

HARDSHIP WITHDRAWAL FORM

Instructions

If you establish to the satisfaction of the Plan Administrator your need for funds because of a hardship described below, you are entitled to a hardship withdrawal from your Salary Reduction Contributions Account subject to the following limitations and restrictions:

The amount of such hardship withdrawal will be determined by the Plan Administrator, in its sole discretion, but cannot exceed the lesser of:

- (i) your need for funds;
- (ii) the aggregate amount of your Salary Reduction Contributions (when added to the amount of all prior hardship withdrawals, if any, made by you from the Plan) determined as of the valuation date coincident with or immediately preceding your request and without regard to the allocations of income, expense, gain or loss; and
- (iii) the amount that is not reasonably available to you from your other resources.

You must request a hardship withdrawal by completing and delivering this form to the Plan Administrator. If your request is approved by the Plan Administrator, you may make a hardship withdrawal from your Salary Reduction Contributions Account subject to the following restrictions:

- (i) if you make a hardship withdrawal from your Salary Reduction Contributions Account, further Salary Reduction Contributions to the Plan will be prohibited for 6 months from the date of such withdrawal;
- (ii) no hardship withdrawal of less than \$1,000 (or the aggregate of your Salary Reduction Contributions Account, if less than \$1,000) will be permitted; and
- (iii) hardship withdrawals shall not be allowed more than once in any 24-month period commencing with the date of each such withdrawal.

Return completed hardship withdrawal form to the Plan Administrator

HARDSHIP WITHDRAWAL FORM

Participant Information

Participant Name _____

Social Security Number _____

Address _____

Date of Birth _____

City _____

State _____

Zip Code _____

Date of Hire _____

Reason for Hardship Withdrawal

Purchase of my principal residence.

Uninsured medical expenses for myself, my spouse or my dependent(s).

Prevention of eviction or foreclosure from my principal residence.

Funeral or burial expenses for my spouse, my dependent(s) or my parent(s).

Post-secondary education tuition for myself, my spouse or my dependent(s).

Repairing of damage to my principal residence.

Proper documentation must be attached to substantiate your circumstances. Please submit the required documentation with this application. Your application will be returned to you if the required documentation is not included.

Amount of Distribution

I hereby request a hardship withdrawal of

\$ _____ or _____ % from my Salary Reduction Contributions Account.

Federal Withholding

I elect to have federal withholding withheld from my distribution.

I elect NOT to have federal withholding withheld from my distribution.

Authorization

I have read the Special Tax Notice regarding my distribution from the Plan.

I am filing an application requesting a hardship withdrawal from the Plan for an immediate and heavy financial need explained in this application. I hereby certify that the withdrawal amount requested does not exceed the amount required to relieve that need, and that I have investigated and determined that such need CANNOT be relieved by means of other resources available to me, including:

1. Reimbursement or compensation by insurance or otherwise.
2. Reasonable liquidation of my assets to the extent which liquidation would not itself cause an immediate and heavy financial need.
3. Discontinuing my deferred contributions under the Plan.
4. Other distributions or nontaxable loans from any plans maintained by the Company or any other employer.
5. Borrowing from commercial sources on reasonable commercial terms.

In certifying all the above representations, I understand and have taken into consideration that my resources are deemed to include assets of my spouse and/or minor children that are reasonably available to me.

I agree to furnish additional documentation of my financial hardship, if required by the Plan Administrator.

I understand that if my request is approved, I will not be permitted to make deferrals under the Plan for 6 months.

Participant's Signature _____

Date Signed _____

Return completed hardship withdrawal form to the Plan Administrator

FOR OFFICE USE ONLY

This application is hereby **ACCEPTED**

This application is hereby **DENIED**

Plan Administrator's Signature _____

Date Signed _____