

NOTICE OF HARDSHIP WITHDRAWAL

The _____ Plan provides that, at the Plan Administrator's discretion, the amounts that have been contributed on your behalf as salary reduction may be withdrawn if you have a proven financial hardship.

NOTE: A Hardship Distribution is not an eligible Rollover distribution and therefore may not be rolled over to an IRA or another qualified plan. The amount distributed as a hardship withdrawal may be subject to Federal income taxation and a 10% penalty if you are not 59 1/2 years old. You should consult your tax advisor regarding the tax consequences of a hardship withdrawal before you complete an application for a hardship withdrawal.

A proven hardship withdrawal can arise for several reasons. For example, a hardship may arise if there is an accident or sickness to you or a member of your family or if you are purchasing a primary residence.

Before a hardship withdrawal is granted, it must be shown that you have no other resources of saving which you can use to take care of your hardship.

To apply for a hardship withdrawal, sign the application confirming that a hardship exists and attach to it copies of any supporting documents or bills and a brief statement that confirms the nature of the hardship and your inability to meet such hardship from other financial resources you have.

Your application will be considered by the Plan Administrator and you will receive a response promptly.

APPLICATION FOR HARDSHIP WITHDRAWAL

As a Participant in _____ Plan, I, _____, hereby apply for a hardship withdrawal. I understand that the withdrawal may not exceed the amount required to meet the financial hardship and I certify that I have no other funds reasonably available to satisfy these obligations. I understand that the withdrawal may be subject to Federal income taxation, a 10% penalty for "premature distributions" if I am not yet 59 1/2, and mandatory withholding to the extent the withdrawal constitutes an eligible rollover distribution. I also certify that none of the money I am requesting to withdraw is subject to a qualified domestic relations order. If I am married, my spouse has consented to this withdrawal. My spouse's consent is not necessary if he or she has already consented to another beneficiary on my Survivor Benefit Election form. In support of my request, I have attached copies of any bills and invoices evidencing the hardship, as well as a brief financial statement.

Amount Requested

I intend to use the funds requested for the following purpose:

- To purchase, my primary residence.
- To pay the educational expenses of myself, my spouse or my dependents.
- To pay medical and/or hospital expenses for myself, my spouse or my dependents.
- To prevent the eviction from my home or foreclosure on the mortgage of my principal residence.
- _____

I understand that this Hardship Distribution is not an eligible Rollover distribution and therefore may not be rolled over to an IRA or another qualified plan.

- Other (Explain in detail): _____

Participant's Signature

Social Security Number

I hereby authorize do not authorize any hardship distribution to the above named Participant. I further certify that this decision has been rendered in a consistent and uniform manner to all like requests.

Plan Administrator

SPOUSE'S CONSENT TO HARDSHIP WITHDRAWAL

I hereby approve of, and consent to, my spouse's election for a hardship withdrawal from _____ Plan. I understand that this election may have the effect of reducing the benefit I would receive under the Plan, should my spouse die prior to retirement.

Participant's Spouse

Executed: _____ of _____)

County of _____)

I, _____, a Notary Public in and for the County of _____, State of _____, do hereby certify that on this _____ day of _____, _____ before me came _____, to me known to be the person whose name is subscribed above, and that he/she did in my presence execute the Spousal Consent and Waiver, having acknowledged to me that he/she did so as a free and voluntary act.

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Notary Public

My Commission Expires: _____