

# *the Pension Studio*

## REQUEST FOR HARDSHIP WITHDRAWAL UNDER THE SAFE-HARBOR RULE

Plan Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

As a Participant under the above Plan, I hereby request a withdrawal under the Safe-Harbor Hardship Withdrawal provision of the above Plan. I certify that:

- The distribution will not be in excess of my immediate financial need.
- I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by my Employer.
- I will not be able to make any salary reduction contributions *[or after-tax contributions]* to any other qualified or nonqualified plan maintained by my Employer for at least 6 months after I receive the hardship withdrawal.

### **Certification**

If I have not reached age 59½ and the reason for the hardship withdrawal is not the payment of certain tax-deductible medical expenses, this distribution from the Plan is subject to an additional 10% nondeductible premature distribution penalty tax.

Hardship withdrawals of contributions are not subject to the required 20% Federal income tax withholding, but will be subject to 10% Federal income tax withholding unless I otherwise request.

Under current law I am not able to roll any amount I received as a hardship to an IRA that I may maintain.

I agree to provide any additional information which the Plan Administrator may require. If I am married, my spouse has agreed to this hardship distribution, as provided for on the Hardship Withdrawal Request Form.

As a participant in the Plan, I hereby certify that I intend to use the funds requested for the following purpose:

- To purchase my primary place of residence.
- To pay the upcoming, post-secondary educational expenses of me or my dependents.
- To pay medical and/or hospital expenses for myself or my dependents. (Note: The 10% additional tax penalty will not apply when the withdrawal is used to pay medical expenses that exceed 7½% of my adjusted gross income.)
- To prevent the eviction from, or foreclosure on the mortgage of, my principal residence.

- For payment of burial or funeral expenses of my deceased parent, spouse, child or dependent.
- For payment of expenses for the repair of damage to my principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code.

---

Participants Signature

Date

### Employer's Authorization

I hereby  authorize  do not authorize this hardship distribution to the above-named Participant. I further certify that this decision has been rendered in a consistent and uniform manner to all like requests.

---

Employer's Signature

### Spouse's Consent

I hereby approve of, and consent to, my spouse's election for a hardship withdrawal. I understand that this election may have the effect of reducing the benefit I would receive under the Plan, should my spouse die prior to retirement.

---

Name of Spouse

---

Signature of Spouse

---

Date

### Participant's Certification of No Spouse or QDRO

I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a Qualified Domestic Relations Order.

---

Participant's Signature

---

Date