

APPLICATION FOR HARDSHIP WITHDRAWAL

As a participant in _____ 401(k) Profit Sharing Plan , I hereby apply for a hardship withdrawal. I confirm that the reason for the hardship is:

- () medical expenses incurred by me, my spouse or dependents
- () purchasing (excluding mortgage payments) my principal residence
- () paying post-secondary education tuition, room and board and related educational fees for the next 12 months for me, my spouse or for one or more of my dependents
- () preventing my eviction from my principal residence or preventing the foreclosure on the mortgage of my principal residence

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 to 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 and heavy financial need (\$_____ (enter amount));
2. that I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer;
3. that I will **not** be able to make contributions for **6 months** after I receive a hardship distribution; and

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

Participant,

this _____ day of _____ 20_____.