



PARTICIPANT HARDSHIP VERIFICATION FORM

EMPLOYER: _____

PARTICIPANT NAME: _____
Last First M.I.

ADDRESS: _____
Street City State Zip Code

SOCIAL SECURITY #: _____ BIRTH DATE: _____ PHONE #: _____

REASON FOR WITHDRAWAL

(Please check one of the following)

1. _____ Expenses for medical care (described in Section 213(d) of the Internal Revenue Code) previously incurred by you or your dependent or necessary for you or your dependent to obtain medical care.
2. _____ Cost directly related to the purchase of your principal residence (excluding mortgage payments).
3. _____ Tuition, related educational fees, and room and board expenses for the next twelve(12) months of post-secondary education for yourself, your spouse or dependent.
4. _____ Amounts necessary to prevent your eviction from you principal residence or foreclosure on the mortgage of your principal residence.

Please Withdraw \$ _____ (amount not to exceed total of proof provided)

Check here [] to have your amount increased to cover the Federal Income Tax withholding you elect below, up to 20%.

TAX WITHHOLDING INFORMATION:

FEDERAL: Federal law requires that Hardship Withdrawals are subject to 10% Federal Income Tax withholding. You may opt out of the federal withholding at the time of distribution, or you may have a higher amount withheld. The amount of withholding may be more or less than the amount you owe when you file your tax return. In addition, if you are not at least 59½ years old there is an additional 10% penalty that must be paid when you file your tax return. Taxes will not be withheld from distributions of \$200 or less. Please read the Special Tax Notice for more information.

[] I have read the Special Tax Notice provided and do not want Federal Income Tax withheld.

[] I have read the Special Tax Notice provided and I want _____% withheld for Federal Income Tax.

STATE: If you elected to have Federal Tax withheld, state income tax will be withheld if your address is in Delaware, Iowa, Maine, Massachusetts, North Carolina, Oklahoma, Vermont or Virginia. If your address is in California or Oregon state income tax will be withheld unless you check that you do not want state tax withheld. Residents of state that allow voluntary withholding may elect to have state income tax withheld.

[] I do not want state income tax withheld.

[] Please withhold _____% from my distribution for state income tax. Please note that state tax cannot be withheld in some instances.

PAYMENT OF OPTIONAL SERVICES:

Optional Services (\$20.00): [] Overnight check

Please note that your payment will not be processed until your final contribution has been deposited. The original services will only save time as compared to US Mail and will not speed the processing of your distribution. The \$20 fee will be deducted from our distribution.

SPOUSAL CONSENT:

CERTIFICATION FOR UNMARRIED PARTICIPANT.

I certify that I am not legally married or separated. I understand that a false statement by me may cause the Plan legal damages, in which event I agree to be fully responsible for all such amounts and agree that this shall be binding upon my heirs and my estate in the event of my death.

Signature of Unmarried Participant

SPOUSAL CONSENT IF BENEFITS ARE NOT TO BE PAID IN THE FORM OF A JOINT AND SURVIVING SPOUSE ANNUITY:

I, _____ (name of Participant's spouse), am the spouse of _____ (name of Participant). I understand that I have the right to have _____ (name of plan) pay my spouse's retirement benefits in the special Qualified Joint and Survivor Annuity payment form and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I may have received under the special Qualified Joint and Survivor Annuity payment form and I may receive nothing after my spouse dies. I also understand that I cannot revoke this agreement once given.

I agree that my spouse can receive this hardship withdrawal. I understand that my spouse cannot choose a different form of payment unless I agree to the change or unless the change is to the Qualified Joint and Survivor Annuity payment form. I understand that I do not have to sign this agreement and I do so on a voluntary basis. I have read the information provided by the Plan Administrator with respect to my rights to the Qualified Joint and Survivor Annuity for of payment.

Signature of spouse must be witnessed by the Plan Administrator or a Notary Public.

Signature of Spouse: _____ Date: _____

Witnessed by Plan Administrator: _____ Date _____

OR BY NOTARY PUBLIC:

The spouse whose signature is above and who is known to me to be such spouse has affirmed such signature in my presence as his or her free and voluntary act.

Given under my hand and notarial seal this _____ day of _____, _____.

Signature of Notary Public: _____ Date: _____

Address: _____ State of: _____ Country of: _____

The date the commission of the Notary Public expires: _____

SIGNATURES:

I have read the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. I understand that I have the right to consider the decision as to whether or not to elect a direct rollover for a period of at least 30 days from the date the Special Tax Notice was given to me. By returning this election form dated before the 30 day period, I hereby waive any such rights and make the above election. I understand the following conditions are applicable.

1. I must attach to this form evidence of my hardship such as medical bills, a home purchase agreement, a tuition bill or foreclosure notice.

2. The withdrawal, if approved, will equal the lesser of the amount required to be distributed to meet the need created by the hardship or the amount available for hardship distribution.
3. I must suspend my contributions to the Plan, and all other deferred comp. Plans of my Employer, for 6 months after receipt of my hardship distribution.
4. All withdrawals will be based on the value of my account as of the last valuation date. Only one withdrawal is permitted during a 12 month period.

I HEREBY CERTIFY that my withdrawal request is for an immediate and heavy financial need for the reason specified above. Funds for this need are not otherwise available from any other plans or loans from plans sponsored by my Employer, and I agree to suspend my payroll deductions as set forth in condition #3 above. I also certify that all other possible sources of money have been exhausted.

Participant Signature

Date

I certify that all the above information is correct, that the participant elections are applicable, and that spousal consent has been obtained if required. I also certify that all applicable information was given to the participant regarding taxes and rollovers as required by regulations.

Trustee/Authorized Signature (I certify that all required forms and notices have been secured.)

Date