HARDSHIP WITHDRAWAL DISTRIBUTION 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 – TAX WITHOLDING – All applicable taxes will be withheld

Federal Tax Withholding

Your withdrawal, if more than $200.00, is taxable and is subject to Federal income tax withholding at the rate of 10%. If you do not want any Federal tax withheld from your withdrawal, check the box below. Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your withdrawal. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.
To request a higher tax rate, specify a whole number above 10%. ___% (refer to DOL Field Assistance Bulletin 2004-02 for details)

☐ I do not want to have Federal income tax withheld from my withdrawal. No state tax will be withheld.
OR
☐ I am not a U.S. person (including a U.S. resident alien). Unless I have attached a completed IRS Form W-8BEN, withholding federal tax of 30% will apply

State Tax Withholding Instructions

State of Residence _____ Enter state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided to us.

State of Residence	Options for State Tax Withholding
AR, DE, IA, KS, MA, MD, ME, NC, NE, OK, VA, VT	You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.
CA, OR	You may opt out of the mandatory state withholding by checking here. ☐
AL,CO,CT,DC,GA,ID,IL,IN,KY,LA, MI,MN,MO,MS,MT,ND,NJ,NM, NY,OH,PA,RI,SC,UT,WV,WI	You may elect voluntary state income tax withholding by providing a percentage or dollar amount to be applied for state tax withholding here. _____% **or** $_____

SECTION FOUR – 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.

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

Name of Participant	Participant's Signature	Date

SECTION FIVE – 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

SECTION SIX – 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

Send check to: ☐ **Plan Sponsor** (Employer) ☐ **Participant** (Employee)

Name			
Street Address	**City**	**State**	**ZIP**

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 125, Walnut Creek, CA 94598-2476 (925) 932-1800