

Hardship Withdrawal Form



1 General Participant Information

457 PLAN

EMPLOYEE #044695

06-05-18

Plan Name

Current Date

[Redacted] 3
[Redacted] 100%
[Redacted] Hardship Amount
[Redacted] Net
[Redacted] confirm that the reason for

*-Scan
6/11/18*

- Expenses for medical care (described in Section 213(d) of the Internal Revenue Code) previously incurred by my, my spouse, my dependent, or my beneficiary or necessary for me, my spouse, my dependent, or my beneficiary to obtain medical care.
- Costs directly related to the purchase of a principal residence (excluding mortgage payments)
- Tuition, related educational fees, and room and board expenses for the next twelve (12) months of post secondary education for me, my spouse, my dependent, or my beneficiary
- Amounts necessary to prevent my eviction from my principal residence or foreclosure on the mortgage of my principal residence
- Payments for burial or funeral expenses for my deceased parent, spouse, children, other dependents or beneficiaries
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Internal Revenue Code

Please provide appropriate documentation detailing evidence of the nature and amount of the hardship to the Plan Administrator. Please see the instruction page accompanying this form for more information on the type of documentation needed.

3 Delivery Options

- Rush Delivery.** You may have the money sent rush delivery to the employee address in Section 1. In order to utilize rush delivery, **your address in Section 1 CANNOT be a P.O. Box.** Funds will be sent overnight as soon as they are available and processing is complete. The fee to rush deliver the check will be \$20.00 and is deducted from the distributed amount. Some checks may not be eligible for rush delivery, in which case no fee will be deducted from the distributed amount and the check will be sent standard mail.
- Regular Mail.** Please allow 7-10 business days.
- Electronic Fund Transfer** ACH WIRE

Name of Financial Institution

Financial Institution Address (Street Address, City, State, Zip)

Financial Institution
Phone Number

Financial Institution
ABA (Routing) Number

Financial Institution
Account Number

Checking Savings
Account Type

NOTE: Please consult your bank before initiating an electronic funds transfer to your bank account as a fee may be associated in transferring funds electronically.

4 Tax Withholding

A Federal Tax Withholding of 10% will be withheld at the time the hardship withdrawal is taken unless you elect to have no federal taxes withheld. However, when you file your personal taxes at the end of the year you will be responsible for federal taxes on the distributed amount.

Please elect one of the following"

Select one: 0% 10% Other: _____%

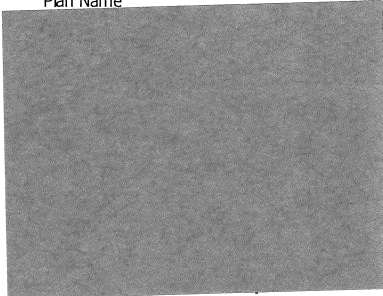
Hardship Withdrawal Form (cont'd)



General Information

457 PLAN

Plan Name



By requesting a hardship distribution by checking one or more of the options above, I understand that I have no other resources or savings to resolve the immediate and heavy financial need. Under special IRS rules, I may be considered to have insufficient resources to meet the immediate and heavy financial if:

- 1) I receive is not in excess of the immediate and heavy financial need;
- 2) I have already obtained all distributions (other than a hardship distribution) and non-taxable loans available from any plan I participate in; and
- 3) I agree not to make salary reduction contributions for at least **six (6) months** after I receive the hardship distribution.

I further understand that:

- 1) My election is irrevocable;
- 2) The Plan will hold the portion of my account balance which I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon termination of employment; and
- 3) I should consult my own tax adviser with respect to the proper method of reporting any distribution I receive from the Plan.

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. I also understand a processing fee of \$75.00 will be charged to my account.

I understand that the Plan Administrator will consider my request within a reasonable time, and I agree to provide any additional information.

Signature of Participant

Rafael Garcia

Date

6-5-2018

Date Employee Deferrals May Resume

6 Trustee/Authorized Signer Approval

I certify that all of the above information is complete and correct, that the required Participant elected and consented to this hardship withdrawal, that, if applicable, spousal consent for married participants as required by IRC Section 417 has been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Section 4975. I also certify that all necessary and applicable information required to be furnished to the Participant under IRC Section 417 has been provided to the participant that the appropriate documentation providing evidence of the nature and amount of the hardship has been provided by the Participant and will be maintained in our files. I further certify that the Participant shall not make salary reduction contributions for at least six (6) months after receiving the hardship distribution and if applicable, under the terms of the Plan, the Participant has waived the 30 day waiting period.

On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless National Benefit Services, LLC, it's employees, agents, directors and officers from any liability, penalties, and taxes that may be incurred as a result of the requested distribution giving rise to one or more prohibited transactions or for implementing requests (including, if applicable, a direct rollover request) based solely on the instructions provided on this Hardship Withdrawal Form, or if any of the certifications provided on this form are incorrect.

VALDE GUERRA

Signature of Trustee/Authorized Signer

Print Name

Date