

Plan or Employer Name: _____

APPLICATION FOR HARDSHIP WITHDRAWAL

Participant: _____

Hardship withdrawal amount: \$_____ (may not be less than \$1,000)

Form of distribution: _____

As a Participant in _____ (plan name), I hereby apply for a hardship distribution. I confirm that the reason for the hardship is:

- to pay medical expenses for me, my spouse or dependents
- to purchase my principal residence
- to pay tuition, related educational fees, and room and board expenses for the next twelve (12) months of post-secondary education for me, my spouse or dependents
- to prevent foreclosure on my principal residence or eviction from my principal residence
- to pay funeral expenses of my parent, spouse, children or other dependents
- to pay expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under the Internal Revenue Code

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must also demonstrate that I have no other resources available to me to meet this hardship. In order to do so, I hereby certify that:

- the distribution will not be in excess of the immediate financial need (\$_____ (enter amount));
- I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer; and
- I will not be able to make salary deferrals for 6 months after I receive a hardship distribution.

1. Representations. I understand:

- a. My election is irrevocable.
- b. The Plan will hold the portion of my account balance which I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon my termination of employment.
- c. I should consult my own tax advisor with respect to the proper method of reporting any distribution I receive from the Plan.

2. Waiver of minimum notice period. I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

I understand that the Plan Administrator will consider my request within a reasonable time, and I agree to provide any additional information which the Plan Administrator may require.

EXECUTED this _____ day of _____, 20_____.

Print Name of Participant

Signature of Participant

Street Address (include apartment no.)

Social Security Number

City State Zip Code