



HARDSHIP DISTRIBUTION REQUEST FORM

Plan Name: _____

The Plan provides that, under certain circumstances, a distribution of a participant's Vested Accrued Benefit may be made if such distribution is necessary to satisfy an immediate and heavy financial need arising out of one or more specific circumstances. Those circumstances are detailed in the Plan in accordance with Regulations proscribed by the Internal Revenue Service.

A. I hereby apply for a hardship withdrawal under the terms and provisions of the Plan. I confirm that the reason for an immediate and heavy financial need is:

- Deductible medical expenses under Internal Revenue Code section 213(d) (<http://www.irs.gov/pub/irs-pdf/p502.pdf>) incurred by me, and/or my spouse or dependents,
- Purchase of my primary residence exclusive of mortgage payments,
- Payment of tuition for the next semester or quarter of post-secondary education for me, and/or my spouse or dependents,
- The prevention of foreclosure on my principal residence or eviction from my primary residence.

B. Having designated the above reason(s) for requesting a hardship distribution, I understand that I must demonstrate that I have no other resources available to me to meet this heavy financial need. In applying for the hardship distribution, I hereby certify to the following:

1. The amount requested as a hardship distribution is \$_____. This amount is not in excess of the immediate and heavy financial need; and
2. I have previously obtained all distributions and non-taxable loans available under the Plan; and
3. I understand that I will not be able to make elective deferrals to the Plan for 6 months after I receive such hardship distribution; and
4. That for the calendar year following the year I receive this hardship distribution, I must reduce the maximum amount of elective deferrals the law permits me to make to the Plan by the amount of elective deferrals I made in the calendar year in which I receive the hardship distribution.

I understand that the administrator of the Plan will review my request within a reasonable time, and I agree to provide any such additional information to support the determination that an immediate heavy financial need exists in accordance with Internal Revenue Service regulations.

Participant signature

Date

Please print name

Employer Name (Please print)