



Request for Hardship Withdrawal

Plan Name:

Participant Name: _____

Social Security No.: _____ Phone No.: _____

Street Address: _____

City, State Zip: _____

Amount Requested: \$ _____

Marital Status (please check one):

 Unmarried Married (Spousal Consent required - see next page)**Nature of Hardship:**

- ' Medical expenses incurred by me, my spouse, my dependents, above and beyond amount covered by insurance.
- ' Purchase of my primary residence.
- ' Payment of tuition for post-secondary education for myself, my spouse, or my dependents, for the next academic period.
- ' Prevention of my eviction from my primary residence or foreclosure on the mortgage on my primary residence.

Hardship Withdrawal Agreement:

I hereby request that the above listed amount be distributed to me, as a Hardship Withdrawal from my Deferral Contributions Accounts under the Plan. I understand that this distribution is not subject to mandatory 20% Federal Income Tax withholding, and that if I am under age 59 ½ at the time of the distribution it is subject to an additional penalty income tax associated with "premature distributions". I hereby certify that I have considered all reasonable alternative sources of funds, and that the following is true:

There are no alternative sources of funds available to me with which I can reasonably satisfy the financial obligations imposed upon me by the hardship I have identified as the basis of this request, including funds that could be raised by a reasonable liquidation of assets. I have applied to at least one commercial lending institution for a loan of the amount I seek from the Plan, and am unable to borrow the required amount or any substantial portion thereof from standard commercial lending sources or reasonable commercial terms. I am prepared to submit my personal financial statements if requested.

_____ Employee-Participant initials

I understand that for a period of time, as determined by my plan document, after the date of any Hardship Withdrawal distributed to me by reason of this request, my privilege of making elective contributions will be suspended under the Plan. When the privilege of making elective deferral contributions is restored, the maximum for that year will be reduced by the amount of my deferrals for this year.

_____ Employer initials

_____ Employee-Participant initials

Tax Withholding Election:

' I elect to have _____% federal tax withholding from my distribution.

' I elect to have \$_____ withheld from my hardship distribution.

_____ Date

_____ Participant Signature

Spousal Consent (required):

I hereby consent to my spouse's request for a Hardship Withdrawal. I understand that this withdrawal will have the effect of reducing the benefit I would receive under the Plan should my spouse die prior to retirement.

Date

Signature of Participant's Spouse

Witness of Notary Public:

On _____, before me, _____ personally appeared _____

(Date) (Name of Notary Public) (Name of Spouse)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

WITNESS my hand and official seal

Notary Public

STATE OF _____

COUNTY OF _____

Seal: