

Application for Hardship Withdrawal

(Upon completion, please return via fax to: (818) 346-4019)

Company Name: _____

Name of Participant: _____

Social Security Number: _____ E-mail Address: _____

Address: _____

Birth Date: _____ Phone Number: _____

IMPORTANT NOTE: All distributions are subject to a processing fee. In addition, not all plans have a hardship withdrawal provision. Please see your plan's Summary Plan Description for further details.

I confirm that the reason for the hardship is:

- () medical expenses incurred by me, my spouse or dependents. *(These have to be expenses that would normally be tax-deductible for federal income tax purposes.)*
- () purchasing my principal residence *(excluding mortgage payments).*
- () payment of tuition and related educational fees for the next twelve months of post-secondary education for me, my spouse, my children, or my other dependents.
- () preventing foreclosure on my principal residence or eviction from my principal residence.
- () for burial or funeral expenses for my deceased parent, spouse, child or other dependent.
- () to repair the damage to my principal residence caused by a sudden and unexpected event *(i.e. storm, earthquake, flood, fire, vandalism; this event would need to qualify for the casualty deduction on your personal tax return).*

Can this hardship be completely or partially relieved through the following options:

- | Yes | No | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> () | <input type="checkbox"/> () | Reimbursement or payment by insurance or other sources? |
| <input type="checkbox"/> () | <input type="checkbox"/> () | The reasonable liquidation of assets, provided the liquidation would not itself cause an immediate heavy financial need? |
| <input type="checkbox"/> () | <input type="checkbox"/> () | The cancellation of elective deferrals? |
| <input type="checkbox"/> () | <input type="checkbox"/> () | Loans, including loans available from this plan? |

Request for Withdrawal:

- () **Do not** withhold federal taxes from my withdrawal. I will be liable for all federal taxes that may result from this withdrawal, including penalties if applicable. *(This option is only available if the withdrawal is made solely from the employee pre-tax source.)*

I hereby request a withdrawal of my contributions from the above mentioned company's 401(k) Plan because of an immediate and heavy financial hardship; this withdrawal may include the dollar amount necessary to satisfy the anticipated taxes and penalties that are incurred as a result of the withdrawal. The dollar amount requested is limited to the amount needed to meet the immediate financial need. I request that the following amount be distributed from my account. \$ _____ (gross)

Participant Certification:

I request a hardship withdrawal to be made in accordance with the Plan Document, Internal Revenue Code, and my election. I understand that the trustee of the above mentioned company's 401(k) Plan has the authority to approve or reject this request. I understand that federal income tax of 10% will be deducted from the amount approved unless I otherwise specify above. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge. I understand that if my request is approved, payroll deductions will be immediately canceled for a period of 6 months.

Participant Signature: _____ **Date:** _____

Spousal Consent () N/A Unmarried

I hereby consent to the distribution of benefits to my spouse, a participant under the plan. I understand that in consenting to this distribution, I will be waiving rights to a survivor benefit to which I would be legally entitled at a later date.

Spouse's Signature: _____ **Date:** _____

Company Authorization

Trustee Signature: _____ **Date:** _____