

HARDSHIP DISTRIBUTION RULES AND APPLICATION

Plan Name

NOTICE OF HARDSHIP WITHDRAWAL

The Plan may provide that the amounts that have been contributed on your behalf as salary reductions, employer matching or profit sharing may be withdrawn if you have an immediate and heavy financial need.

An immediate and heavy financial need can arise for one of the following reasons:

1. Medical expenses which you, your spouse or dependents incur. These must be expenses described in Section 213 of the Internal Revenue Code;
2. To purchase your principal residence;
3. To pay tuition for the next semester or quarter of post-secondary education for you, your spouse, children or dependents; or
4. To prevent your eviction from your principal residence or the foreclosure on your principal residence.

(For non 401(k) accounts and if available under the Plan): Any reason, which the Plan's Administrative Committee deems to be an immediate and burdensome financial need.

In order to qualify for a withdrawal, you must have no other resources or savings to take care of the immediate and heavy financial need. Under special rules permitted by the IRS you will be considered not to have sufficient resources to meet the immediate and heavy financial need, but only if:

1. The hardship distribution we make to you is not in excess of the immediate and heavy financial need;
2. You have already obtained all distributions (other than a hardship distribution) and non-taxable loans available from any plan we maintain;
3. For 401(k) accounts, you agree not to make salary reduction contributions to either the 401(k) plan or the cafeteria plan for a 6-month period after you receive the hardship distribution; and
If you are a participant in a 401(k) plan, you must also agree to reduce the maximum amount of salary reduction contributions the law permits for the calendar year following the calendar year in which you receive the hardship distribution by the amount of salary reduction contributions which you made in the year you received the hardship distribution.
4. For 401(k) accounts, you agree to reduce the maximum amount of salary reduction contributions the law permits for the calendar year following the calendar year in which you receive the hardship distribution by the amount of salary reduction contributions which you made in the year you received the hardship distribution.
5. If married, you or your spouse must file for bankruptcy protection under Chapter 11 or Chapter 13 of the U.S. Bankruptcy Code.

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APPLICATION FOR HARDSHIP WITHDRAWAL

As a participant in the above plan, I hereby apply for a hardship withdrawal. I confirm that the reason for the hardship is and I am providing evidence of this hardship attached hereto:

- () 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: (may not be available) _____
-

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 (\$ _____)
(enter amount or "maximum"); this amount is **(check one of the following)**:

before

after

applicable federal and state tax withholding. (All tax withholding on hardship distributions from a 401(k) account is now voluntary and should be designated in Section 4 of the Application for Benefit Payment form.)

2. That I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer;
3. For 401(k) Plans: That I will not be able to make salary reduction contributions for either 401(k) or Cafeteria Plan for a period of 6 months after I receive a hardship distribution.

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

Participant's Signature

Date (dd/mm/yy)

Print or Type Participant's Name

Sworn to and subscribed before me this _____ day of _____, _____
(date) (month) (year)

Notary Public

OR

Plan Representative

(To be completed by Plan Administrator):

We (the Committee) have reviewed and (check one):

Have accepted the participant's hardship request and authorize the withdrawal of funds from the trust account for the amount applied for.

Have determined that the participant's application does not qualify for a hardship distribution under the terms of the plan.

Signature of Plan Administrator

Date (dd/mm/yy)

Print or Type Name of Plan Administrator