

Hardship Withdrawal Form

(Please complete and return to Peery & Associates, Inc. FAX# 650-879-1847)

To the Plan Administrator of:

Participant Name: _____

Participant Address: _____

Participant Phone: _____

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

(Please note: The full dollar amount needed to satisfy the hardship is required. The actual distribution amount will vary, based on your available salary deferral contributions, not including earnings).

2. Reason. (Choose (a), (b), (c) or (d))

- The payment of post-secondary education tuition, room and board and related educational fees for the next 12 months, for me, for my spouse or for one or more of my dependents. **(Please provide documentation)**
- To repair or purchase only means of transportation. This includes: Denied Credit to purchase a new/ used vehicle or obtain loan for repairs **(must provide proof)**, If you still owe payments on current car and need to make major repairs and you cannot get to work **(must provide current statement of the note still owed to car company and repair shop estimate)**
- The purchase of a principal residence. **(Excluding mortgage payments) (Please provide documentation)**
- To prevent my eviction from my principal residence or to prevent the foreclosure on the mortgage of my principal residence. **(Please provide documentation)**
- Deductible medical expenses incurred by me, by my spouse or by one or more of my dependents. **(Please provide documentation)**
- Certain expenses for the repair of damage to employee's principal residence.

3. Representations. I understand:

1. My election is irrevocable
2. Salary deferrals will be suspended until six months from this withdrawal.
3. The Trustee of the Plan will hold the portion of my Account Balance, which I am not withdrawing, until I otherwise would receive a distribution of my Account Balance under the Plan, generally upon my termination of employment.
4. 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.
5. I have exhausted all other remedies to satisfy this hardship, including plan loans if available to me.

[] Please do not withhold 10% Federal Income Tax from this distribution.

4. Execution: Dated this _____ day of _____, _____ Year
Day Month

Social Security Number _____

Participant Signature: _____

APPROVAL OF AUTHORIZED PLAN REPRESENTATIVE: Date _____

Name _____ Trustee Signature: _____