

# Hardship Withdrawal Request

Please mail, fax, or email this completed form to:  
Campbell Albrecht • P.O. Box 4529 • Thousand Oaks, CA 91362  
Phone (818) 346-4015 x23 • Fax (818) 346-4019 • stephanie@campbellalbrecht.com

<b>Company Name</b>	<b>Participant Name</b>	<b>SSN</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Daytime Phone</b>	<b>Email Address</b>	<b>Marital Status</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> married <input type="checkbox"/> single	
<b>Date of Birth</b>	<b>Spouse's Name</b>	<b>U.S. Citizen?</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	

## PART A: Basis for Hardship (Choose One)

I confirm that the reason for the hardship is:

- to pay for medical care expenses for me, my spouse, or my dependents. (For federal income tax purposes, these must be expenses that would normally be tax-deductible.)
- to purchase my primary residence. (excludes mortgage payments)
- to pay for tuition, related educational fees, and room & board expenses for the next twelve months of post-secondary education for myself, my spouse, my children, or my other dependents.
- to prevent eviction from my primary residence or to prevent foreclosure on the mortgage for my primary residence.
- to pay funeral expenses for my deceased parent, spouse, child or other dependent.
- to repair damage to my principal residence caused by a sudden and unexpected event (e.g., storm, earthquake, flood, fire, vandalism. This event would need to qualify for the casualty deduction on your personal tax return.)

## PART B: Qualifications for Hardship

Please indicate as to whether this hardship can be completely or partially relieved via the following options:

**YES NO**

- Reimbursement or payment by insurance or other sources?
- The reasonable liquidation of assets, provided the liquidation would not itself cause an immediate heavy financial need?
- The cancellation of elective deferrals?

## PART C: Disbursement of Funds

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's 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 incurred because of the withdrawal. The following requested dollar amount is limited to the amount needed to meet the immediate financial need.

\$  (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.)

## PART D: 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. Unless I otherwise specify above, I understand that federal income tax of 10% will be deducted from the amount approved. Under penalty of perjury, I hereby certify that this information is true and accurate to the best of my knowledge.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Spousal Consent</b> <input type="checkbox"/> N/A Unmarried	
I, the undersigned, am the legal spouse of the participant. I hereby consent to the distribution of benefits by 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.	
<b>Spouse's Signature</b> _____	<b>Date</b> _____

<b>Trustee Signature</b> _____	<b>Company Authorization</b>	<b>Date</b> _____
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