



Employee Benefit Services

HARDSHIP DISTRIBUTION REQUEST FORM

Plan Name: _____

If the Plan provides, you may receive a distribution on account of hardship from the vested portion of certain accounts in order to satisfy an immediate and heavy financial need. Refer to the Summary Plan Description for additional details.

A. Immediate and Heavy Financial Need. You may receive a hardship distribution only if the Plan Administrator finds that you have an immediate and heavy financial need where you lack other available resources. The only financial needs considered immediate and heavy are listed below.

If permitted by the plan, hardship distributions may be made for certain expenses of your primary beneficiary in addition to your dependents. These expenses include those for medical, tuition, and funeral expenses. A person is your "primary beneficiary" if that person is named as a beneficiary under the Plan and has an unconditional right to all or a portion of your account balance upon your death.

I hereby apply for a hardship withdrawal under the terms and provisions of the Plan. I confirm that the reason for an immediate and heavy financial need is:

- Expenses incurred or necessary for medical care, described in Code section 213(d), for me or my spouse, children, or dependents.
- The purchase (excluding mortgage payments) of my principal residence.
- Payment of tuition and related educational fees for the next 12 months of post-secondary education for me or my spouse, children or dependents.
- The need to prevent the eviction from my principal residence (or a foreclosure on the mortgage on my principal residence).
- Payments for burial or funeral expenses for my deceased parent, spouse, children or dependents.
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction.
- Expenses incurred on account of a federally declared disaster.

B. Amount Necessary to Satisfy Need. A distribution will be considered as necessary to satisfy your immediate and heavy financial need only if:

- (1) You have obtained all distributions, other than hardship distributions, under all plans maintained by the Employer.
- (2) The distribution is not in excess of the amount of an immediate and heavy financial need (including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution).
- (3) You have represented in writing that you have insufficient cash or other liquid assets to satisfy the financial need.

The amount I am requesting as a hardship distribution is \$_____. I understand that the administrator of the Plan will review my request within a reasonable time, and I agree to provide any additional information to support the determination that an immediate and heavy financial need exists.

Participant signature

Date

Printed name

Employer Name (please print)



Employee Benefit Services

PLAN ADMINISTRATOR DISTRIBUTION REQUEST FORM

FROM: _____
Plan Name

CURRENT PLAN YEAR: _____ TO: _____

Please prepare benefit election distribution forms for the following participant using the information provided below:

1. Participant: _____

2. Date of Birth: _____ Date of Hire: _____

3. Address: _____

4. Telephone Number: _____

5. Email Address: _____

6. Social Security Number: _____

7. Reason for Distribution (check one): DATE OF EVENT

Termination of employment _____

Normal Retirement Age (as defined in the Plan) _____

Disability (as defined in the Plan - attach Physician's Statement) _____

Death Benefit (attach Certified Death Certificate) _____

Hardship distribution (attach application)

Loan Request (attach application and complete questions 14-17 below)

In-service distribution (indicate amount) _____

73 Minimum Required Distribution _____
Date of Birth

8. Gross compensation for current plan year \$ _____

9. Does compensation in item 8 include severance pay? Yes _____ No _____

10. Number of hours worked in the current plan year: _____

11. Date of last 401(k) deposit [] N/A _____

12. Total employee 401(k) deferrals deducted and deposited into this plan for the current plan year [] N/A \$ _____

13. Employer safe-harbor contribution deposited into this plan for the current plan year [] N/A \$ _____

14. Total loan payments deposited during the current plan year \$ _____

15. Date of last loan payment: _____

16. For new loan requests, please indicate the payroll period:

Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Quarterly []

17. Date of next payroll _____

I authorize Windes, Inc. to prepare Consent to Distribution form or participant loan agreement using the above information.

Plan Administrative Committee Member

Date

Printed Name

Originals should be retained in permanent Plan Administrator/Sponsor files.

Return the form in one of the following ways:

1. **To send a secure file, contact a member of your service team for their Secure Portal Link.**
2. Fax to 562-684-4749. Use a cover sheet indicating the intended recipient to ensure your communication is delivered to the correct person.