

Hardship Withdrawal Form (cont'd)



General Information

457 PLAN

Plan Name

Salazar Robert

Employee Name (Last Name, First Name)

5 Participant Signature

Having designated the reason for requesting a hardship distribution by checking one or more of the options above, I understand that I must also demonstrate that I have no other resources or savings to resolve the immediate and heavy financial need. Under special IRS rules, I understand that I will only be considered to have insufficient resources to meet the immediate and heavy financial if:

- 1) The hardship distribution 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.

Robert Salazar

Signature of Participant

6-19-18

Date

(N/A)

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consent for married participants as required by IRC Section 417 has been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Section 4975.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