

NOTICE OF HARDSHIP WITHDRAWAL

The _____ Plan provides that the Plan Administrator will make the determination whether the amounts that have been contributed on your behalf as a salary reduction may be withdrawn if you have a proven financial hardship.

NOTE: A Hardship Distribution is not an eligible Rollover distribution and therefore may not be rolled over to an IRA or another qualified plan. The amount distributed as a hardship withdrawal may be subject to Federal income taxation and a 10% penalty if you are not age 59 1/2. You should consult your tax advisor regarding the tax consequences of a hardship withdrawal before you complete an application for a hardship withdrawal.

You will be prohibited from making elective deferrals and employee contributions under this Plan and all other plans of the Employer for 6 months from the date you receive a Hardship Distribution.

Before a hardship withdrawal is granted, you must certify that you have no other resources or savings that you can use to take care of your hardship.

To apply for a hardship withdrawal, sign the application confirming that a hardship exists and confirm the nature of the hardship and your inability to meet such hardship from other financial resources you have.

Your application will be considered by the Plan Administrator and you will receive a response promptly.

APPLICATION FOR HARDSHIP WITHDRAWAL

I, _____, as a Participant in _____ Plan, hereby apply for a hardship withdrawal. I understand that this withdrawal may not exceed the amount required to meet the financial hardship. I understand that the withdrawal may be subject to Federal income taxation and a 10% penalty for "premature distributions" if I am not yet age 59 1/2.

Amount Requested

I intend to use the funds requested for the following purpose:

- To purchase my primary residence.
- To pay the cost of tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse, children or dependents.
- To pay medical and/or hospital expenses for myself, my spouse, or my dependents.
- To prevent the eviction from my home or foreclosure on the mortgage of my principal residence.
- To pay for burial or funeral expenses for my deceased parents, spouse, children or dependents.
- To pay for repair expenses to my primary residence that would qualify for a casualty deduction under Code section 165.

I certify that I have no other funds or assets reasonably available to satisfy these obligations.

Participant's Signature

Social Security Number

I hereby authorize do not authorize any 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.

Plan Administrator