

Hardship Withdrawal Request

IMPORTANT: *You must take a distribution of any money/funds that are currently available for a loan or other cash distribution from any plan of your employer before your hardship distribution.*

Name: _____ SS#: _____

Investment Carrier: _____ Amount of Distribution: \$ _____

Reason for Hardship Withdrawal:

- Medical/Dental Expenses** that would be deductible under the Internal Revenue Code for employee, spouse, and/or dependent: \$ _____
- Purchase of employee's principal residence:** \$ _____
- Tuition** related educational fees, & room & board expenses, for up to the next 12 months of postsecondary education for employee, spouse and/or dependent: \$ _____
- Preventing eviction** from employee's principal residence or foreclosure of a mortgage on principal residence: \$ _____
- Burial or funeral expenses** that would be deductible under the Internal Revenue Code for a parent, spouse, or dependent \$ _____
- Repair or damage to principal residence** incurred as a result of certain casualty damage: \$ _____
- Other** _____

I understand and agree that salary reduction contributions to all plans of my employer must be suspended for at least six (6) months after the financial hardship distributions.

I certify all of the information I have provided is true, accurate and complete to the best of my knowledge

Participant Signature _____ Date _____

Certified by Benefits Representative: _____ Date _____