

**HARDSHIP DISTRIBUTION ELECTION FORM**  
**PLANS SUBJECT TO QJSA – PLAN PROVIDES FOR ROTH DEFERRALS**  
**[INSERT NAME OF PLAN] (“Plan”)**

1. PARTICIPANT INFORMATION		
<b>Participant’s Name</b> (Last, First, Middle Initial)	<b>Social Security Number</b>	<b>Date of Birth</b>
2. AMOUNT OF HARDSHIP DISTRIBUTION		\$ _____
3. HARDSHIP EVENT		
<p>I, the above named Participant, hereby request a distribution of the amount designated in #2 above, to satisfy the following hardship event: <i>(Check one.)</i></p> <p><input type="checkbox"/> To pay deductible medical expenses necessary for medical care for myself, my spouse or my dependent.</p> <p><input type="checkbox"/> To pay expenses related to the purchase of my principal residence. This does not include mortgage payments.  To pay tuition and related educational fees (including room and board) for the next 12 months of post-secondary education for myself, my spouse or my dependent.</p> <p><input type="checkbox"/> To prevent the eviction from, or a foreclosure on the mortgage of, my principal residence.</p> <p><input type="checkbox"/> To pay funeral or burial expenses for my deceased parent, spouse, child or dependent.</p> <p><input type="checkbox"/> To pay expenses to repair damage to my principal residence that results from a deductible casualty loss.</p> <p><b>[See your Plan Administrator to determine if you have an event that satisfies one of the above listed hardship events. A hardship distribution is not available for any event not listed above.]</b></p>		
4. SOURCE OF HARDSHIP DISTRIBUTION		
<p>I understand that my hardship distribution will first be taken from my Employer Contribution Account. If my Employer Contribution Account does not contain enough to satisfy the hardship distribution, the remaining hardship distribution will be taken from my deferral accounts in the following manner.</p> <p>To the extent a hardship distribution is taken from my deferral accounts, I elect to have such hardship distribution paid as follows. This provision applies only with respect to the portion of the hardship distribution paid from my deferral accounts (if any).</p> <p><input type="checkbox"/> <b>First from Pre-Tax Deferral Account.</b> I elect to have the hardship distribution come first from my Pre-Tax Deferral Account and then, to the extent any amount remains unpaid, from my Roth Deferral Account.</p> <p><input type="checkbox"/> <b>First from Roth Deferral Account.</b> I elect to have the hardship distribution come first from my Roth Deferral Account and then, to the extent any amount remains unpaid, from my Pre-Tax Deferral Account</p> <p><input type="checkbox"/> <b>Distribution from both Accounts.</b> I elect to have _____% of the hardship distribution come from my Pre-Tax Deferral Account and _____% of the hardship distribution come from my Roth Deferral Account.</p>		
5. CERTIFICATION OF HARDSHIP		
<p>I, the above named Participant, hereby certify that I have incurred the hardship event designated in #3 above. I also certify that the amount of the hardship distribution, as designated in #2 above, is not in excess of the amount necessary to satisfy the hardship event (including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution). I certify that I have obtained all available distributions, other than hardship distributions, and all nontaxable loans under the Plan and all plans maintained by the Employer. I also understand that to the extent the hardship distribution is taken from salary deferrals (including Roth Deferrals), I will be suspended from making any additional employee contributions to the plan for 6 months after the receipt of the hardship distribution.</p>		
<p>_____ Participant’s Signature</p>		<p>_____ Date</p>

**SPOUSAL WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY**

I, \_\_\_\_\_, spouse of the above-referenced participant, **elect to waive the Qualified Joint and Survivor Annuity** that would otherwise be payable to me (absent my consent) and agree to the distribution elections made under this In-Service Distribution Election Form. I acknowledge that I have read and understand the *Qualified Plan Distribution Notice* which explains my rights to receive a distribution in the form of a Qualified Joint and Survivor Annuity, my rights to waive the Qualified Joint and Survivor Annuity (and the effect of such a waiver), and the time period during which I may make this waiver. I further understand that I do not have to sign this waiver and that by doing so, I waive the Qualified Joint and Survivor Annuity in favor of the distribution form elected above.

I understand and acknowledge that I am completely responsible for understanding my legal rights under the Plan and that I have the right to seek legal counsel to ensure that my consent accomplishes my intentions. I understand that I do NOT have to complete this form. If I do not complete this form, I will be entitled to a survivor benefit from the Plan upon the death of my spouse. (I have reviewed the *Qualified Plan Distribution Notice* and understand the financial effect of waiving the Qualified Joint and Survivor Annuity.) I further understand that I cannot revoke this form once I sign and date it unless my spouse revokes the waiver election. I also understand that any change in the form of benefit elected under this Distribution Election form is subject to my consent, unless my spouse elects to receive distribution in the form of a Qualified Joint and Survivor Annuity

I have executed this *Spousal Waiver of Qualified Joint and Survivor Annuity* this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Participant's Spouse

**WITNESS OF SPOUSE'S SIGNATURE**

**Witness by Plan representative.** I \_\_\_\_\_, hereby witness the signature of the above-named spouse on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Plan representative

**Witness by Notary Public.**

State of \_\_\_\_\_)

) ss

County of \_\_\_\_\_)

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ (Spouse), who signed the above *Spousal Waiver of Qualified Joint and Survivor Annuity* as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

## **INSTRUCTIONS TO PARTICIPANT HARDSHIP DISTRIBUTION ELECTION FORM**

*This Hardship Distribution Election Form permits you to elect a hardship distribution from the Plan upon one of the designated hardship events listed on the Form. (For more information regarding the availability of a hardship distribution under the Plan and the tax effect of taking a hardship distribution, see the Summary Plan Description (SPD) and the *Special Tax Notice Regarding Plan Distributions*, or contact your Plan Administrator or other Plan representative.)*

The following instructions are designed to assist you in completing the *Distribution Election Form*.

- 1. PARTICIPANT INFORMATION.** Insert your name, Social Security number, and date of birth in the appropriate spaces.
- 2. AMOUNT OF HARDSHIP DISTRIBUTION.** Insert the amount you wish to take as a hardship distribution from the Plan. The amount you request must not be more than is necessary to satisfy the hardship event you select on the *Hardship Distribution Election Form*. For this purpose, an amount is deemed necessary to satisfy a hardship event if the amount does not exceed the amount necessary to pay for the hardship, including any federal, state or local income taxes or penalties reasonably anticipated to result from the hardship distribution. In addition, to the extent you have available other distributions or nontaxable loans from the Plan (or any other plan maintained by the Employer), you must first use those amounts to satisfy your hardship before taking a hardship distribution from the Plan.
- 3. HARDSHIP EVENT.** Check the hardship event for which you need a hardship distribution under the Plan. The listed events are the only hardship events available under the Plan for which a hardship distribution is authorized. The Plan Administrator may request additional information documenting the existence of the listed hardship event. For more information regarding the tax effect of a hardship distribution from the Plan, see the *Special Tax Notice Regarding Plan Distributions*.
- 4. SOURCE OF HARDSHIP DISTRIBUTION.** This section describes the specific accounts from which your hardship distribution will be taken. Depending on the terms of the Plan, you may have to designate the accounts from which the hardship distribution is made. If an election is provided in this section, you must check the appropriate accounts from which the hardship distribution is to be made. If no election is provided, the Plan terms dictate the order of distribution and any hardship will be processed according to the Plan terms.
- 5. CERTIFICATION OF HARDSHIP.** By signing this *Hardship Distribution Election Form*, you certify that you have incurred the designated hardship event and that the amount requested for the hardship distribution is necessary to satisfy the hardship event. By signing this *Hardship Distribution Election Form*, you also certify that you have read and understood the *Special Tax Notice Regarding Plan Distributions*. You may request a copy of the *Special Tax Notice* from the Plan Administrator.
- 6. PARTICIPANT SIGNATURE.** Sign and date the form. Your hardship distribution election will not be effective unless you have signed and dated the *Hardship Distribution Election Form*.