

Participant Name: _____

Plan Ref.#: **751**

Social Security #

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Statutory Hardship Withdrawal of Salary Deferral Attachment

In order for a participant to receive a hardship distribution from this plan, the following provisions must be met:

1. It must be made on account of the immediate and heavy financial need of the Participant, and
2. It must be necessary to satisfy that need.

The balance of this form must be completed by the Participant and Plan Representative.

I have exhausted all personal resources available to relieve my financial needs as well as obtained all other distributions currently available under all plans maintained by the Employer. Furthermore, I am unable to use a plan loan to solve my financial need as I would be unable to make any payments on a loan and trying to do so would just increase my financial hardship. I understand that the Plan must adhere to the Internal Revenue Service rules on "hardship" withdrawals, which may change from time to time.

The amount requested for an immediate and heavy financial need may be increased to include any additional amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution.

I wish to make a financial hardship withdrawal from the accounts eligible under the Plan (federal and mandatory state withholding taxes will be deducted from this amount if applicable). If the maximum amount allowable is smaller than the requested distribution amount, the maximum will be distributed. This amount is limited to the balance in the account as of 12/31/88 plus salary deferral contributions made after 1/01/89; therefore, no earnings after 12/31/88 can be withdrawn. I have elected to do this based on the reason stated below.

(Participant must indicate which one of the following immediate and heavy financial needs that is applicable to their situation.)

1. _____ Medical expenses for the Participant, Participant's spouse, dependants or beneficiaries.
2. _____ Costs directly related to the purchase of a principal residence for the Participant (excluding mortgage payments).
3. _____ Payment of tuition and related educational fees (such as laboratory fees for science majors, music room fees for music majors, or other fees that are an integral part of education, including room and board) for the next 12 months of post-secondary education for the Participant, Participant's spouse, children, dependants or beneficiaries.
4. _____ Expenditures to prevent eviction of the Participant from the Participant's principal residence or foreclosure on a mortgage on that residence.
5. _____ Funeral or burial expenses for Participant's deceased parent, Participant's spouse, children, dependants or beneficiaries.
6. _____ Expenses for the repair of damage to the Participant's principal residence that would qualify for the casualty income tax deduction.

My signature on this form attests to the fact that I have an immediate and heavy financial need, that the distribution is not in excess of that need, and that I have exhausted all other means of obtaining funds. I understand that I will be prohibited from making elective contributions and voluntary employee contributions (if applicable) to this plan and all other plans maintained by the employer, if any, for 6 months after receipt of the hardship distribution.

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I understand that my receipt of these funds is contingent upon Plan Representative approval of this request. [Note: There may be a 10% excise tax on this type of distribution. This excise tax is payable with the Participant's personal tax return filed for the year in which the distribution is received. Exception: This excise tax will not apply if the distribution is used to pay deductible medical expenses (deductible medical expenses are those that are in excess of 7-1/2% of the participant's adjusted gross income), or if the Participant is over age 59 1/2.]

The money will be withdrawn from the funds on a pro-rata basis, unless the Plan document specifies differently.

Signature of Participant

Date

This Hardship distribution is: Approved Disapproved

If disapproved, **DO NOT SEND THIS FORM TO THE PLAN'S RECORDKEEPER.**

Signature of Plan Representative

Date

<p>REMINDER: The amount requested can not be for more than the amount needed to satisfy the immediate and heavy financial need of the Participant.</p>

<p>This form must be submitted with the Participant Request for Distribution form.</p>
