# HARDSHIP WITHDRAWAL REQUEST FORM

**Plan Name**_____

**Participant Name**_____**Date**_____

## GENERAL INFORMATION
- You are required to provide documentation to support your statements.
- Unless otherwise allowed by the Plan document, only contributions you have made to the plan are available for hardship.
- You must have no other means of satisfying the immediate and heavy financial need besides taking a distribution from your 401(k) account.
- Funds are withdrawn in a standardized manner unless you instruct us to do otherwise.

## REASON FOR THE HARDSHIP (these are the only reasons that qualify for a hardship)
\_\_\_  To pay **medical expenses** incurred by me, my spouse or a dependent.

\_\_\_  To pay **tuition** for the next 12 months of post-secondary education for me, my spouse or a dependent.

\_\_\_  To **purchase** my **principal residence.**

\_\_\_  To **avoid eviction** from or **mortgage foreclosure** on my principal residence.

\_\_\_  To pay for **funeral expenses** for my spouse, child, parent, beneficiary or dependent.

\_\_\_  To pay for certain expenses related to **rehabilitation of my principal residence** that qualify for a casualty deduction, such as those resulting from hurricane or flood damage.

## AMOUNT OF THE HARDSHIP
**$**_____You may not withdraw more than your hardship, plus taxes, up to the maximum you have available for hardship under the plan's rules.

## TAX WITHHOLDING
10% Federal tax plus applicable state taxes will be withheld unless you provide other instructions.

\_\_\_  Do not withhold federal or state taxes

\_\_\_  Withhold Federal Taxes in the amount of (at least 10%):_____% (state taxes will be withheld according to the state's withholding laws.)

\_\_\_Take taxes out of the amount requested (your check will be less than the amount requested above).
\_\_\_Take taxes out in addition to the amount requested (your check will be for the amount requested above).

## PARTICIPANT CERTIFICATION
I certify that the statements I have made in this request are complete and true.  I certify I have no other means of satisfying this immediate and heavy financial need.  I understand that if I am married, spousal consent may be required.

_____          _____
Participant's Signature                                              Date

## PLAN ADMINISTRATOR AUTHORIZATION
I approve this hardship withdrawal request for the above named participant pursuant to any IRS and/or Plan limitations.

_____          _____
Plan Administrator's Signature                                   Date