



Plan: _____
 Participant: _____

Hardship Withdrawal Information

PARTICIPANT MUST STOP DEFERRING FOR 6 MONTHS

Listed below are the qualifying reasons for which a hardship withdrawal may be granted under your Plan and IRS regulations. Review this information and attach a photocopy of the acceptable documentation noted below to your Withdrawal Request form.

Qualifying Reasons for a Hardship Withdrawal	Acceptable Documentation
1. Education Expenses – payment of tuition, related educational fees, and room and board expenses for up to the next 12 months of post-secondary education for me, my spouse, my dependent and/or if permitted under the Plan, a Participant’s primary beneficiary.	<ul style="list-style-type: none"> • Tuition statement or invoice. • Room and board statement or invoice. • Receipts, statements or invoices for other educational related expenses. • A copy or confirmation of your most recent beneficiary designation made under the Plan, if the financial hardship is with respect to a Participant’s primary beneficiary.
2. Prevent Eviction/Foreclosure – to prevent me from being evicted or the foreclosure of a mortgage on my principal residence.	<ul style="list-style-type: none"> • Final notice of foreclosure from bank/mortgage company. • Final legal notice of eviction from your landlord. • Final notice of tax foreclosure.
3. Funeral Expenses – burial or funeral expenses for my deceased parent, spouse, a dependent and/or if permitted under the Plan, a Participant’s primary beneficiary.	<ul style="list-style-type: none"> • Invoice or statement for funeral home services. • Invoice or statement of burial expenses. • A copy or confirmation of your most recent beneficiary designation made under the Plan, if the financial hardship is with respect to a Participant’s primary beneficiary.
4. Unreimbursed Medical Expenses – expenses for (or necessary to obtain) medical care for me, my spouse, my dependent and/or if permitted under the Plan, a Participant’s primary beneficiary. Expenses must be those that are not reimbursable and are tax deductible.	<ul style="list-style-type: none"> • Doctor, hospital and health service provider bills. • Insurance company statement indicating the amount of the co-pay, deductible and/or other expense(s) that are not reimbursed under your insurance policy. • A copy or confirmation of your most recent beneficiary designation made under the Plan, if the financial hardship is with respect to a Participant’s primary beneficiary.
5. Purchase Principal Residence – costs directly related to the purchase or construction of my principal residence. Your request for this reason must be submitted prior to the scheduled closing on your property. This does not include: <ul style="list-style-type: none"> • Mortgage payments • Refinancing an existing mortgage • The financing of an addition or remodeling project 	<ul style="list-style-type: none"> • Construction contract, with buyer’s and contractor’s signature, for the home you are building. • Residential purchase agreement, with the buyer’s and seller’s signature, for the home you are purchasing.
6. Repair Principal Residence – certain expenses relating to the repair of damage to the employee’s principal residence that would qualify for the casualty deduction under Section 165, such as those resulting from hurricane or flood damage. Costs must be those that are not reimbursable and are tax deductible on your Federal tax return.	<ul style="list-style-type: none"> • Construction/reconstruction contract, with homeowner’s and contractor’s signature, for the repair of damage to the home you own. • Insurance company statement indicating the amount of the deductible and/or expense(s) not reimbursed by your insurance policy. • Invoice or receipt for purchase of materials needed to complete repair of damage to your home.

If you have any questions about the qualifying reasons for a hardship withdrawal or the acceptable forms of documentation, please contact your Plan Administrator.



Plan: _____
Participant: _____

APPLICATION AND TAX WITHHOLDING ELECTION FOR HARDSHIP WITHDRAWAL (SAFE HARBOR)

PARTICIPANT MUST STOP DEFERRING FOR 6 MONTHS

In order to qualify for a withdrawal, you must have no other resources or savings to take care of the immediate and heavy financial need. Having designated the reason for requesting a hardship distribution by checking one or more of the options available, 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 below:

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; and
3. that I will not be able to make salary reduction contributions for 6 months after I receive a 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.

Hardship Withdrawals are not eligible for Rollover and are not subject to the mandatory 20% Federal Tax Withholding. You must make an election as to if you want taxes withheld from your Hardship Distribution.

I understand that I have an option to have taxes withheld from my Hardship Distribution. I make the following election:

Federal Income Tax Withholding:

I elect to have _____% or \$_____ withheld from this payment.

I do not want Federal Income Tax withheld from this payment.

If no election is made, 10% Federal Income Tax Withholding will apply.

State Income Tax Withholding:

My residence state for tax purposes is: _____.

I elect to have _____% or \$_____ withheld from this payment.

I do not want State Income Tax withheld from this payment.

If no election is made, State Income Tax Withholding will apply only if mandated by the state.

Plan Administrator

Participant

Spouse

Complete only if spouse is not signing in the presence of the Plan Administrator.

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

Notary Public