

HARDSHIP WITHDRAWAL APPLICATION

Name of Employer/Plan _____

Participant _____

Your retirement plan allows withdrawals from your vested account balance if you have an immediate and heavy financial need. Please refer to your Summary Plan Description for further details on available accounts.

1. Reason. An immediate and heavy financial need can arise for one of the following reasons: (select one or more as applicable)

Current deductible medical expenses incurred by me, my spouse or one or more of my dependents

The purchase (excluding mortgage payments) of a principal residence for me

The payment of post-secondary education tuition, room and board and related educational fees for the next 12 months, for me, my spouse or one or more of my dependents

To prevent my eviction from my principal residence or to prevent the foreclosure on the mortgage of my principal residence

Payments for burial or funeral expenses for my parent, spouse, child or dependent

Payment of expenses for the repair of damage to my principal residence that would qualify for the casualty deduction

Expenses/losses (including loss of income) incurred due to a Federally declared disaster in the area of my principal residence or place of employment

2. Amount Requested \$ _____ Do you wish to withdraw from your Roth account? Yes \$ _____ No

3. Tax Withholding. This distribution is not eligible for rollover. The taxable amount of your distribution will be subject to 10% Federal Tax withholding, unless otherwise indicated below. You may want to contact your tax advisor before making the following election.

I elect the following federal income tax withholding: 0% 10% 20% State tax withholding: 0% _____ %

Note: If there is sufficient account balance available, your distribution will be "grossed up" to cover the selected tax withholding.

4. Acknowledgements.

1. I must submit proof of financial need for any reason chosen above to support the amount requested.
2. I understand that the Administrator will consider my request within a reasonable amount of time and I agree to provide any additional information which the Administrator may require.
3. I have previously obtained all other currently available distributions, other than hardship distributions, under any deferred compensation plan, whether qualified or non-qualified, maintained by the Employer .
4. My election is irrevocable.
5. I acknowledge receipt of the Special Tax Notice Regarding Plan Payments.
6. The Trustee of the Plan will hold the portion of my account balance that I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon my termination of employment.
7. I should consult my own tax adviser with respect to the proper method of reporting any distribution I receive from the Plan.
8. 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.
9. This withdrawal request does not exceed the amount of my immediate and heavy financial need (including any amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the withdrawal).
10. I represent in writing, or by electronic medium, that I have insufficient cash or other liquid assets to satisfy my financial need.
11. I understand the plan may charge my account directly for reasonable expenses associated with this distribution, in the amount of \$75.00 to \$100.00.

5. Authorization.

Participant's Signature _____ Social Security Number _____ Date _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Home Number _____ Work Number _____

MAIL or Fax completed form to: 417-522-7527 Qualified Pension Services, Inc. 4050 S. Fairview Ave. Springfield, MO 65807