

APPLICATION FOR HARDSHIP WITHDRAWAL

Participant: _____

Participant Address: _____

Requested Hardship withdrawal amount: \$ _____

Previous Hardships taken from the _____ Plan (Please list all)

Date Taken: _____ Amount \$ _____

As a Participant in the _____ (the "Plan"), I hereby apply for a hardship withdrawal. I confirm that the reason for the hardship is:

- ☐ to pay medical expenses for me, my spouse, or dependents
- ☐ to purchase my principal residence
- ☐ to pay tuition, related educational fees, and room and board expenses for the next twelve (12) months of post-secondary education for me, my spouse, or dependents
- ☐ to prevent foreclosure on my principal residence or eviction from my principal residence
- ☐ to pay for burial or funeral expenses for deceased parent, spouse, children or other dependents
- ☐ to pay expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under the Internal Revenue Code

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must also demonstrate that I have no other resources available to me to meet this hardship. In order to do so, I hereby certify that:

- the distribution will not be in excess of the immediate financial need (including amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution);
- I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer; and
- I will not be able to make salary deferrals for 6 months after I receive a hardship distribution.

1. Representations. I understand:

a. My election is irrevocable.

b. The Plan will hold the portion of my account balance that I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon my termination of employment.

c. I should consult my own tax advisor with respect to the proper method of reporting any distribution I receive from the Plan.

2. Waiver of minimum notice period. I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

I understand that the Plan Administrator will consider my request within a reasonable time, and I agree to provide any additional information that the Plan Administrator may require.

EXECUTED the _____ day of _____, 20_____.

Signature of Participant

Social Security Number

Date of Birth

Complete and return this form to:

Valley Pension Services, Inc.
810 Standiford Avenue, Suite 5
Modesto, CA 95350
(209) 572-7410 Phone
(209) 572-7411 Fax