

HARDSHIP WITHDRAWAL FORM

(Please complete and return to Peery & Associates, Inc.: service@ben-e-fit.com or FAX# 650-879-1847)

Plan Name: _____

Participant Name: _____

Participant Address: _____

Participant Phone and email: _____

- **Hardship Withdrawal Election.** As permitted by the plan, I elect to withdraw the following portion of my Account Balance under the Plan as a hardship withdrawal which is the amount required to satisfy the need checked below:

- \$ _____ or
- Maximum amount available to me.

- **Reason. PLEASE PROVIDE DOCUMENTATION FOR EACH EXPENSE**

- Payment of tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse, children, dependents or primary beneficiary.
- Payments for burial or funeral expenses for my deceased parent, spouse, children, dependents or primary beneficiary.
- The purchase of my principal residence. **(Excluding mortgage payments)**
- To prevent my eviction from or mortgage foreclosure on my principal residence.
- Expenses incurred or necessary for medical care for me, my spouse, children, dependents or primary beneficiary.
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction.
- Expenses or losses incurred on account of disaster declared by FEMA (principal residence or place of employment located in FEMA designated area).

- **Representations. I understand:**

1. I have obtained all distributions, other than hardship distributions, under any qualified or nonqualified plan maintained by my Employer.
2. I will receive a 1099-R for this taxable distribution in the year the distribution is paid to me. I should consult my own tax advisor with respect to the proper method of reporting any distribution I receive from the Plan.
3. This hardship distribution does not exceed the amount of my need and I have insufficient cash or other liquid assets to satisfy this financial need.

- Please withhold 20% Federal Income Tax from this distribution.**

If withholding is elected, do you wish to increase the amount requested above to cover the withholding?

Yes No

- **Execution:** _____
Participant Signature Date

Social Security Number _____

Signature of Spouse: _____ (Must be notarized with notary statement attached)

Plan Administrator Use Only:

After verifying that all information provided by the participant is accurate and complete, please sign and date this form to acknowledge that you, acting as a named and authorized representative of the plan, confirm that the information provided is complete and accurate and the distribution request is in accordance with this plan. If the participant is married, you acknowledge that you have reviewed the Spousal signature and notary statement, and have found it to be in good order. Finally, you authorize this request to be processed as instructed.

Signature of Plan Administrator: _____ Date: _____