



Financial Hardship Distribution Verification

(A completed distribution form must be included with or submitted prior to the submission of this form.)

Participant Information

First Name _____ MI _____ Last _____ Social Security # _____

Unforeseeable Emergency

I am requesting a distribution due to a financial hardship for myself or a dependent resulting from:

- Expenses for (or necessary to obtain) medical care that would be deductible under section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income);
- Costs directly related to the purchase of a principal residence for the employee (excluding mortgage payments);
- Payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months of post-secondary education for the employee, or the employee's spouse, children, or dependents;
- Payments necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence;
- Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents;
- Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income).

The Participant must suspend salary deferral contributions to the Plan for the 6 months following the date of payment of the hardship distribution.

Explanation

Please explain your reason stated above and attach documentation.

Authorization Signature

Under penalty of perjury I swear that the information provided on or attached to this form is true and correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT

DATE