

A. Employer Information

Company Name _____

Plan Name _____

B. Employee Information

First Name _____

M.I. _____

Last Name _____

SSN _____ - _____ - _____

Street Address _____

City _____

State _____

Zip _____

(_____) _____

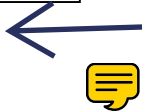
Daytime Phone Number _____

Date of Birth mm/dd/yyyy _____

C. Participant Distribution

Amount of withdrawal requested: \$ _____ Gross Amount Net Amount

(I understand that a distribution fee may be deducted from my account prior to processing this request).



D. Federal and State Income Tax Withholding

Federal Income Tax – Federal income tax will be withheld at the rate of 10%, unless Pension Inc. is directed otherwise below.

If you would like additional federal income tax withheld, indicate amount. \$ _____ or _____%

Do NOT withhold federal income tax from my hardship distribution.

State Income Tax – If you live in a state that mandates state income tax withholding, it will be withheld.

If you would like additional state income tax withheld, indicate amount. \$ _____ or _____%

E. Distribution Delivery

Check – Will be sent to participant address on file. Please update address below if necessary.

Address _____

City _____

State _____

Zip _____

Direct Deposit – If option is available. Credit can only be made into a United States financial institution.

Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected. You must provide a voided check.

Checking Account

Savings Account

Financial Institution Name _____

Account Number _____

ABA Routing Number _____

Financial Institution Mailing Address _____

City _____

State/Zip Code _____

F. Certification

I certify that I have a severe and immediate financial hardship due to: (please check all that apply). I understand the distribution will not be processed until documentation of the hardship is provided to Pension Inc.

- Medical expenses for myself, my spouse or my dependents
- Purchase of my principal residence
- Purchase of tuition for the next twelve months of post-secondary education for:
 - myself spouse child(ren) or other dependent(s)
- Necessity to prevent eviction from, or foreclosure on, my principal residence
- Payments for burial or funeral expenses for my parent, spouse, child or dependent
- Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction

I certify that the amount requested above does not exceed this need. I further certify that I am unable to meet this severe and immediate financial need through other sources available to me, including:

- ❖ Savings
- ❖ Insurance coverage
- ❖ Assets (such as stocks or a vacation home) that I can reasonably liquidate without incurring further financial hardship
- ❖ Increased take-home pay available to suspending Plan contributions
- ❖ Borrowing from commercial sources on reasonable commercial terms
- ❖ Plan Loan (if available)

G. Signature

I understand the distribution will not be processed until documentation of the hardship is provided to Pension Inc. I understand that the distribution may be subject to the 10% early withdrawal penalty if I am less than age 59 ½. I affirmatively elect that my salary deferral be set to 0% coincident with this distribution, and understand that following the suspension period of 6 months, deferrals will only resume upon my subsequent request except and in accordance with other plan rules.

Participant Signature

Date (Required)

Mail or fax completed form to:
Pension Inc., P.O. Box 610 Bettendorf, IA. 52722
Phone (563) 332-3071 Fax (563) 332-3086 <http://www.pensioninc.com>

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