

_____ [insert name of plan]

**401(k) PLAN AND TRUST
HARDSHIP WITHDRAWAL APPLICATION**

Before completing, please read the Plan's Hardship Withdrawal Policy

Personal Information (Must Complete) Please Type or Print

Company Name

Participant Name

Social Security Number

Date of Birth

Phone Number and E-Mail Address

Phone Number () _____ E-Mail Address: _____

REASON FOR HARDSHIP WITHDRAWAL REQUEST

Having read the attached Hardship Withdrawal Policy, I hereby request a hardship withdrawal:

- to pay uninsured medical expenses for me, my Spouse or dependents that would otherwise be deductible under the Code, determined without the adjusted gross income requirement.
- to pay tuition, related educational fees and room and board expenses, for the next 12 months of post- secondary education for me, my Spouse or children or dependents.
- to pay cost directly related to the purchase of a home (principal residence only) for me (excluding mortgage payments).
- to make payments necessary to prevent my eviction from my principal residence or foreclosure on the mortgage on that residence.

- to make payments for burial or funeral expenses for my deceased parent, Spouse, child or dependent.
- to pay expenses for the repair of damage to my principal residence that would qualify for a casualty deduction under the Code but determined without regard to the 10% adjusted gross income requirement.

You must attach sufficient documentation to this Application to support the specific hardship certified.

AMOUNT REQUESTED— PLEASE READ IN FULL YOUR PLAN'S HARDSHIP WITHDRAWAL POLICY

Total Amount requested \$_____ (Attach Documentation)

I understand and acknowledge that a hardship withdrawal will only be approved provided that I first obtain all other currently available distributions (including ESOP dividends) and nontaxable loans under this Plan as well as from all other plans maintained by the Company. By applying for this Hardship Withdrawal, I represent that this requirement has been satisfied.

In addition, I understand and agree that I will not be able to make any future contributions to the Plan nor to any other plan maintained by the Company for at least 6 months after receipt of the Hardship distribution.

Note that the Plan may impose a Hardship Withdrawal Fee. Please consult the Plan's Hardship Withdrawal Policy for details.

FEDERAL INCOME TAX WITHHOLDING –Note that your hardship withdrawal is subject to Federal income tax whether or not you elect to have Federal income taxes withheld and further will be subject to a 10% excise tax if you are under age 59½. In addition, your distribution may be subject to State income taxes. Penalties may apply should you fail to have enough withholding and/or estimated tax payments. You should consult your own personal tax advisor.

- Withhold federal income taxes from any hardship withdrawal in the amount of _____%.
- I hereby elect NOT to have federal income taxes withheld from any hardship withdrawal. I understand that federal and state taxes may nevertheless apply, as well as a 10% excise tax, and that penalties may also apply in the event that my total withholding and estimated taxes are insufficient.

INSTRUCTIONS REGARDING LIQUIDATION OF INVESTMENTS

In the event that my cash account should be less than the amount of the hardship amount requested, the Plan is hereby authorized, directed and instructed to sell the following specified investments in my account:

Investment Fund	Dollar Amount to be Liquidated
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Participant's Signature

In applying for this hardship withdrawal, I acknowledge that I have been provided with a Plan Hardship Withdrawal Policy, the terms of which are incorporated into this document by this reference.

In signing this Application, I hereby certify and affirm that: (1) I have obtained all other currently available distributions (including ESOP dividends) and nontaxable loans under this Plan as well as from all other plans maintained by the Company, and (2) I understand and agree that I will not be able to make any future contributions to the Plan nor to any other plan maintained by the Company for at least 6 months after receipt of the Hardship distribution.

Further, I understand and acknowledge that upon receipt of the Hardship Withdrawal, my election is irrevocable even in the event my circumstances change. Further, I understand that the Hardship Withdrawal will reduce the amount of benefits I will ultimately receive from the Plan. Further, I understand and acknowledge the tax implications of any Hardship Withdrawal, as described above, and recognize the need to consult my own personal tax advisor.