

## HARDSHIP DISTRIBUTION DISCLOSURE

**Please review this Hardship Disclosure, execute and return to the Plan Administrator along with the Hardship Withdrawal Request Form. Both these documents must be executed prior to receiving a hardship distribution.**

<b>REASONS FOR HARDSHIP</b>
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As a Participant in the Plan, I hereby apply for a hardship distribution. I confirm that the reason for the hardship is for (*check one*):

- Payment of expenses for unreimbursed medical expenses previously incurred or necessary to obtain medical care for either myself, my spouse, my child(ren) or my other dependents.
- Purchase of a principal residence (excluding mortgage payments).
- Payment of tuition and related educational fees, including room and board for the next 12 months of post-secondary education for either me, my Spouse, my child(ren) or my other dependents.
- Prevention of foreclosure on or eviction from my principal residence.
- Payment for burial or funeral expenses of my deceased parent, Spouse, child or dependent.
- Payment of expenses for the repair of damage to my principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code.

<b>HARDSHIP WITHDRAWAL</b>
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To receive the hardship distribution, I understand that the following requirements must be satisfied:

- The distribution will not be in excess of my immediate financial need.
- I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by my Employer.
- I will not be able to make any salary reduction contributions [*or after-tax contributions*] to any other qualified or nonqualified plan maintained by my Employer for at least 6 months after I receive the hardship withdrawal.

<b>CERTIFICATION</b>
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If I have not reached age 59½ and the reason for the hardship withdrawal is not the payment of certain tax-deductible medical expenses, this distribution from the Plan is subject to an additional 10% nondeductible premature distribution penalty tax.

Hardship withdrawals are not subject to the required 20% Federal income tax withholding, but will be subject to 10% Federal income tax withholding unless I otherwise request.

Under current law I am not able to roll any amount I received as a hardship to an IRA or any other pre-tax investment.

I agree to provide any additional information that the Plan Administrator may require. If I am married, my spouse has agreed to this hardship distribution, as provided for on the Hardship Withdrawal Request Form.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

# HARDSHIP WITHDRAWAL FORM

**This form is used to request a hardship distribution, as permitted under the Plan.**

## PARTICIPANT INFORMATION

Name of Plan: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Rehire: \_\_\_\_\_

Amount of Hardship Requested \$ \_\_\_\_\_

## HARDSHIP APPLICATION

*Any amount requested cannot exceed the lesser of the actual amount to meet the hardship expense, or the actual amount of your eligible hardship account balance. Hardship distributions are made in a check payable to you as the Participant and withdrawn from your account on a pro-rata basis in accordance with your current investment directive.*

### Federal Tax Withholding election (check one):

- Do not withhold any Federal income taxes from my hardship distribution.
- Withhold \_\_\_\_\_% from my hardship distribution as Federal income tax withholding.
- Withhold \$ \_\_\_\_\_ from my hardship distribution as Federal income tax withholding.

**PLEASE NOTE: If no tax withholding election is made, an automatic 10% Federal tax will be withheld.**

*Hardship withdrawals are not eligible for rollover treatment and therefore are not subject to the automatic 20% withholding. Hardship withdrawals are subject to ordinary income tax and to an additional 10% IRS premature distribution penalty tax if you are under age 59½.*

## SPOUSAL RIGHTS, CONSENT AND WITNESS

- I am not married and I certify to the Plan Sponsor under penalties of perjury that there are no Plan benefits due a former spouse under a Qualified Domestic Relations Order ("QDRO"). I hereby agree to notify the Plan Sponsor immediately should I marry while a Participant in the Plan. I acknowledge that upon my marriage prior to benefits starting if I fail to complete a new Beneficiary Designation, my spouse will automatically become the primary beneficiary of my Plan benefits upon my death unless he or she consents to the designation of an alternative beneficiary.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

I am married and my spouse, by signature below, hereby agrees and consents to the request for a hardship distribution from the Plan.

I hereby certify that I am the lawful spouse of the participant and by my signature hereto, I hereby consent to my spouse's request to the hardship withdrawal from the Plan. I understand that the effect of this withdrawal would be to reduce the amount that may be available to me upon the death of my spouse.

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<b>Full Legal Name of Spouse</b>	<b>Signature of Spouse</b>	<b>Date</b>
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Before me on this day, \_\_\_\_\_, personally appeared known to me to be the person who executed the foregoing consent and who acknowledged to me that said spousal consent was executed for the purposes of consenting to and inducing the Plan to make hardship distribution to the Participant named above.

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<b>Notary Public or Authorized Plan Administrator Signature</b>	<b>Date</b>
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*Notary Seal*

<b>ACKNOWLEDGMENT OF PLAN PARTICIPANT</b>
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**I hereby request this hardship distribution and certify that I have received and read the Notice of Special Tax Rules on Retirement Plan Distributions. I certify under penalties of perjury to the Plan Sponsor and Employer that there are no other funds available to me with which I may reasonably satisfy the financial obligation arising from the hardship. The amount I have requested does not exceed the amount of the hardship. I have also taken any distributions or loans from any Plan of the Plan Sponsor or Employer.**

**I realize that I may be limited in the amount (if any) of pre-tax elective salary deferrals I may be able to make to the Plan after receipt of the hardship distribution.**

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<b>Participant's Signature</b>	<b>Date</b>
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For Plan Sponsor use only:

I hereby certify that I am an authorized administrator of the Plan. By my signature below I confirm the Participant's certification and authorize the transaction to be processed. I have indicated the restrictions for pre-tax elective contributions and after-tax employee contributions for this Participant.

- Participant must discontinue making pre-tax elective deferrals and after-tax contributions (if any) for at least 6 months after the receipt of the hardship distribution.

Authorized Plan Administrator:

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**Print Full Name**

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**Signature**

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**Date**