



HARDSHIP WITHDRAWAL REQUEST

PLEASE TYPE OR PRINT

Company Name _____
Employee Name _____ Date of Birth _____
Employee Address _____ City/St. _____ Zip _____
Social Security # XXX-XX- _____ Marital Status _____
E-mail Address _____

_____ I received the "Special Tax Notice Regarding Plan Payments" on _____, 20____ and have reviewed the pertinent tax information.
Participant Initials

I hereby apply for a Hardship Withdrawal from my Plan account. (See Supporting Documentation Guidelines below)

I request that \$_____ be withdrawn from my account for one of the following purposes:

- Extraordinary medical expenses incurred for myself, spouse, or dependents.
- Purchase of my Primary residence.
- Payment of tuition for the next semester or quarter of post-secondary education for myself, spouse, or dependents.
- Expenditures to prevent eviction from my residence or foreclosure of my mortgage on my primary residence.
- Funeral expenses of parents, spouse, children or dependents.
- Certain expenses relating to the repair of damage to the employee's principal residence that would qualify for the casualty deduction, such as those resulting from hurricane or flood damage.

If eligible funds are available I wish to gross up the amount requested above to cover all applicable taxes and fees.

_____ I understand the following;

Participant initial

- a) that the amount requested is not more than the amount necessary to cover my hardship need plus applicable withholding
- b) that in accord with the IRS rules, I will not be able to make further employee deferrals for at least 6 months after I receive my hardship withdrawal.
- c) that this distribution may be subject to applicable distribution fees.
- d) that my distribution will be mailed to the address provided above within 8 business days from the date my application is received in good order.
- e) that this distribution will be subject to applicable federal and state tax.
- f) that this distribution may not come from earnings on elective contributions or from QNEC or QMAC accounts.

After careful consideration, I have determined that I do not have other means available to me to cover my hardship needs. If required by the IRS, I will provide personal financial information to substantiate the "Hardship" nature of this withdrawal.

EXECUTED this _____ day of _____, 20_____.

Witnessed by:

Plan Representative or Notary Public _____
Participant's Signature

WITHDRAW REQUEST APPROVED BY PLAN ADMINISTRATOR (required):

Date _____ Plan Administrator _____

SPOUSE'S CONSENT WAIVER (if applicable)

I hereby consent to the foregoing election by my spouse not to have benefits under the Plan paid in the form of a joint and survivor annuity. Further, I hereby acknowledge that I understand (1) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) that my waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver.

EXECUTED this _____ day of _____, 20_____.

Witnessed by:

Plan Representative or Notary Public _____
Spousal Consent

Supporting Documentation Guidelines

(You must include supporting documentation with your form to be approved for a hardship withdrawal)

Medical Expenses: Billing statement from the provider that includes the amount not covered by insurance, patient name, relationship of the patient to the participant, and purpose of the care, for example, diagnosis, treatment, prevention, long-term care, etc..

Purchase of Primary residence: Purchase agreement that includes, the name and address of the lender, statement that it is a primary residence, address of the residence, purchase price, type of cost (down-payment, closing cost and/or title fees), date of the purchase, expected closing date.

Education Payments: Invoice that includes the name and address of educational institution, name of the student, relationship of the student to the participant, categories of educational payments involved (tuition, room & board), period covered (beginning/end dates of up to 12 months)

Foreclosure/Eviction from your Principal Residence: Address of the residence, type of event (foreclosure or eviction), name and address of party that issued the foreclosure or eviction notice, date of the notice of event, due date of the payment to avoid foreclosure or eviction.

Funeral/Burial Expenses: Name of the deceased, relationship to the participant, date of the death, name and address of the service provider (cemetery, funeral home, etc.)

Repairs for damage to Principal Residence: Address of the residence that sustained damage, statement that it is the participant's principal residence, description of the cause of the casualty loss (fire, flooding, weather-related damage, etc.), date of the loss, description of the repairs, including date of the repairs (in process or completed)

Instructions for Returning Completed Form

Mail:

The Payroll Company
Attn: 401(k) Processing
6405 Century Ave, Ste 101
Middleton, WI 53562

Email:

Scan and email the form to 401k@payrollcompany.biz

Fax:

(608) 826-1101
Attn: 401(k) Processing