

# REQUEST FOR HARDSHIP WITHDRAWAL

## PART I – PARTICIPANT INFORMATION

<b>Plan Name:</b>			
<b>Employer/Plan Sponsor Name:</b>		<b>Division/Department:</b>	
<b>Participant Name:</b>		<b>Social Security No.:</b>	
<b>Participant Address:</b>		<b>Telephone No.:</b> (     )	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Date of Birth:</b>		<b>Date of Hire:</b>	

**Requested Amount:**  Specified Amount: \$ \_\_\_\_\_ **OR**  Maximum Amount Permitted by Plan

**Note:** Generally, the dollar amount you are requesting cannot exceed the total of all your elective pre-tax employee salary deferral contributions that you made since the inception of your participation in the plan and cannot exceed the dollar amount necessary to meet your financial hardship. **The Employer/Plan Sponsor must provide this total amount available in Part IV below.**

**Participant Marital Status:** Married  Not Married  **If married, the Participant's Spouse must provide consent via signature authorization to the withdrawal in Part III below.**

## PART II – PARTICIPANT CERTIFICATION

**A. As a participant in the above-referenced Qualified Plan, I hereby request a withdrawal under the Hardship Withdrawal provisions of such Plan, and certify that:**

- ◆ I have no other reasonably available financial resources from which this amount may be obtained;
- ◆ The amount being requested is not in excess of the amount needed to satisfy the need;
- ◆ I have taken all possible non-taxable distributions from all of my employer's plans, including non-taxable loans;
- ◆ None of the money I am requesting for withdrawal is subject to a Qualified Domestic Relations Order;
- ◆ The withdrawal amount is subject to normal income tax, plus an additional 10% early distribution tax if I have not attained age 59-1/2.
- ◆ I am required to suspend my elective pre-tax employee salary deferral contributions for six (6) months after receipt of the withdrawal;
- ◆ During the calendar year in which my elective pre-tax employee salary deferral contributions resume, such contributions will be restricted to the maximum pre-tax employee salary deferral contribution limit under Code §402(g) for that calendar year minus any pre-tax employee salary deferral contributions made in the year the hardship withdrawal was taken;
- ◆ The burden of presenting evidence of a financial hardship to the Employer/Plan Sponsor is my responsibility as a Plan Participant;
- ◆ I understand this Request for Hardship Withdrawal is to be completed and returned to the Employer/Plan Sponsor for final approval.

**B. Reason for Hardship - I hereby represent that I intend to use the amount requested for the following purpose (Please check one):**

- |   |  |
|---|--|
| <input type="checkbox"/> For the purchase of a Primary Residence.   | <input type="checkbox"/> To prevent the eviction from, or foreclosure on, the mortgage of my Principal Residence.  |
| <input type="checkbox"/> To pay Medical Expenses incurred by me, my spouse, and/or any of my dependents or, because the withdrawal is necessary for these persons to obtain medical care. | <input type="checkbox"/> For payment of Tuition and Related Educational Expenses for the next twelve (12) months of post-secondary education for me, my spouse, my children and/or dependents. |

## PART III – PARTICIPANT WAIVER, AUTHORIZATION AND SPOUSAL CONSENT

I have received and read the enclosed "Special Tax Notice Regarding Plan Payments." I understand the income tax information on distributions from qualified plans as explained in the Notice and further understand that IRS Regulations require that no payment can be made until the minimum waiting period of at least 30 days after receipt of this Notice has elapsed. If I do not wish to wait the 30 days for my distribution, I may make an affirmative election to waive the waiting period, whereby my withdrawal will be processed as soon as administratively feasible after it is received and approved by the Employer/Plan Sponsor.  **I hereby waive the 30-day Waiting Period.**

I hereby certify that the statements I have made in this Request for Hardship Withdrawal form are true and correct.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Spousal Consent (Required for Married Participants)

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 any benefit I might receive as a beneficiary under the Plan.

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by Employer/Plan Sponsor Or Notary Public:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PART IV – EMPLOYER/PLAN SPONSOR AUTHORIZATION

This request is approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the Participant's <b>Total Inception-To-Date</b> Pre-tax Salary Deferral Contribution Amount available: _____	\$ _____ . _____
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I certify that the amount requested is not in excess of the immediate financial need and the participant has received all available distributions.

**Employer/Plan Sponsor Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT NOTE:** This Hardship Withdrawal Request will not be processed unless it is completed fully and accurately, has been approved by the Employer/Plan Sponsor, and contains all the required signatures for authorization.