

1 EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MI	SS#	DOB
ADDRESS			CITY	STATE
EMAIL			PHONE	
WORK LOCATION	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE			

➔ Please provide a copy of your valid driver's license or government issued photo identification.

NOTE: You must submit the documentation outlined on the second page of this form. A hardship is an immediate and heavy financial need for one of the six reasons listed in **Section 3**.

2 WITHHOLDING INFORMATION

The plan will automatically withhold 10% of your distribution. You may also be subject to an additional 10% penalty. If you would like to request additional federal tax withholding, please indicate the desired additional amount.

Additional Federal Withholding Election: _____%

3 HARSHIP INFORMATION

Hardship Reason (check one): Please see the second page of this form for definitions and instructions on necessary documentation.

- | | |
|--|--|
| <input type="checkbox"/> Unreimbursed Medical Care Expenses | <input type="checkbox"/> Burial or Funeral Expenses |
| <input type="checkbox"/> Purchase of Principal Residence | <input type="checkbox"/> Prevention of Eviction or Foreclosure |
| <input type="checkbox"/> Post-Secondary Educational Expenses | <input type="checkbox"/> Repair to Principal Residence Due to Casualty |

Amount Requested: \$ _____

_____ **Initial here** if your financial need cannot be satisfied through any of the following:

1. Reimbursement or compensation by insurance or otherwise;
2. Liquidation of the participant's assets;
3. Ceasing contributions under the plan;
4. Other distributions of non-taxable loan from plans maintained by the employer or any other employer;
5. Borrowing from commercial sources on reasonable commercial terms.

4 HARSHIP PAYMENT OPTIONS

Upon receipt of completed paperwork, you will receive your disbursement within ten (10) business days or less. There is a distribution fee charged by the Trust Bank. See the fees below:

- I would like to receive a check for a \$20 fee
- I would like to receive a check via rapid mail in 2-5 business days (add. \$20 fee)

5 SIGNATURE

I hereby certify the above information and elections made are accurate. I understand that the program, as described in the official plan documents, will govern in all cases. I hereby certify that I have read, understand, and agree to the terms and conditions listed on this form.

SIGNATURE: _____

DATE: _____

Hardship Documentation Requirements Form

 Please take care to insure all documents are attached when you file your hardship or it cannot be processed

The amount you request cannot exceed your immediate and heavy financial need. Eligible amounts to be withdrawn are limited to rollover account balances, employee pre-tax contributions plus interest through December 31, 1988 and employee pre-tax contributions only after January 1, 1989. (The amount of money you receive may be less than the amount of money requested because we will withhold 10% from the taxable portion of your withdrawal that is paid directly to you.) In addition, you may be required to pay a 10% tax penalty on the taxable portion of your withdrawal.

UNREIMBURSED MEDICAL CARE EXPENSES

Expenses for medical care previously incurred by the participant, spouse, or dependents and not previously reimbursed through any other means.

- Copies of bills and Explanation of Benefits (EOB) from the insurance carrier.
- Copies of estimated charges and predetermination of benefits from insurance carrier.
- Proof of insurer denial of coverage.
- Proof of dependency if applicable.

POST-SECONDARY EDUCATIONAL EXPENSES

Tuition, educational fees, and/or room and board expenses for next 12 months of post-secondary education for participant, spouse, or dependents.

- Student's name and relationship to participant.
- Bill from educational institution or letter verifying estimated cost.
- Proof of enrollment.
- Proof of accreditation.

BURIAL OR FUNERAL EXPENSES

Payment necessary to fund burial or funeral expenses for parent, spouse, dependents.

- Copy of death certificate and bill from funeral home showing costs of burial and funeral.
- Proof of relationship to the person claiming hardship for.

PURCHASE OF PRINCIPAL RESIDENCE

Costs directly related to purchase principal residence (excluding mortgage payments).

- Copy of signed purchase agreement.
- Copy of legal expenses incurred.
- Copies of bills showing additional fees incurred in purchase of home.
- Document from mortgage lender indicating that current home purchase is primary residence.

PREVENTION OF EVICTION/FORECLOSURE

Payments necessary to prevent eviction from primary residence or foreclosure on mortgage of primary residence.

- Formal legal document giving notice, as required by state law, that if the stated overdue rent or mortgage payment is not received, by a specified deadline, formal eviction or foreclosure will be instituted.
- Proof of residence.

REPAIR TO PRINCIPAL RESIDENCE DUE TO CASUALTY

Payments necessary for repairs due to natural disasters.

- Evidence of casualty, repair bill, and proof that insurance or other relief proceeds did not cover the casualty expenses claimed as a hardship.
- Proof of residence.
- Proof that the Federal Government has determined the area of residence to be warranted assistance under Section 165.
- Proof of claim presented to Federal Emergency Management Association.