IBEW Local No. 461 Defined Contribution Pension Plan

6525 Centurion Drive Lansing, MI 48917-9275 Phone: (517) 321-7502 Fax: (517) 321-7508

Application for Hardship Withdrawal

Please read this application carefully before <u>printing</u> 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.

Participant						
Information	Name			Social Security Number		
	Street Add	Street Address				
	City, State	e, ZIP Code				
	Daytime F	Phone Number	Evening Phone Number	Date of Birth		
Hardship Request	heavy fi	hereby request a withdrawal of \$ from my Account to meet an immediate and neavy 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.				
	I certify that my hardship withdrawal request is for the reason(s) checked below: 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.					
		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.				
	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.					
	Costs associated with preventing eviction from, or foreclosure on the mortgage of my primary residence. Submit copies of Notice of eviction or foreclosure notice. 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.					
		casualty deduction under my adjusted gross incom	f damage to my principal residence Code section 165 (regardless of whee). Submit evidence of loss (photosog with estimated repair bills and insu	hether the loss exceeds 10% of s or written description of loss		
	2. I ce	ertify that this financial hards	ship cannot be relieved through:			
	a.	Reimbursement or compe	nsation from insurance or otherwise) .		
	b.		ncluding the assets of my spouse a uld not itself cause an immediate ar			
	C.	By borrowing from comme sufficient to satisfy the final	ercial sources on reasonable comme ancial need.	ercial terms, in an amount		

Hardship Request (cont)	3. Please issue and mail the check as indicated below:						
request (sont)	Person or Entity:						
	Address:						
	Account No:						
Income Tax Information and Withholding	Your Hardship Withdrawal will be subject to taxation, whether or not you choose to have taxes withheld at the time of the withdrawal. Your Hardship Withdrawal will be reported to the IRS on for 1099-R. You will be responsible for paying any federal, state, or local income taxes on this withdrawal. In addition, there may be an additional 10% excise tax due for early withdrawal, if you under age 59½. The IBEW Local No. 461 Defined Contribution Pension Plan is not required to withhold federal taxes from your Hardship Withdrawal, but as a convenience to you, the Fund will automatically withhold 10% unless you specify otherwise below. Your Hardship Withdrawal is not eligible for rollover to an IRA or qualified plan.						
	If you do not have enough federal withholding from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may elect to gross up the hardship withdrawal for income and excise taxes you may owe on the withdrawal. The amount of the withdrawal you requested may be increased, so that after those taxes are paid, you will be left with the amount needed to satisfy your financial hardship. You will receive the amount available in your account or the amount of your request, whichever is less. It is wise to seek professional tax advice before requesting a hardship withdrawal from the Fund. The Trustees or Fund Office cannot provide individual tax advice.						
	Instead of the automatic gross-up and withholding of 10% specified above, please gross my hardship withdrawal by the following: percent. Withholding will be made a the same amount unless specified differently below.						
	Please withhold the following for income and excise taxes that may be due on this hardship withdrawal: percent:						
Marital Status	If you are currently married, your spouse must consent to the Hardship Withdrawal by signing the Spousal Consent section below which must be notarized.						
	If you are divorced you must provide a copy of the divorce decree or Qualified Domestic Relations Order if entered. Plan assets that are specified under a current or pending Qualified Domestic Relations Order (QDRO) are not available for a hardship withdrawal from the Plan.						
	I am currently:						
	Single Married Widowed Divorced						
	For QDRO administration, please indicate the times you have been married and divorced						
Spousal Consent	I hereby certify that I am the spouse of the above-named participant and that I consent to the hardship withdrawal from the plan as indicated above. I also understand that by consenting to this distribution I waive all rights to any other payment I would have been entitled to upon the Participant's death, with respect to the amount subject to the withdrawal described above. I further understand that this election is irrevocable.						
	Date Spouse's Signature						

Approval of Spousal Consent by Either Notary or Plan Representative	On this day of appears above signed this consent in my pr is the person whose name is that of the part	esence and established to r	ny satisfaction that he or she			
	Signature of Notary Public Date		(Notary Seal)			
	Name of Notary Public	My Commission Expires				
	-OR-					
	Witnessed By Plan Representative	Date				
Participant Signature	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.					
	Date Particip	ant's Signature				
Approval of Participant's Signature by Either Notary or Plan Representative	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.					
Representative	Signature of Notary Public Date (Notary Seal)					
	Name of Notary Public	My Commission Expires				
	-OR-					
	Witnessed by Plan Representative	Date				
Submit Application	Submit application and attachments to the submit application and submit application and attachments to the submit application and attachments and submit application and attachments and submit application and attachments and submit application and submit application and submit application and attachments and submit application and s	•	Please Include:			
Approval (Fund Office Use Only)	☐ Approved ☐ Not Approved					
	Date Plan Administrator's Signature Reason hardship not approved:					
	Reason hardship not approved:					