

PARTICIPANT GUIDELINES FOR HARDSHIP WITHDRAWALS

You may take a hardship withdrawal of your 401(k) Plan contributions if you prove an immediate and heavy financial need for one of the following reasons:

- Medical expenses for you and/or your immediate family.
- Costs directly related to the purchase of your principal residence such as down payments, real estate fees, or finance charges (does not include mortgage payments).
- Tuition for 12 months of post-secondary education for you and/or your immediate family.
- Prevention of the execution of an existing eviction or foreclosure notice on your principal residence.

Several restrictions apply to a hardship withdrawal:

- The amount you withdraw cannot be more than the proven need directly related to the above four reasons (you may include the amount needed for federal and state income taxes and penalties as a result of the withdrawal).
- A withdrawal can only be made after all other reasonably available resources have been exhausted. (These resources include, for example, savings and checking accounts, and loans from any plan in which you participate—including your 401(k) Plan account.)
- If you receive a hardship withdrawal, you must suspend contributions to the 401(k) Plan and all other tax-deferred plans maintained by your employer for at least six months.
- A hardship withdrawal may be taken only as a direct payment to you. It may not be rolled over to an Individual Retirement Account (IRA) or another retirement plan.

Federal law does not require a mandatory federal income tax withholding on a hardship withdrawal. Unless you elect otherwise, no tax will be withheld. Your withdrawal is subject to normal income tax provisions and a 10 percent Internal Revenue Service (IRS) early withdrawal penalty, unless you are over 59½ or the withdrawal is used for certain medical expenses.

There may be additional penalties due to the IRS if you do not have enough taxes withheld. Because you may owe for federal and state income taxes, you may request that your hardship withdrawal be increased (“grossed up”) to include all of the income taxes and penalties that you reasonably anticipate that you will have to pay.

After you have read all of the following information, complete the *Hardship Withdrawal Request*, and attach photocopies of the following documentation:

- Past due medical bills and official estimates of future costs if included in your request.
- Current sales contract for the purchase of your principal residence with a statement from the broker that you would not qualify for the mortgage if you took a 401(k) loan.
- Documentation that you or your immediate family are enrolled in a post-secondary education program and of the tuition to be paid.
- Copy of the eviction or foreclosure notice that you have received.

If your request for a hardship withdrawal is approved, a check will be mailed to you as soon as possible after the date of approval. **Applications received without the requested supporting documentation will not be considered for approval.**

This completed application and the attached documentation must be given to your Plan Administrator for approval. When the application has been approved by your Plan Administrator, forward the completed application to:

HARDSHIP WITHDRAWAL REQUEST

PLAN NAME: _____

PARTICIPANT INFORMATION:

NAME			
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
STREET ADDRESS			
CITY	STATE	ZIP	
HOME TELEPHONE:			

**(Requests without supporting documents will not be considered and will delay the processing.)
Additional documentation may be requested from you.**

I hereby apply for a hardship withdrawal from the above named Plan in the amount of \$ _____.

The reason for my request is as follows (Check the box for the choice that applies and complete blanks for that choice):

- I or my spouse or dependent have incurred uninsured medical expenses in the amount of \$ _____. *Copy of invoice or letter from the healthcare provider describing the cost, and the need for the procedure, along with evidence that insurance will not cover the expense is attached.*
- I or my spouse or my dependent am/is attending college, an approved trade or technical school, or graduate school and require \$ _____ for the next 12 months of tuition, related educational fees, and room and board expenses. *Copy of invoice or letter from school confirming enrollment and expenses attached.*
- I need \$ _____ to prevent eviction from my principal residence or foreclosure on the mortgage on my principal residence. *Copy of eviction or foreclosure notice attached.*
- I need \$ _____ for use in the acquisition of my principal residence, which amount shall not be used for a mortgage payment. *Copy of signed purchase agreement attached.*

I certify that the distribution requested does not exceed the amount of my immediate and heavy financial need, including any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution. I also certify that I have obtained all distributions, other than hardship distributions, and all reasonable non-taxable loans available under this or other retirement plans of my employer. I acknowledge that under the terms of the Plan, and any other plans maintained by my employer, I will be precluded from making salary deferral contributions for the 6-month period following my hardship distribution and that I will not receive a matching contribution for this 6 month period.

Do you want any withholding for federal income tax? No Yes If yes, how much? \$ _____

Attach Supporting Documentation

I certify that I will use my hardship withdrawal for the reason stated above and I understand I cannot rollover this money to an IRA or another retirement plan. I also certify that the above information is correct and complete to the best of my knowledge and that I have received and read all of the information with this *Hardship Withdrawal Request* form. In addition, I understand that I am solely responsible for all tax and other consequences of my decision.

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.

Spouse's Signature: _____

Print Name: _____ Date: _____

WITNESSED BY NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared _____ and _____, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledge that they have signed said Waiver as their free and voluntary act for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL this ____ day of _____, 20____.

Notary Public

Date Commission Expires

PLAN ADMINISTRATOR'S AUTHORIZATION FOR HARDSHIP DISTRIBUTION

I have reviewed the documentation attached to this Hardship Withdrawal Request and I hereby authorize a hardship withdrawal to the above participant in the amount requested. Distribution to the participant shall be made in accordance with the plan's distribution procedures.

Signature: _____
Trustee

Date