

**Hardship Withdrawal
Request for Early Distribution**

Company Name / Plan Name

Participant Name (Last Name, First Name, Initial)

Social Security Number

Section I

1. Do you have an immediate and heavy financial need? Yes No
(If you answered yes, please proceed to question 2. If you answered no, you are not eligible to make a hardship withdrawal)
2. Do you have other resources? Yes No
(If you answered no, please proceed to question 3. If you answered yes, you are not eligible to make a hardship withdrawal)
3. Please indicate the purpose of your hardship withdrawal:
 Medical (Please proceed to question 4)
 Principal Residence (Please proceed to question 5)
 Education (Please proceed to question 6)
4. **Medical:** Is this hardship withdrawal for expenses incurred or necessary medical care, of you or your spouse, children, or dependents? Yes No
(If you answered yes, please proceed to Section II. If you answered no, you are not eligible to make a hardship withdrawal)
5. **Primary Residence:** Is this hardship withdrawal for:
 Purchase: The purchase (excluding mortgage payments) of a principal residence for you; or
 Eviction or Foreclosure: The need to prevent eviction of you from, or foreclosure on a mortgage against, your principal primary residence.
 Repair or Damage: Expenses for repair of damage to your principal residence that would qualify as deductible casualty expenses.
6. **Education:** Is this hardship withdrawal for the payment of tuition and related educational fees for the next 12 months of postsecondary education for you or your spouse, children, or dependents?
 Yes No
(If you answered yes, please proceed to Section II. If you answered no, you are not eligible to make a hardship withdrawal)
7. **Funeral Expenses:** Burial and funeral expenses for your deceased parent, spouse, children or dependents? Yes No
(If you answered yes, please proceed to Section II. If you answered no, you are not eligible to make a hardship withdrawal)
8. **Other:** _____

Section II

I hereby certify that this hardship withdrawal is necessary to satisfy an immediate and heavy financial need.

I understand that contribution to the company's 401(k) plan will be suspended for 6 (six) months after the receipt of the hardship distribution.

Are you legally married? Yes No (if yes, spousal consent must be completed)

Participant Signature

Date

Plan Administrator

Date