

**Plan Name:** \_\_\_\_\_  
**Application for Hardship Withdrawal**

**PARTICIPANT:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**AMOUNT REQUESTED: \$** \_\_\_\_\_

As a participant in the above named Plan I hereby apply for a hardship withdrawal. I confirm that the reason for the hardship is: *(check one or more boxes below)*

- Medical expenses incurred by me, my spouse or dependents.
- Purchasing my principal residence.
- Paying tuition for the next semester or quarter of post-secondary education for me, my spouse or dependents.
- Preventing foreclosure on my principal residence or eviction from my principal residence.
- Other:  
\_\_\_\_\_

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must now demonstrate that I have no other resources available to me to meet this hardship. I can do this by meeting the criteria set forth below.

I agree that in order to receive the hardship distribution requested above:

1. That the distribution will not be in excess of the immediate financial need;
2. That I have previously obtained all loans available under all retirement plans maintained by the Employer;
3. That I will not be able to make contributions for six months after I receive a hardship distribution; and
4. That for the calendar year following the year I receive this hardship distribution, I must reduce the maximum amount of salary reduction contributions the law permits me to make by the amount of salary reduction contributions I made in the year I received the hardship distribution.

I understand that the Administrator will consider my request within a reasonable time and that upon approval, I will be sent additional forms to sign. I agree to provide any additional information which the Administrator may require.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date