

HARDSHIP WITHDRAWAL ELECTION

To the Plan Administrator of _____ (“Plan”):

RE: _____ (Participant)

1. **Withdrawal Election.** As permitted by the Plan, I elect to withdraw the following portion of my Vested Account Balance under the Plan as a **hardship withdrawal**: \$ _____.

2. **Reason.** (Choose one):

- (a) uninsured medical expenses incurred by me, by my spouse or by one or more of my dependents as described in Code Section 213 (d); or expenses necessary for these persons to obtain medical care.
- (b) the purchase (excluding mortgage payments) of a principal residence for me.
- (c) the payment of post-secondary education tuition, room and board and related educational fees for the next 12 months, for me, for my spouse or for one or more of my dependents.
- (d) to prevent eviction from my principal residence or to prevent the foreclosure on the mortgage of my principal residence.

3. **Tax Withholding - To be completed by Participant.** Hardship distributions are taxable to federal income tax withholding at the rate of 10% unless you elect not to have federal withholding apply. If you elect not to have withholding apply, or if you do not have enough federal income tax withheld from your payment you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **We will withhold 10% of the payment made to you, unless you elect otherwise.** Contact you Plan Administrator, tax advisor or IRS if you have any questions concerning withholding.

Do you want federal income tax withheld from your payment? _____ Yes _____ No

If yes, and you want an amount **in excess of 10%** withheld from your payment, please complete below.

Please withhold a total of _____% or \$ _____ from my hardship distribution for federal income tax.

4. **Explanation of Qualified Annuity Benefit.** Unless you elect otherwise, the Plan must pay all distributions in the form of a Qualified Annuity Benefit. If you are married, the Qualified Annuity Benefit is a joint and survivor annuity. A joint and survivor annuity is a level monthly payment for your spouse equal to 50% of the monthly amount payable during your joint lives. If you are not married, the Qualified Annuity Benefit is a life annuity. A life annuity is a level monthly payment for your lifetime, with monthly payments stopping upon your death. These payments are guaranteed for your lifetime and, if you are married, your spouse's lifetime. The Qualified Annuity Benefit requirement also applies to any withdrawals you elect from the Plan prior to your separation from service. If you elect a hardship withdrawal from the plan, you waive the Qualified Annuity Benefit for that portion of your Vested Account Balance. However, this waiver does not affect the payment of the Qualified Annuity Benefit for the remaining portion of your Vested Account Balance. Each withdrawal you make from the Plan reduces the amount you could have available, after you separate from service, to provide a Qualified Annuity Benefit.

5. **Representations.** I understand:

- (1) My election is irrevocable.
- (2) My election serves as a waiver of the Qualified Annuity Benefit only for the portion of my Account Balance I am withdrawing.
- (3) The Trustee of the Plan will hold the portion of my Account Balance which I am not withdrawing until I otherwise would receive a distribution of my Account Balance under the Plan, generally upon my termination of employment.
- (4) I should consult my own tax adviser with respect to the proper method of reporting any distribution I receive from the Plan.

6. **Limitation on Future Contributions.** I understand that I may not make elective contributions to the Plan for six (6) months following this distribution. This also means that my Matching Contributions from the Company, if applicable, may be cut back, to the extent that I am prohibited from making elective contributions to qualify for any Matching contributions provided for under the terms of the Plan.

7. **Marital Status.** As of the date of this Request for Hardship Withdrawal:

_____ I am married (complete the Spouse's Consent below)

_____ I am not married (do not completed the Spouse's Consent below)

8. **Consent of Spouse:**

I, _____, spouse of the Participant hereby consent to the waiver of the Qualified Annuity Benefit and to the timing and form of distribution elected on this form. I have received a written explanation of the Qualified Annuity Benefit, my right not to consent to this waiver election, the waiver election period, and the financial effect of the election not to receive benefits in the Qualified Annuity Benefit form. I understand my consent is irrevocable unless my spouse revokes the waiver election. I understand any change in this form of benefit election is subject to my consent, unless my spouse elects to receive the Qualified Annuity Benefit.

I have executed this election this _____ day of _____, 20____.

Signature of Participant's Spouse: _____

Note: If the spouse completes Section 8, a proper witness must complete Section 9.

9. **Witness by Plan Representative.** Signature of spouse for consent witnessed

this _____ day of _____, 20_____.

Signature of Plan Representative: _____

OR

Witness of Notary

STATE OF _____ (_____
(ss.

COUNTY OF _____ (_____

BEFORE ME, the undersigned, a Notary Public, personally appeared

_____, who executed the above Consent of Spouse as a free and
voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____
day of _____, 20_____.

(SEAL)

Notary Public: _____

My Commission Expires : _____

10. Certification By Employee. I hereby certify to the Plan Administrator that I have read and understood all of the above provisions; and that all of the representations I have made in connection with this Request for Hardship Withdrawal are true and correct. I understand that my request is subject to the provisions of the Plan Document and approval by the Plan Administrator.

Dated this _____ day of _____, 20_____.

Print your Name

Your Social Security Number

Participant's Signature

Your Address (Street)

(City)

(State)

(Zip Code)

Approved By:
Trustee or Plan Administrator