

## HARDSHIP WITHDRAWAL ELECTION FORM

1. **Employee Name:** \_\_\_\_\_

2. **Social Security #:** \_\_\_\_\_

3. **Address:** \_\_\_\_\_  
\_\_\_\_\_

4. **Election of Distribution Due to Hardship:**

I hereby elect to withdraw \$\_\_\_\_\_ effective as soon as possible. The amount requested cannot exceed the actual financial hardship amount plus taxes on that amount. A participant who receives a hardship withdrawal may not make salary deferrals for 6 months following such withdrawal.

5. **Reason for Hardship Withdrawal**

- A. Expenses for medical care described in IRC Section 213(d) previously incurred by the employee, the employee's spouse, or any dependents of the employee (as defined in IRC Section 152) or expenses necessary for these persons to obtain medical care described in IRC Section 213(d) [Amount of Expenses: \$\_\_\_\_\_];
- B. Costs directly related to the purchase of a principal residence for the employee (excluding mortgage payments) [Applicable Costs: \$\_\_\_\_\_];
- C. Payment of tuition and related educational fees for the next 12 months of post-secondary education for the employee, or the employee's spouse, children, or dependents (as defined in IRC Section 152) [Annual Tuition and Fees Requirement: \$\_\_\_\_\_];
- D. Payments necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence [Total Delinquent Payments: \$\_\_\_\_\_];
- E. Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents (as defined in IRC Section 152, and, for taxable years beginning on or after January 1, 2005, without regard to IRC Section 152(d)(1)(B) [Amount of Expenses: \$\_\_\_\_\_];
- F. Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under IRC Section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income) [Amount of Expenses Incurred: \$\_\_\_\_\_];

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Brief Description of Hardship and Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. I understand that 20% does not have to be withheld from this payment for income tax purposes. I have elected to have income tax withholding as indicated below:**

Income Tax Withholding? _____	Amount or Percent of Withholding _____
(Yes or No)	

In addition to ordinary income tax, if you are below age 59 ½, a 10% premature distribution tax may also be applicable to this distribution.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date