

Company Name: _____

HARDSHIP WITHDRAWAL APPLICATION

Employee Name	Social Security Number	Current Date
Mailing Address (City, State, Zip)	Date of Birth	Home Phone Number
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Business Phone Number

HARDSHIP WITHDRAWAL PROVISIONS

The Plan permits hardship withdrawals only to the extent a participant demonstrates to the satisfaction of the Plan Committee that the reason for the hardship withdrawal complies with the applicable requirements under the Internal Revenue Code and that such hardship imposes an immediate and heavy financial burden upon such participant. Hardship withdrawals are limited to bona fide financial emergencies as determined by the Plan Committee. A hardship withdrawal cannot be applied for until all other asset liquidation and credit options (including loan from 401(k) Plan) have been exhausted.

You will need to consult with your financial advisor to determine if there will be a 10% early withdrawal penalty when you file your taxes for the year in which Hardship Withdrawal is taken.

If you have any question about Hardship Withdrawals please contact your Human Resources Department.

AMOUNTS AVAILABLE FOR WITHDRAWAL

If you have a qualified hardship, you may withdraw the amount necessary to meet the need created by the hardship, subject to reduction by any other assets you have available from any other source to meet the hardship. The total amount of the withdrawal cannot exceed the value of your deferral account.*

NATURE AND DESCRIPTION OF HARDSHIP

In the space provided below, indicate the nature of the hardship for which you are requesting a withdrawal from the Plan. You may attach additional pages if more space is needed. You may also attach any documents which you feel would help prove that you have a financial hardship. As part of the review process, the Plan Committee may require additional proof of your financial hardship.

Payment of medical care expenses previously incurred by the participant or the participant's spouse or dependents; expenses necessary to obtain medical care are also covered

Costs related to the purchase of a participant's principal residence (not including mortgage payments)

Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education

Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence

* After 1/1/89, earnings on the deferral account are not available for withdrawal

NBS - 406a(10/02)

Please forward this from to your company's Human Resource Department

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PENALTIES

If you withdraw funds from the Plan, you cannot make any deferral contribution to the Plan for 6 months after the withdrawal.

CERTIFICATION OF HARDSHIP

I have read and I understand this application for hardship withdrawal. I hereby request a withdrawal in the amount of \$_____. I hereby certify that I do not have any other source of assets which can be liquidated to meet the financial hardship outlined above. I consent to the immediate distribution of the withdrawal to me in a single sum cash payment. I declare under penalty of perjury under the laws of the state of _____ that the information I have supplied on this application for the hardship withdrawal is true and complete in all respects. This application was signed at:

City

State

Participant Signature

Date

SPOUSAL CONSENT

Federal laws require that the Plan Committee obtain adequate signature verification when certain benefit payments are made under qualified plans; therefore, if you are legally married **and** the amount of the distribution is over **\$5,000**, both you and your spouse must sign this hardship withdrawal application. Your spouse's signature must be witnessed by a Plan representative or a notary public.

WITNESSED IN THE PRESENCE OF:

Spouse's Signature

Date

Notary Public or Plan Administrator

Date

FOR TRUSTEE USE ONLY:

This Hardship Withdrawal Application has been approved by the Trustees of the Plan.

Trustee Signature (Required)

Date

Additional Information or Comments:

Please forward this form to your company's Human Resource Department