

RETIREMENT PLAN HARDSHIP WITHDRAWAL APPLICATION

EMPLOYER: _____

PARTICIPANT NAME: _____
Last First M.I.

ADDRESS: _____
Street City State Zip Code

SOCIAL SECURITY #: _____ BIRTH DATE: _____ PHONE #: _____

THERE IS A \$75.00 FEE

◆ **REASON FOR WITHDRAWAL (check one):**

Please indicate reason for withdrawal and attach proof:

- Medical expenses not covered by insurance
- Purchase of principal residence
- Tuition for next 12 months of post-secondary education
- Prevent eviction or foreclosure from principal residence
- Expenses for the repair of damage to the your principal residence that would qualify for the casualty deduction under section 165
- Funeral expenses
- Other (this is not an option in most plans): _____

Please withdraw \$_____ (amount not to exceed total of proof provided)

Check here to have your amount increased to cover the Federal & State Income Tax withholding you elect below, up to 25%.

◆ **TAX WITHHOLDING INFORMATION:**

FEDERAL: You may opt out of the federal withholding. If no box is checked we will withhold 10% for federal taxes. The amount of withholding may be more or less than the amount you owe when you file your tax return. In addition, if you are not at least 59½ years old there is an additional 10% penalty that must be paid when you file your tax return. Taxes will not be withheld from distributions of \$200 or less.

- I do not want Federal Income Tax withheld.
- I want _____% withheld for Federal Income Tax.

STATE: If you elected to have Federal Tax withheld, state income tax will be withheld if your address is in Delaware, Iowa, Maine, Maryland, Massachusetts, North Carolina, Oklahoma, Vermont or Virginia. If your address is in California or Oregon, and you elect to have federal tax withheld, state income tax will be withheld unless you check that you do not want state income tax withheld.

- I do not want state income tax withheld.
- Please withhold _____% from my distribution for state income tax. Please note that state tax cannot be withheld in some instances.

◆ **PAYMENT OPTIONAL SERVICES:**

Optional Services (\$25.00): Overnight check Wire funds as follows: Bank Name: _____

Bank City, State: _____

ABA#: _____

*Call your bank to verify your ABA number!

Acct. #: _____

Acct. Name: _____

Please note that your payment will not be processed until your final contribution has been deposited. The optional services will only save time as compared to US Mail and will not speed the processing of your distribution. The \$25 fee will be deducted from your distribution. Returned wires will be issued as a check via US mail.

(OVER)

SPOUSAL CONSENT:

ف Not Applicable - Balance is under \$5,000 or the Plan is not subject to the Joint & Survivor Annuity requirement. If checked, skip to next section.

CERTIFICATION FOR UNMARRIED PARTICIPANT:

I certify that I am not legally married or separated. I understand that a false statement by me may cause the Plan legal damages, in which event I agree to be fully responsible for all such amounts and agree that this shall be binding upon my heirs and my estate in the event of my death.

Signature of Unmarried Participant

SPOUSAL CONSENT IF BENEFITS ARE NOT TO BE PAID IN THE FORM OF A JOINT AND SURVIVING SPOUSE ANNUITY:

I, _____ (name of Participant's spouse), am the spouse of _____ (name of Participant). I understand that I have the right to have _____ (name of plan) pay my spouse's retirement benefits in the special Qualified Joint and Survivor Annuity payment form and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I may have received under the special Qualified Joint and Survivor Annuity payment form and I may receive nothing after my spouse dies. I also understand that I cannot revoke this agreement once given.

I agree that my spouse can receive this hardship withdrawal. I understand that my spouse cannot choose a different form of payment unless I agree to the change or unless the change is to the Qualified Joint and Survivor Annuity payment form. I understand that I do not have to sign this agreement and I do so on a voluntary basis. I have read the information provided by the Plan Administrator with respect to my rights to the Qualified Joint and Survivor Annuity for of payment.

Signature of spouse must be witnessed by the Plan Administrator or a Notary Public.

Signature of Spouse: _____ Date: _____

Witnessed by Plan Administrator: _____ Date: _____

OR BY NOTARY PUBLIC:

The spouse whose signature is above and who is known to me to be such spouse has affirmed such signature in my presence as his or her free and voluntary act.

Given under my hand and notarial seal this _____ day of _____, _____.

Signature of Notary Public: _____ Date: _____

Address: _____ State of: _____ County of: _____

The date the commission of the Notary Public expires: _____

SIGNATURES:

I understand the following conditions are applicable:

1. I must attach to this form evidence of my hardship such as medical bills, a home purchase agreement, a tuition bills or foreclosure notice.
2. The withdrawal, if approved, will not exceed the amount necessary to cover the immediate need.
3. I must suspend my contributions to the Plan, and all other deferred comp. plans of my Employer, for 6 months after receipt of my hardship distribution.
4. All withdrawals will be based on the value of my account as of the last valuation date.

I HEREBY CERTIFY that my withdrawal request is for an immediate and heavy financial need for the reason specified above. Funds for this need are not otherwise available from any other plans or loans from plans sponsored by my Employer, and I agree to suspend my payroll deductions as set forth in condition #3 above. I also certify that all other possible sources of money have been exhausted.

Participant Signature _____
Date

I certify that all the above information is correct, that the participant elections are applicable, and that spousal consent has been obtained if required. I also certify that all applicable information was given to the participant regarding taxes and rollovers as required by regulations.

Trustee/Authorized Signature (I certify that all required forms and notices have been secured.) _____
Date

SEND THIS FORM TO THE HUMAN RESOURCES DEPARTMENT OF THE PLAN FROM WHICH YOU ARE REQUESTING A WITHDRAWAL