

APPLICATION FOR HARDSHIP WITHDRAWAL

(Plan Name)

Last Name

First Name

MI

Social Security Number

Address:

City, State, Zip

Phone Number

Please check appropriate type of financial need:

- Purchase of a primary residence (excluding mortgage payments).
- Medical expenses for myself, my spouse, my children or any other dependents.
- Tuition payments for next quarter or semester of post-secondary education for myself, spouse or other dependents.
- Payment of Amounts to prevent eviction or foreclosure of mortgage on my principal residence.
- Payment of funeral expenses for a deceased parent, spouse, child, or dependent.
- Payment of to repair damage to my principal residence that would qualify for a casualty deduction under IRC Section 165.

AMOUNT REQUESTED WITHDRAWN: \$ _____ (including taxes on the amount requested.)

I HEREBY CERTIFY THAT:

- I have received, read and understand the Employer's Hardship Withdrawal Policy;
- The amount I am requesting **does not exceed** the amount needed to meet my needs as stated above, however, I may add the taxes and penalties to the amount necessary to satisfy my need;
 - I have no other source of funds, taking into account my assets, my spouse's assets and the assets of my minor children, or from any of the following sources:
 - Through reimbursement or compensation by insurance or otherwise;
 - By reasonable liquidation of my assets (e.g. bank accounts, CD's, stocks) to the extent such liquidation would not itself cause immediate and heavy financial need;
 - By stopping my deferred contributions under the Plan; or
 - By borrowing from commercial sources, or from this or other Plans maintained by the Employer;
 - If I am under age 59½ I will report the 10% excise tax penalty in addition to other applicable taxes;
- I **am/am not** (circle one) married. My spouse's name is: _____
- I acknowledge that I must cease deferrals for a minimum of 6 months from the date of my withdrawal. After the 6 month time period has passed, I may contact the Human Resources Department to restart my deferral contributions by completing a new enrollment form during the next open enrollment period for the plan. I also acknowledge that the deferral contributions will not restart automatically.

I fully understand and confirm the above representations and accept the conditions and provisions for obtaining a hardship withdrawal, to include potential denial of this request.

Participant's Signature

Date

The authorized plan representatives have made a reasonable review of the Participant's application and claim. Based on that review, we believe a true hardship exists, the Participant representations are accurate, and we hereby approve the withdrawal. Further, we agree that the above-referenced funds shall be liquidated as requested by the Participant.

Plan Representative's Signature

Date

Representative's Printed Name

Please return this form by mailing to the address below or via fax.

Original to:

**Moran Knobel
10900 NE 8th Street, Suite 1310
Bellevue, WA 98004
(425) 451-1668 Fax**