

APPLICATION FOR HARDSHIP WITHDRAWAL

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME, M.I.
STREET ADDRESS or P.O. BOX	CITY, STATE, ZIP
HOME TELEPHONE	WORK TELEPHONE
SOCIAL SECURITY NUMBER	DATE OF BIRTH

As a participant in the _____ 401(k) Retirement Plan, I hereby apply for a hardship withdrawal. I confirm that the reason for the hardship is: *(please check)*

- Unreimbursed medical expenses incurred by me, my spouse or dependents
- Purchasing my principal residence
- Paying tuition and/or related educational expenses for the next 12 months of post-secondary education for me, my spouse or dependents
- Preventing foreclosure on my principal residence or eviction from my principal residence
- Funeral expenses for my deceased parent, spouse, child or dependent
- Repair of damage to my principal residence

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must now demonstrate that I have no other resources available to me to meet this hardship. I can do this by meeting the criteria set forth below.

1. The distribution will not be in excess of the immediate financial need, which is \$ _____ **(enter amount)**;
2. I have previously obtained all distributions and non-taxable loans available under all profit sharing and 401(k) plans maintained by my Employer; and
3. I will not be able to make salary reduction contributions for 6 months after I receive a hardship distribution.

I understand the Administrator will consider my request within a reasonable time, and I agree to provide any additional information the Administrator may require.

Participant Signature

Date

Sword to and subscribed before me this _____ day of _____, _____.

Notary Public or Plan Administrator