

NOTICE OF HARDSHIP WITHDRAWALS

Certain amounts may be withdrawn if you have a financial hardship. This hardship distribution is not in addition to your other benefits and will therefore reduce the value of the benefits you receive at retirement.

1. Qualifying expenses. In order to qualify for a hardship distribution, certain conditions must be satisfied. A hardship distribution may only be made for payment of the following:

- a. expenses for medical care (described in Section 213(d) of the Internal Revenue Code) previously incurred by you, your spouse or your dependents or necessary for you, your spouse or your dependents to obtain medical care;
- b. costs directly related to the purchase of your principal residence (excluding mortgage payments);
- c. tuition, related educational fees, and room and board expenses for the next twelve (12) months of post-secondary education for yourself, your spouse or your dependents;
- d. amounts necessary to prevent your eviction from your principal residence or foreclosure on the mortgage of your principal residence;
- e. payments for burial or funeral expenses for your deceased parent, spouse, children or other dependents; or
- f. expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under the Internal Revenue Code.

2. Conditions

If you have one of the above expenses, a hardship distribution can only be made if you certify and agree that all of the following conditions are satisfied:

- a. The distribution is not in excess of the amount of your immediate and heavy financial need. The amount of your immediate and heavy financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution;
- b. You have obtained all distributions, other than hardship distributions, and all nontaxable (at the time of the loan) loans currently available under all plans maintained by your Employer; and
- c. That you will not make any salary deferrals for at least six (6) months after your receipt of the hardship distribution. If your salary deferrals are suspended, then your deferral election that was in place prior to the suspension will not continue in effect after the suspension.

3. Account restrictions. You may request a hardship distribution from your vested accounts in the Plan attributable to:

- a. Your salary deferrals

In addition, there are restrictions placed on hardship distributions which are made from certain accounts. These accounts are generally the accounts which receive your salary deferral contributions and other Employer contributions which are used to satisfy special rules that apply to 401(k) plans. The Administrator will provide more details to you in the event you request a distribution of such funds.

4. Application for hardship distribution. If you wish to apply for a hardship distribution, you should fill out an application, which the Plan Administrator will provide to you. Return the application to the Administrator. (see Administrator contact information below)

APPLICATION FOR HARDSHIP WITHDRAWAL

Participant Information

Employer / Plan Name _____

Name _____

Address _____

Last 4 digits of Social Security Number _____

1. Withdrawal amount. Hardship withdrawal amount: \$ _____

2. Affirmation. As a Participant, I hereby apply for a hardship distribution. I affirm 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 funeral expenses of my parent, spouse, children or other dependents

to pay expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under the Internal Revenue Code

3. Certification. 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:

a. the distribution will not be in excess of the immediate financial need (\$ _____ (enter amount));

b. I have previously obtained all distributions and non-taxable loans available under all retirement plans maintained by the Employer; and

c. I will not be able to make salary deferrals for at least six (6) months after I receive a hardship distribution. Note: After the 6-month period, your deferral election that was in place prior to the suspension will not continue after the suspension.

4. Representations. I understand:

a. My election is irrevocable.

b. 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.

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

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

6. Taxes. You may owe income taxes (and possibly excise taxes) on the amount you receive from the Plan. These rules are complex and you may want to seek tax advice before obtaining a distribution.

7. Potential investments and fees. Some investment choices under the Plan may not be generally available on similar terms outside the Plan. Fees and expenses (including administrative or investment-related fees) outside the Plan may be different from fees and expenses that apply to your Plan account. Please contact the Administrator to obtain additional information on (1) the general availability outside the Plan of the Plan's currently available investment options or (2) the fees and expenses which apply to your account.

8. Acknowledgement/Authorization

Date of execution: _____

Signature of Administrator

Signature of Participant