
Company Name & Plan

HARDSHIP WITHDRAWAL REQUEST

Any Hardship Withdrawal made from the plan prior to age 59 1/2 is subject to income tax and a Federal 10% premature distribution penalty. (California residents may also have a 2.5% State penalty). **(There will be a distribution fee assessed against this distribution).**

Employee Name: _____ SS #: _____

Address: _____

Spouse's Name * _____ (If not married, enter N/A)

* Your spouse must complete page 2 of this form and the signature must be notarized.

AMOUNT TO BE WITHDRAWN: \$ _____
(May not exceed the amount of the hardship)

REASON AND AMOUNT OF MY FINANCIAL HARDSHIP:

- _____ Purchase of my principal residence.
(Attach copy of signed escrow instructions) \$ _____
- _____ Medical expenses for myself, my spouse or my dependents that are not covered by insurance.
(Attach copies of bills and insurance payment records) \$ _____
- _____ Payment required to prevent mortgage foreclosure or eviction from my principal residence.
(Attach copy of foreclosure or eviction notice) \$ _____
- _____ Tuition payments for the next 12 months for post-secondary education for myself, my spouse, children or dependents.
(Attach copy of tuition bill) \$ _____
- _____ Payment of funeral expenses for family member. \$ _____
- _____ Certain expenses relating to the repair of damage to my principal residence that qualifies for the casualty deduction, such as those resulting from hurricane or flood damage. \$ _____

FEDERAL INCOME TAX ELECTION:

This distribution will be taxed as ordinary income. If you are under the age of 59 1/2 there is also an additional 10% penalty tax. Please consult with your tax advisor before you file your income tax return.

I understand that my elective salary deferrals under the Plan must cease and I may not resume deferrals for six (6) months following the date of the hardship withdrawal

The attached copies of supporting documents and/or bills confirm the request for hardship distribution. I have also attached a brief statement that outlines why I am unable to meet this hardship from other financial resources that I have (including a loan from the plan).

I hereby certify that the preceding financial information and any attachments are correct and I request a hardship withdrawal from the Plan.

Date

Employee Signature

Date

Authorized Plan Representative

**SPOUSE'S CONSENT
TO HARDSHIP WITHDRAWAL**

I hereby consent to the hardship withdrawal requested by my spouse.

Date

Participant's Spouse

STATE OF: _____

COUNTY OF: _____

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledge that he/she has signed said Waiver as their free and voluntary act for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL THIS _____ day of _____, 20_____.

Notary Public in and for

County

State

Company Name & Plan

HARDSHIP WITHDRAWAL INSTRUCTIONS

If you have any questions regarding how to apply for a hardship distribution from your 401(k) Plan, please call Benefit Equity Inc. at (800) 899-9141.

Your Plan provides that, at the Plan Administrator's discretion, the amounts that have been contributed on your behalf as a salary reduction may be withdrawn if you have a proven financial hardship.

The amount distributed as a hardship withdrawal may be subject to Federal income taxation plus a 10% penalty (and 2% to the State for California residents) if you are not 59½ years old. You should consult your tax advisor regarding the tax consequences of a hardship withdrawal before you complete an application for a hardship withdrawal.

A proven hardship withdrawal can arise for several reasons. For example, a hardship may arise if there is an accident or sickness to you or a member of your family or if you are purchasing a primary residence. Please see the attached withdrawal request for the hardships that may qualify under your plan.

Before a hardship withdrawal is granted, it must be shown that you have no other resources or savings that you can use to take care of your hardship. One of the resources included would be a loan from your 401(k) Plan.

To apply for a hardship withdrawal, sign the application confirming that a hardship exists and attach to it copies of any supporting documents or bills and a brief statement that confirms the nature of the hardship and your inability to meet such hardship from other financial resources you have.

Your application will be considered and you will receive a response promptly.

To request a hardship distribution, please mail the hardship withdrawal request (including spousal consent) to:

**Benefit Equity Inc.
1971 E. 4th Street, Suite 100
Santa Ana, CA 92705**

Company Name & Plan

HARDSHIP WITHHOLDING ELECTION

Instructions: Please choose one of the following options below for your distribution or withdrawal, sign and date this election and return it to your Human Resources Department.

- I elect to have Federal income tax withheld from my distribution or withdrawal.
- Please also withhold ____% State income tax (2% for California Residents)
- I **do not** want to have Federal income tax withheld from my distribution or withdrawal.

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution or withdrawal. You may also be subject to tax penalties for early withdrawal as well as tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Employee Signature

Print Name

Social Security Number: