

PLAN NAME _____

NOTICE OF HARDSHIP WITHDRAWALS
(SAFE HARBOR)

PARTICIPANT MUST STOP DEFERRING FOR 6 MONTHS

_____ (PLAN NAME) provides that the amounts that have been contributed on your behalf as salary reductions may be withdrawn if you have an immediate and heavy financial need.

An immediate and heavy financial need can arise for one of the following reasons:

1. Medical expenses which you, your spouse or dependents incur or necessary for you, your spouse or dependents to obtain medical care. These must be expenses described in Section 213 of the Internal Revenue Code;
2. To purchase your principal residence;
3. To pay tuition and related educational fees for the next twelve (12) months of post-secondary education for you, your spouse, children or dependents; or
4. To prevent your eviction from your principal residence or the foreclosure on the mortgage for that residence.
5. Payment for burial or funeral expenses for your deceased parent, spouse, children or dependents
6. Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under section 165

Also, 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. Under special rules permitted by the IRS you will be considered not to have sufficient resources to meet the immediate and heavy financial need, but only if:

1. the hardship distribution we make to you is not in excess of the immediate and heavy financial need;
2. you have already obtained all distributions (other than a hardship distribution) and non-taxable loans available from any plan we maintain; and
3. you agree not to make salary reduction contributions for a 6-month period after you receive the hardship distribution.

If you wish to apply for a hardship distribution, you should fill out an application, which the Administrator will provide. Return the application to the Administrator.

Administrator

Participant

APPLICATION FOR HARDSHIP WITHDRAWAL
(SAFE HARBOR)

PARTICIPANT MUST STOP DEFERRING FOR 6 MONTHS

As a participant in the _____ (PLAN NAME), I hereby apply for a hardship withdrawal. I confirm that the reason for the hardship is for:

- () Medical expenses for me, my spouse or dependents
- () Purchasing my principal residence
- () Paying tuition and related educational fees for the next twelve (12) months of post-secondary education for me, my spouse or dependents
- () Preventing foreclosure on my principal residence or eviction from my principal residence.
- () Payment for burial or funeral expenses for my deceased parent, spouse, children or dependents
- () Expenses for the repair of damage to my principal residence that would qualify for casualty deduction under section 165

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:

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.

Participant

Spouse

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

Notary Public

TAX WITHHOLDING ELECTION FOR HARDSHIP WITHDRAWAL

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.

As a Participant in the _____ (PLAN NAME), 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

Participant Signature

Date