

HARDSHIP WITHDRAWAL REQUEST FORM

SECTION ONE – COMPLETED BY THE EMPLOYER

Employer / Plan Name

Participant's Name

Social Security Number

Street Address

City

State

ZIP

Date of Birth

Date of Hire

Did the participant work at least 1,000 hours in the current plan year? Yes No

SECTION TWO – COMPLETED BY THE PARTICIPANT

Amount Requested

Enter the amount needed to meet the financial hardship: \$ _____

Nature of Hardship

Check which item describes your hardship. Check only one box.

- Medical expenses incurred by me, my spouse or a dependent.
- Tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse, my child(ren), or a dependent. (A dependent is someone you can claim on your federal income tax return.)
- To purchase my principal residence. (this does not include mortgage payments.)
- To avoid eviction from or mortgage foreclosure on my principal residence.
- Funeral expenses.
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under the Internal Revenue Code.

Need for Withdrawal

Before you can receive a withdrawal from your account, the Internal Revenue Service also requires you establish that you cannot satisfy your hardship through other means, including the following:

- Obtaining any other distributions or nontaxable loans available from this or any other employee benefit plan maintained by any of your employers.
- Reimbursement or compensation from insurance or other sources.
- Reasonable liquidation of your assets.
- Taking out a commercial loan.

Your signature on this request will be your verification that you cannot satisfy your hardship through other means.

After Withdrawal

After you receive your hardship withdrawal:

- You must suspend your before-tax contributions to the plan for 6 months.
- Your before-tax 401(k) contributions to any employee benefit plan in the calendar year after the year in which you receive your hardship withdrawal will be limited to: the maximum contribution allowed by the IRS for the next year, MINUS the amount of your before-tax 401(k) contributions during the year of your hardship withdrawal.

Your signature on this request will be your verification that you understand and agree to these terms.

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SECTION THREE – PARTICIPANT AUTHORIZATION

I certify that the statements I have made in this hardship withdrawal request are correct and that I understand the conditions imposed on my participation in the plan as a result of this withdrawal. **I understand that 10% of the amount liquidated from my account will be withheld for Federal income taxes, unless otherwise waived by fully completing and submitting *Internal Revenue Service Form W-4P* (form must be obtained directly from Internal Revenue Service).**

By signing below I am requesting this distribution in accordance with the provision of the plan.

Name of Participant	Participant's Signature	Date
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SECTION FOUR – SPOUSAL WAIVER (Select One)

No Spouse I hereby consent to the distribution from my spouse's qualified plan as indicated above.

Name of Spouse	Spouse's Signature	Date
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SECTION FIVE – PLAN SPONSOR AUTHORIZATION (Completed by Employer)

This form must be signed by an authorized plan representative in order to be processed.

Name of Trustee / Plan Representative	Trustee / Plan Representative's Signature	Date
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Send check to: Plan Sponsor (Employer) Participant (Employee)

Name

Street Address	City	State	ZIP
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NOTE: The original must be kept by your employer. All signatures are necessary for this form to be valid.

Copies of completed forms should be mailed to: The Stoller Company 190 North Wiget Lane, Suite 110, Walnut Creek, CA 94598-2476