

HARDSHIP DISTRIBUTION ELECTION FORM

PLAN NAME - _____

PLEASE CONFIRM WITH YOUR HR DEPARTMENT TO DETERMINE IF HARDSHIP DISTRIBUTIONS ARE AVAILABLE

1. PARTICIPANT INFORMATION		
Participant's Name (Last, First, Middle Initial)	Social Security Number	Date of Birth
2. AMOUNT OF HARDSHIP DISTRIBUTION		\$ _____
3. HARDSHIP EVENT		
<p>I, the above named Participant, hereby request a distribution of the amount designated in #2 above, to satisfy the following hardship event: <i>(Check one.)</i></p> <p><input type="checkbox"/> To pay deductible medical expenses necessary for medical care for myself, my spouse or my dependent.</p> <p><input type="checkbox"/> To pay expenses related to the purchase of my principal residence. This does not include mortgage payments.</p> <p><input type="checkbox"/> To pay tuition and related educational fees (including room and board) for the next 12 months of post-secondary education for myself, my spouse or my dependent.</p> <p><input type="checkbox"/> To prevent the eviction from, or a foreclosure on the mortgage of, my principal residence.</p> <p><input type="checkbox"/> To pay funeral or burial expenses for my deceased parent, spouse, child or dependent.</p> <p><input type="checkbox"/> To pay expenses to repair damage to my principal residence that results from a deductible casualty loss.</p> <p><input type="checkbox"/> To pay expenses or losses due to a federally declared disaster area.</p> <p>[See your Plan Administrator to determine if you have an event that satisfies one of the above listed hardship events. A hardship distribution is not available for any event not listed above.]</p>		
4. SOURCE OF HARDSHIP DISTRIBUTION		
<p>I understand that my hardship distribution will first be taken from my Employer Contribution Account. If my Employer Contribution Account does not contain enough to satisfy the hardship distribution, the remaining hardship distribution will be taken from my Salary Deferral Account. I may only take a hardship distribution from amounts that are "vested." The Plan Administrator will inform me of the amount available for withdrawal as a hardship distribution.</p> <p>To the extent a hardship distribution is taken from my Salary Deferral Accounts, I elect to have such hardship distribution paid as follows. This provision applies only with respect to the portion of the hardship distribution paid from my Salary Deferral Accounts (if any).</p> <p><input type="checkbox"/> First from Pre-Tax Deferral Account. I elect to have the hardship distribution come first from my Pre-Tax Deferral Account and then, to the extent any amount remains unpaid, from my Roth Deferral Account.</p> <p><input type="checkbox"/> First from Roth Deferral Account. I elect to have the hardship distribution come first from my Roth Deferral Account and then, to the extent any amount remains unpaid, from my Pre-Tax Deferral Account</p> <p><input type="checkbox"/> Distribution from both Accounts. I elect to have ____% of the hardship distribution come from my Pre-Tax Deferral Account and ____% of the hardship distribution come from my Roth Deferral Account.</p>		
5. CERTIFICATION OF HARDSHIP		
<p>I, the above named Participant, hereby certify that I have incurred the hardship event designated in #3 above. I also certify that the amount of the hardship distribution, as designated in #2 above, is not in excess of the amount necessary to satisfy the hardship event (including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution). I certify that I have obtained all available distributions, other than hardship distributions, and all nontaxable loans under the Plan and all plans maintained by the Employer.</p> <p>I also understand that if any portion of the hardship distribution is taken from my Salary Deferral Accounts, I will be suspended from making any additional Salary Deferrals (including Roth Deferrals) to the plan for 6 months after the receipt of the hardship distribution.</p>		
_____ Participant's Signature		_____ Date
_____ Plan Sponsor's Signature		_____ Date

INSTRUCTIONS TO PARTICIPANT HARDSHIP DISTRIBUTION ELECTION FORM

This Hardship Distribution Election Form permits you to elect a hardship distribution from the Plan upon one of the designated hardship events listed on the Form. (For more information regarding the availability of a hardship distribution under the Plan and the tax effect of taking a hardship distribution, see the Summary Plan Description (SPD) and the Special Tax Notice Regarding Plan Distributions, or contact your Plan Administrator or other Plan representative.)

The following instructions are designed to assist you in completing the *Distribution Election Form*.

- 1. PARTICIPANT INFORMATION.** Insert your name, Social Security number, and date of birth in the appropriate spaces.
- 2. AMOUNT OF HARDSHIP DISTRIBUTION.** Insert the amount you wish to take as a hardship distribution from the Plan. The amount you request must not be more than is necessary to satisfy the hardship event you select on the *Hardship Distribution Election Form*. For this purpose, an amount is deemed necessary to satisfy a hardship event if the amount does not exceed the amount necessary to pay for the hardship, including any federal, state or local income taxes or penalties reasonably anticipated to result from the hardship distribution. In addition, to the extent you have available other distributions or nontaxable loans from the Plan (or any other plan maintained by the Employer), you must first use those amounts to satisfy your hardship before taking a hardship distribution from the Plan.
- 3. HARDSHIP EVENT.** Check the hardship event for which you need a hardship distribution under the Plan. The listed events are the only hardship events available under the Plan for which a hardship distribution is authorized. The Plan Administrator may request additional information documenting the existence of the listed hardship event. For more information regarding the tax effect of a hardship distribution from the Plan, see the *Special Tax Notice Regarding Plan Distributions*.
- 4. SOURCE OF HARDSHIP DISTRIBUTION.** This section describes the specific accounts from which your hardship distribution will be taken. Depending on the terms of the Plan, you may have to designate the accounts from which the hardship distribution is made. If an election is provided in this section, you must check the appropriate accounts from which the hardship distribution is to be made. If no election is provided, the Plan terms dictate the order of distribution and any hardship will be processed according to the Plan terms.
- 5. CERTIFICATION OF HARDSHIP.** By signing this *Hardship Distribution Election Form*, you certify that you have incurred the designated hardship event and that the amount requested for the hardship distribution is necessary to satisfy the hardship event. By signing this *Hardship Distribution Election Form*, you also certify that you have read and understood the *Special Tax Notice Regarding Plan Distributions*. You may request a copy of the *Special Tax Notice* from the Plan Administrator.
- 6. PARTICIPANT SIGNATURE.** Sign and date the form. Your hardship distribution election will not be effective unless you have signed and dated the *Hardship Distribution Election Form*.
- 7. PLAN SPONSOR SIGNATURE.** Please obtain an authorized signer at the employer's office.