

## HARDSHIP WITHDRAWAL FORM

This form is used to request a hardship distribution, as permitted under the Plan.

### PARTICIPANT INFORMATION

Plan Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

### REASONS FOR HARDSHIP

As a participant in the Plan, I hereby apply for a hardship distribution. I confirm that the reason for the hardship is for (*check one*):

- Payment of expenses for unreimbursed medical expenses previously incurred or necessary to obtain medical care for either myself, my spouse or my other dependents.
- Purchase of a principal residence (excluding mortgage payments).
- Payment of tuition and related educational fees, including room and board for the next 12 months of post-secondary education for either me, my spouse, my child(ren) or my other dependents.
- Prevention of foreclosure on or eviction from my principal residence.
- Payment for burial or funeral expenses of my deceased Parent, Spouse, Child or Dependent.
- Payment of expenses for the repair of damage to my principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code.

**You must provide documentation to support the amount of hardship requested.**

- Supporting documentation is included with the hardship form.

### HARDSHIP REQUEST

Amount of Hardship Requested \$ \_\_\_\_\_

- Check (will be mailed to plan sponsor)  
Or (**only if available, if not available a check will be sent to plan sponsor**)
- Debit ACH  
Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
- Savings or  Checking

### HARDSHIP APPLICATION

*Any amount requested cannot exceed the lesser of the actual amount to meet the hardship expense, or the actual amount of your eligible hardship account balance. Hardship withdrawals are not eligible for rollover treatment and therefore are not subject to the required automatic 20% withholding as most other withdrawals are. Hardship withdrawals are subject to ordinary income tax and to an additional 10% premature distribution penalty tax if you are under age 59½.*

**Federal Tax Withholding election (check one)**

- Do not withhold any Federal income taxes from my hardship distribution.
- Withhold \_\_\_\_\_% or \$ \_\_\_\_\_ from my hardship distribution as Federal income tax withholding.
- Please gross up the distribution for the taxes so that I receive the full amount of hardship I have requested.

**PLEASE NOTE: If no tax withholding election is made, an automatic 10% Federal tax will be withheld.**

**HARDSHIP WITHDRAWAL**

To receive the hardship distribution, I understand that the following requirements must be satisfied:

- The distribution will not be in excess of my immediate financial need.
- I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by my Employer.
- I will not be able to make any salary reduction contributions [or after-tax contributions] to any other qualified or nonqualified plan maintained by my Employer for at least 6 months after I receive the hardship withdrawal.
- For the calendar year following the year I receive this hardship distribution, I must reduce the maximum amount of salary reduction contributions permitted by the amount of salary reduction contributions I made in the year I received the hardship distribution.

**CERTIFICATION**

If I have not reached age 59½ and the reason for the hardship withdrawal is not the payment of certain tax- deductible medical expenses, this distribution from the Plan is subject to an additional 10% nondeductible premature distribution penalty tax. Under current law I am not able to roll any amount I received as a hardship to an IRA that I may maintain. I agree to provide any additional information which the Plan Administrator may require.

**ACKNOWLEDGMENT OF PLAN PARTICIPANT**

I hereby request this hardship distribution and certify that I have received and read the Notice of Special Tax Rules on Retirement Plan Distributions. I certify under penalties of perjury to the Plan Sponsor and Employer that there are no other funds available to me with which I may reasonably satisfy the financial obligation arising from the hardship. The amount I have requested does not exceed the amount of the hardship. I have also taken any distributions or loans from any Plan of the Plan Sponsor or Employer.

I realize that I may be limited in the amount (if any) of pre-tax elective salary deferrals I may be able to make to the plan after receipt of the hardship distribution.

**Signature of Participant (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACKNOWLEDGMENT OF PLAN SPONSOR**

I hereby certify that I am an authorized representative of the Plan. By my signature below I confirm the Participant’s certification and authorize the transaction to be processed. I understand that I am responsible for monitoring the statement below and notifying the participant when the 6 months is up. I understand the restrictions for pre-tax elective contributions and after-tax employee contributions for this Participant as stated below:

1. Participant must discontinue making pre-tax elective deferrals and after-tax contributions (if any) for 6 months after the receipt of the hardship distribution.
2. Participant’s Salary Deferral Contributions for the taxable year following the hardship distribution must be reduced by the amount of the Participant’s salary deferral contributions during the taxable year of the hardship distributions. The total deferrals from the calendar year in which the hardship has been taken plus the total deferrals in the calendar year after the year in which the hardship was taken cannot exceed the 402(g) limit of the calendar year following the year in which the hardship was taken.
3. I acknowledge a loan is not available for participant or taking a loan out (if applicable) will put more financial hardship on the participant, therefore as plan sponsor we are acknowledging to waive the participant from having to take the loan.

**Authorized Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

National Administration Inc. – Phone 920-733-7141 email distributions@nai-net.com Fax 920-364-2450  
mail to: 878 W. Airport Road, Menasha, WI 54952 – Lynn Sonkowsky, Senior Transaction