

# IBEW Local No. 461 Defined Contribution Pension Plan

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Lansing, MI 48917-9275  
Phone: (517) 321-7502 Fax: (517) 321-7508

## Application for Hardship Withdrawal

Please read this application carefully before printing your answers to all questions that apply to you. Hardship Withdrawals are available only from contributions (and investment gains, if any) you received for work performed after June 30, 2014, when the Plan was converted from a money purchase pension to a profit sharing plan. The minimum request is \$1,000. If any part of this application is not entirely clear, please contact the Fund Office at (517) 321-7502. If you are married, your Spouse must sign and date this application before a Notary Public.

<b>Participant Information</b>	<p>Name _____ Social Security Number _____</p> <p>Street Address _____</p> <p>City, State, ZIP Code _____</p> <p>Daytime Phone Number _____ Evening Phone Number _____ Date of Birth _____</p>
<b>Hardship Request</b>	<p>I hereby request a withdrawal of \$_____ from my Account to meet an immediate and heavy financial need which has arisen due to the reason(s) indicated below and which cannot be resolved by other financial resources available to me. The amount must be equal to your immediate need.</p> <p>1. I certify that my hardship withdrawal request is for the reason(s) checked below:</p> <p>Necessary medical expenses for me, my spouse, and/or one or more of my dependents that are unreimbursed by insurance. Submit proof of the unpaid medical bills.</p> <p>The purchase (excluding mortgage payments, refinancing, and land-only) of my principal residence. Submit a copy of the signed (by seller and buyer) purchase agreement with future closing date and estimated closing costs.</p> <p>Payment for tuition, room and board, and related educational expenses for post-secondary education over the next 12 months for me, my spouse, and/or dependents. Submit copies of tuition, fees, or room and board bills for the next 12 months.</p> <p>Costs associated with preventing eviction from, or foreclosure on the mortgage of my primary residence. Submit copies of Notice of eviction or foreclosure notice.</p> <p>Payment for the burial or funeral expense for my parent, spouse, and/or my dependent(s). Submit burial and funeral bills and copy of Death Certificate.</p> <p>Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Code section 165 (regardless of whether the loss exceeds 10% of my adjusted gross income). Submit evidence of loss (photos or written description of loss and what caused it) along with estimated repair bills and insurance settlement, if any.</p> <p>2. I certify that this financial hardship cannot be relieved through:</p> <p>a. Reimbursement or compensation from insurance or otherwise.</p> <p>b. Liquidation of my assets (including the assets of my spouse and minor children), to the extent such liquidation would not itself cause an immediate and heavy financial need.</p> <p>c. By borrowing from commercial sources on reasonable commercial terms, in an amount sufficient to satisfy the financial need.</p>



<b>Approval of Spousal Consent by Either Notary or Plan Representative</b>	<p>On this _____ day of _____, _____, the individual whose signature appears above signed this consent in my presence and established to my satisfaction that he or she is the person whose name is that of the participant's spouse set forth above.</p> <p style="text-align: right;">(Notary Seal)</p> <p>_____ Signature of Notary Public Date</p> <p>_____ Name of Notary Public      My Commission Expires</p> <p><b>-OR-</b></p> <p>_____ Witnessed By Plan Representative      Date</p>
<b>Participant Signature</b>	<p>If I am married, my spouse has completed the above Spousal Consent section of this form. I hereby apply for benefits from the Fund. The above statements, and attached documents, are true to the best of my knowledge and belief. I understand that any false statement constitutes fraud and that such an action may disqualify me for benefits. I further understand that the Trustees have a fiduciary obligation to recover any fraudulently obtained benefits and that the Fund shall have the right to recover any payments made to me because of any false statements. I further understand that if a benefit is granted to me, I agree to be bound by all Rules and Regulations of the Plan and will personally endorse all checks received by me.</p> <p>_____ Date      _____ Participant's Signature</p>
<b>Approval of Participant's Signature by Either Notary or Plan Representative</b>	<p>On this _____ day of _____, _____, the individual whose signature appears above signed this consent in my presence and established to my satisfaction that he or she is the person whose name is that of the participant's spouse set forth above.</p> <p style="text-align: right;">(Notary Seal)</p> <p>_____ Signature of Notary Public Date</p> <p>_____ Name of Notary Public      My Commission Expires</p> <p><b>-OR-</b></p> <p>_____ Witnessed by Plan Representative      Date</p>
<b>Submit Application</b>	<p><b>Submit application and attachments to the address shown below. Please Include:</b></p> <ol style="list-style-type: none"> <li>1. Birth Certificate or Driver's License</li> <li>2. Marriage Certificate or License</li> <li>3. Divorce decree(s) or QDRO(s)</li> <li>4. If widowed (send copy of death certificate)</li> </ol>
<b>Approval (Fund Office Use Only)</b>	<p><input type="checkbox"/> <b>Approved</b>      <input type="checkbox"/> <b>Not Approved</b></p> <p>_____ Date      _____ Plan Administrator's Signature</p> <p>Reason hardship not approved: _____</p>