

HARDSHIP DISTRIBUTION REQUEST

SECTION I – PARTICIPANT INFORMATION

Company Name: _____
Participant Name: _____ Date of Birth: _____
Phone Number: _____ Social Security No.: _____
Address: _____
Street Address City State Zip Code
Amount of Need: \$ _____ I request the check amount to be Gross or Net of federal tax withholding.

SECTION II - FINANCIAL HARDSHIP REQUIREMENTS

The Internal Revenue Code and the retirement plan sponsored by the above named company, permit distributions of specific contributions to the Plan in the event of certain Financial Hardships. The Plan may not distribute to you any amount in excess of the amount necessary to meet your Financial Hardship. You may be required to provide proof of the amount necessary to satisfy your hardship. If you are under age 59½, the distribution is a non-periodic payment that is ineligible for rollover. A 10% federal tax-withholding rate will apply to this distribution unless you choose to elect out of withholding by completing *IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments*. Your Plan Administrator will make available to you IRS Form W-4P. You may also be subject to a 10% penalty tax for early withdrawal, which you should discuss with your tax advisor.

SECTION III - DESCRIPTION OF HARDSHIP AND PARTICIPANT SIGNATURE

I have read the above requirements for a distribution on account of Financial Hardship. The reason for my Financial Hardship is:

- Medical expenses incurred by my spouse, my dependents or me.
- Purchase of a principal residence.
- Prevention of eviction from or foreclosure on my principal residence.
- Tuition, room and board, and/or educational fees for the next twelve months of post-secondary education for my spouse, my dependents, or me.
- Funeral expenses for my parent, spouse, child or dependent.
- Non-reimbursed repair expenses for uninsured damages to my principal residence as a result of fire, storm, shipwreck, other casualty.
- Expenses (including loss of income) that result from certain natural disasters declared by the Federal Emergency Management Agency (FEMA).

I agree to be responsible for any damages to the Plan caused by false or incomplete information provided by me in obtaining this Hardship Distribution. I have received the *Special Tax and Right to Defer Distribution Notices* regarding distributions.

I hereby certify that I have no other sources to satisfy this immediate and heavy financial need, including that the need cannot reasonably be relieved;

1. through reimbursement or compensation by insurance or otherwise;
2. by reasonable liquidation of the participant's assets, to the extent such liquidation would not itself cause an immediate and heavy financial need;
3. by other distributions or non-taxable loans from the plans maintained by the employer, or by borrowing from commercial sources on reasonable commercial terms sufficient to satisfy the need.

I understand that I have 30 days to consider my distribution options. However, by signing below, I am electing to waive the 30-day waiting period and I request that my distribution be made as soon as possible. **A VALID COPY OF A PHOTO ID ISSUED BY A STATE OR GOVERNMENT AGENCY MUST BE ATTACHED FOR THIS DISTRIBUTION TO BE PROCESSED.**

Participant's Signature

Date

SECTION IV – PAYMENT METHOD

Unless Electronic Fund Transfer information is provided below, a check will be sent to the address listed above.

Account Type: Checking or Savings

Bank Name: _____

Bank Address: _____ Bank Address Bank City Bank State Bank Zip

Bank Wire ABA/Routing Number (9 digits): _____

***DO NOT provide the routing number from your personal checkbook. Please confirm with your bank the WIRE ABA/Routing number. If the wire is rejected, a check will be sent to the address listed above and wire fees may apply.**

Bank Account Number: _____

SECTION V – STATE TAX WITHHOLDING

Enter state of residence at time of withdrawal. State of Residence _____

State of Residence	Options for State Tax Withholding
AR, CT, DC, DE, IA, KS, MA, MD, ME, MI, NC, NE, OK, VA, VT	You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.
CA, OR	You may opt out of the mandatory state withholding by checking here. _____
AL, CO, GA, HI, ID, IL, IN, KY, LA, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV	You may elect voluntary state income tax withholding by providing a percentage amount here. _____%
AK, AZ, FL, NH, NV, SD, TN, TX, WA, WY	State tax will not be withheld from any distribution.

TO BE COMPLETED BY EMPLOYER

Plan Sponsor approval:

Plan Sponsor or Trustee

Date