

**Plan Name:** \_\_\_\_\_

## HARDSHIP ELIGIBILITY CERTIFICATION

### PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Rehire: \_\_\_\_\_

Amount of Hardship Requested \$ \_\_\_\_\_

Federal Tax Withholding election (check one):

Do not withhold any Federal income taxes from my hardship distribution.

Withhold \_\_\_\_\_% from my hardship distribution as Federal income tax withholding.

Withhold \$ \_\_\_\_\_ from my hardship distribution as Federal income tax withholding.

### REASONS FOR HARDSHIP

As a Participant in the Plan, I hereby apply for a hardship distribution. I understand that the withdrawal may not exceed the amount required to meet the financial hardship.

I confirm that the reason for the hardship is for (*check one*):

- Payment of expenses for unreimbursed medical expenses previously incurred or necessary to obtain medical care for either myself, my spouse, my child(ren), or my other dependents.
- Purchase of a principal residence (excluding mortgage payments).
- Payment of tuition and related educational fees, including room and board, for the next 12 months of post-secondary education for either me, my Spouse, my child(ren), or my other dependents.
- Prevention of foreclosure on or eviction from my principal residence.

### HARDSHIP WITHDRAWAL

To receive the hardship distribution, I understand that the following requirements must be satisfied:

- The distribution will not be in excess of my immediate financial need.
- I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by my Employer.
- I will not be able to make any salary reduction contributions or after-tax contributions to any other qualified or nonqualified plan maintained by my Employer for at least 6 months after I receive the hardship withdrawal.

### CERTIFICATION

If I have not reached age 59½ and the reason for the hardship withdrawal is not the payment of certain tax-deductible medical expenses, this distribution from the Plan is subject to an additional 10% nondeductible premature distribution penalty tax.

Hardship withdrawals of contributions are not subject to the required 20% Federal income tax withholding, but will be subject to 10% Federal income tax withholding unless I otherwise request.

Under current law, I am not able to roll any amount I received as a hardship to an IRA that I may maintain.

I agree to provide any additional information which the Plan Administrator may require.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Representative's Signature

\_\_\_\_\_  
Date