, or other commercial sources, or any combination of the foregoing. The amount requested cannot exceed the amount of the financial need.

Only employee elective deferrals are eligible for hardship withdrawal. Employer dollars and earnings on either employer or employee dollars are NOT eligible for hardship withdrawal. Hardship withdrawals may NOT be rolled over to an IRA.

As a Participant under the above Plan, I hereby request a withdrawal under the Safe-Harbor Hardship withdrawal provision of the above Plan. I certify that:

- (1) I have no other reasonably available resources from which the funds may be obtained,
- (2) none of the money I am requesting to withdraw is subject to a Qualified Domestic Relations Order,
- (3) the withdrawal is not in excess of the amount needed to satisfy the need,
- (4) I have taken all possible non-taxable distributions from all of my employer's plans, including non-taxable loans,
- (5) I will not be allowed to make any contributions or salary deferrals (if applicable) to any employer

plan for at least 6 months after receiving the hardship distribution, and

- (6) If this is a Cash or Deferred 401(k) Plan, my elective deferrals to all of the employer's plans in the calendar year immediately following receipt of the hardship withdrawal will be restricted to the maximum amount (\$13,000 as indexed) less my elective contributions in the year of the hardship distribution.

If I am married, my Spouse has consented to this withdrawal, by signing on page #2. My Spouse's consent is not required if he or she has already consented to another beneficiary on my Survivor Benefit Election form. I understand that this withdrawal will be subject to normal income tax, plus an additional 10% early distribution penalty if I have not attained age 59 ½ for which I will be responsible for when I file my personal income tax returns.

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

Safe Harbor Guidelines:

- To purchase my primary place of residence.
- To pay the upcoming, post-secondary educational expenses of me or my dependents.
- to pay medical and/or hospital expenses for myself or my dependents after insurance.
(Note: The 10% additional tax penalty will not apply when the withdrawal is used to pay medical expenses that exceed 7 ½% of my adjusted gross income.)
IMPORTANT: Due to the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines, please do not submit copies of actual bills which would include diagnosis codes or other personal information. Submit ONLY statements of amounts due from medical providers. These will be kept in the employee's personnel file and not submitted to the TPA for processing.
- To prevent the eviction from, or foreclosure on the mortgage of, my principal Residence.

Non Safe Harbor Guidelines: (The Plan document must specifically allow for these additional guidelines).

- Funeral expenses for a member of your family.
- Any other immediate and heavy financial need as determined by the Administrator.

Participant's Signature

Employer's Authorization

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 and that documentation of the amount of the financial need which meets or exceeds the amount requested by the employee. Documentation for medical or other health-related bills have been reviewed by an authorized representative of the Plan and will be kept in the employee's personnel file if needed for future DOL (Dept. of Labor) audit verification.

Employer's Signature: _____ Date: _____

Print name of Person Signing Above: _____

Spousal Consent

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.

Signature of Notary Public Name of Spouse: _____

Signature of Spouse: _____

Date: _____ Date: _____

Participant's Certification of No Spouse of QDRO

I hereby certify that I am not now married and that there are no Plan benefits payable to a former Spouse under a Qualified Domestic Relations Order.

Signature of Notary Public

Date: _____

Participant's Signature

Date: _____