

NOTICE OF HARDSHIP WITHDRAWALS

Employer: _____

Participant: _____

Your employer provides that certain amounts may be withdrawn if you have a financial hardship. This hardship distribution is not in addition to your other benefits and will therefore reduce the value of the benefits you receive at retirement. You may request a hardship distribution from your vested accounts in the Plan.

In addition, there are restrictions placed on hardship distributions which are made from certain accounts. These accounts are generally the accounts which receive your salary deferral contributions and other Employer contributions which are used to satisfy special rules that apply to 401(k) plans. Generally, the only accounts that can be distributed to you on account of a hardship from these amounts are your salary deferrals. The earnings on your salary deferrals and these special Employer contributions may not be distributed to you on account of a hardship. Ask the Administrator if you need further details.

In order to qualify for a hardship distribution, certain conditions must be satisfied. A hardship distribution may only be made for payment of the following:

- Expenses for medical care (described in Section 213(d) of the Internal Revenue Code) previously incurred by you, your spouse or your dependent or necessary for you, your spouse or your dependent to obtain medical care;
- Costs directly related to the purchase of your principal residence (excluding mortgage payments);
- 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;
- Amounts necessary to prevent your eviction from your principal residence or foreclosure on the mortgage of your principal residence;
- Payments for burial or funeral expenses for your deceased parent, spouse, children or other dependents; or
- Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under the Internal Revenue Code.

If you have one of the above expenses, a hardship distribution can only be made if you certify and agree that all of the following conditions are satisfied:

- (a) The distribution is not in excess of the amount of your immediate and heavy financial need. The amount of your immediate and heavy financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution;
- (b) You have obtained all distributions, other than hardship distributions, and all nontaxable (at the time of the loan) loans currently available under all plans maintained by your Employer; and
- (c) That your salary deferrals will be suspended for at least six (6) months after your receipt of the hardship distribution.

APPLICATION FOR HARDSHIP WITHDRAWAL

Employer: _____

Participant: _____

Hardship withdrawal amount: \$ _____

As a Participant in _____, I hereby apply for a hardship distribution.

I confirm that the reason for the hardship is:

- to pay medical expenses for me, my spouse or dependents
- to purchase my principal residence
- to pay tuition, related educational fees, and room and board expenses for the next twelve (12) months of post-secondary education for me, my spouse or dependents
- to prevent foreclosure on my principal residence or eviction from my principal residence
- to pay funeral expenses of my parent, spouse, children or other dependents
- to pay expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under the Internal Revenue Code

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must also demonstrate that I have no other resources available to me to meet this hardship. In order to do so, I hereby certify that:

the distribution will not be in excess of the immediate financial need (\$ _____ (enter amount));

I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer; and

I will not be able to make salary deferrals for 6 months after I receive a hardship distribution. Please complete a Salary Deferral Agreement and submit it to your payroll department for processing.

1. Representations. I understand:

a. My election is irrevocable.

b. The Plan will hold the portion of my account balance which I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon my termination of employment.

c. I should consult my own tax advisor with respect to the proper method of reporting any distribution I receive from the Plan.

2. Waiver of minimum notice period. I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

I understand that the Plan Administrator will consider my request within a reasonable time, and I agree to provide any additional information which the Plan Administrator may require.

EXECUTED this _____ day of _____, 20 _____ .

Print Name of Participant

Signature of Participant

Street Address

Social Security Number

City, State, Zip Code

Date of Birth

Please review a 'Special Tax Notice' before completing this form.
Please sign and date the applicable salary deferral agreement and select option NOT to defer
and submit to your payroll department for processing.
Copies of these forms can be obtained at www.retireplansolutions.com

Please mail or fax the forms to:
Retirement Plan Solutions
P.O. Box 250
Tipton, PA 16684
Fax – 814-684-4510

HARDSHIP WITHDRAWAL
WITHHOLDING ELECTION

Name: _____

As a Participant, Former Participant, or non-spouse Beneficiary of the 401(k) Plan, I have received notification and understand the income tax withholding options I may elect.

() I do not want to have Federal income tax withheld from my benefit payment.

() I want to have Federal income tax withheld from my benefit payment.
Standard tax withholding is 10%. Please complete below.

Select the tax withholding preferred:

Standard tax withholding

Other tax withholding _____%

I understand that even if I elected not to have payments withheld, I am still liable for payment of Federal income tax on the taxable portion of my benefit payments. I am also aware that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

EXECUTED this _____ day of _____, 20_____.

Signature of Participant

Social Security Number