

HARDSHIP WITHDRAWAL REQUEST FORM



Plan Name _____

Participant Name _____ Date _____

GENERAL INFORMATION

- You may not make salary deferral contributions to the Plan for six (6) months following a hardship distribution.
- You are required to provide documentation to support your statements.
- Unless otherwise allowed by the Plan document, only contributions you have made to the plan are available for hardship.
- You must have no other means of satisfying the immediate and heavy financial need besides taking a distribution from your 401(k) account.
- Funds are withdrawn in a standardized manner unless you instruct us to do otherwise.

REASON FOR THE HARDSHIP (these are the only reasons that qualify for a hardship)

- To pay **medical expenses** incurred by me, my spouse or a dependent.
- To pay **tuition** for the next 12 months of post-secondary education for me, my spouse or a dependent.
- To **purchase my principal residence**.
- To **avoid eviction** from or **mortgage foreclosure** on my principal residence.
- To pay for **funeral expenses** for my spouse, child, parent, beneficiary or dependent.
- To pay for certain expenses related to **rehabilitation of my principal residence** that qualify for a casualty deduction, such as those resulting from hurricane or flood damage.

AMOUNT OF THE HARDSHIP

\$ _____ You may not withdraw more than your hardship, plus taxes, up to the maximum you have available for hardship under the plan's rules.

____ Take taxes out of the above amount (your check will be less than the above amount).

____ Take taxes out in addition to the above amount (your check will be for the above amount).

TAX WITHHOLDING

10% Federal tax plus applicable state taxes will be withheld unless you provide other instructions.

- Do not withhold federal or state taxes
- Withhold Federal Taxes in the amount of (at least 10%): _____% (state taxes will be withheld according to the state's withholding laws.)

PARTICIPANT CERTIFICATION

I certify that the statements I have made in this request are complete and true. I certify I have no other means of satisfying this immediate and heavy financial need. I understand that if I am married, spousal consent may be required.

Participant's Signature

Date

PLAN ADMINISTRATOR AUTHORIZATION

I approve this hardship withdrawal request for the above named participant pursuant to any IRS and/or Plan limitations.

Plan Administrator's Signature

Date