

APPLICATION FOR HARDSHIP WITHDRAWAL

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

- medical expenses incurred by me, my spouse or dependents
- purchasing my principal residence
- paying tuition for the next semester or quarter of post-secondary education for me, my spouse or dependents.
- preventing foreclosure on my principal residence or eviction for my principal residence.

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must now demonstrate that I have no other resources available to me to meet this hardship. I can do this by meeting the criteria set forth below.

I agree that in order to receive the hardship distribution requested above:

1. that the distribution will not be in excess of the immediate financial need (\$ _____ (enter amount));
2. that I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer;
3. that I will not be able to make salary reduction contributions for 6 months after I receive a hardship distribution; and
4. that for the calendar year following the year I receive this hardship distribution, I must reduce the maximum amount of salary reduction contributions the law permits me to make by the amount of salary reduction contributions I made in the year I received the hardship distribution.

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

Sworn to and subscribed before me
this _____ day of _____, 20____.

Notary Public

Participant (please print)

Participant Signature

Participant's Social Security #

(Return completed form to your company's Plan Administrator.)