

CWA Savings & Retirement Trust

Instructions for Requesting a Hardship Withdrawal

Enclosed are the following items needed to request a hardship withdrawal from the CWA Savings & Retirement Trust. Please review and complete each of the items as described in the procedures below. Return the required documents for approval to the CWA Trust Office.

Item	Procedure	Return to the CWA Trust Office
Special Tax Notice Regarding Plan Payments	This document contains important information regarding your distribution options and the related restrictions and tax consequences. Read this information carefully before requesting your distribution.	No – this document is for your records
Hardship Withdrawal Request Form	<ul style="list-style-type: none"> ▪ Complete all relevant sections after reading all the information in the package. ▪ You must indicate the reason for your hardship request on the form. ▪ You must also provide the appropriate documentation evidencing financial need. ▪ Sign and date the form. Notary Seal of Approval is required. ▪ Return this form to the above address for review, approval and processing. 	Yes
Attachments to the Hardship Request and Hardship Documentation	<p>Acceptable reasons for hardship withdrawal and acceptable documents for proof of hardship are outlined in the attachments.</p> <ul style="list-style-type: none"> ▪ You must complete, sign, and return the appropriate attachment(s) or your request will be rejected. ▪ You must include acceptable documentation with the attachments or your request will be rejected. 	Yes
Approval / Denial of Hardship Request	Upon receipt of your hardship request, a review of all paperwork will be completed. If your paperwork is not in good order, you will receive a letter explaining the reason for rejection.	
Mailing and Fax Instructions for the CWA Trust Office	<p>Please return completed and notarized Form to the CWA Trust Office:</p> <p>CWA SRT Trust Office 501 Third St NW Washington, DC 20001</p> <p>Or Fax to 1-202-783-2748</p> <p>You may also contact the CWA Trust Office at 1-800-987-0721</p>	

Participant Service Center Representatives are available by calling the Retirement Plan Information Line at 1-800-854-0647 between the hours of 8AM and 8PM Eastern Time. Representatives are available to help you complete the forms, or answer general questions you may have about your distribution or about the plan.



CWA Savings & Retirement Trust Hardship Withdrawal Request Form

1. Participant Information

Social Security Number		Birth Date
Name		Hire Date
Address		
City	State	ZIP
Daytime Phone	E-mail Address	
Evening Phone	Employer	

2. Withdrawal Request Amount- you may not request a withdrawal amount in excess of the need detailed in your hardship documentation.

- A. I am requesting a Withdrawal for the maximum amount available.
- B. I am requesting a Withdrawal in the amount of: \$ _____
- C. Please "gross-up" the withdrawal amount requested to cover any federal taxes that may apply. Please see Section 4.

3. Reason for Hardship Withdrawal (check all that apply)

I hereby request a Hardship Withdrawal for the following reason(s). You must provide the applicable documentation as described in the specified attachments to this form. Please refer to Important Withdrawal Information for additional information on definition of dependent in IRC Section 152.

- A. **Medical expenses incurred by me, my spouse, my beneficiary or any of my dependents.** These are un-reimbursed medical expenses that must be paid to receive medical care for the participant, the participant's spouse, the participant's primary beneficiary, or the participant's dependents*. Please refer to the Attachment to the *Hardship Withdrawal Request: Medical Expenses* for required documentation.
- B. **Purchase (excluding mortgage payments) of my principal residence.** These are expenses directly related to the purchase of a principal residence excluding mortgage payments. Please refer to the Attachment to the *Hardship Withdrawal Request: Purchase of a Principal Residence* for required documentation.
- C. **Payment of tuition for the next 12 months of post-secondary education for me, my spouse, my beneficiary or any of my children or dependents.** This includes tuition, related education fees, and room & board expenses for up to the next 12 months of post secondary education for the participant, the participant's spouse, the participant's primary beneficiary or the participant's children or dependents*. Please refer to the Attachment to the *Hardship Withdrawal Request: Payment of Tuition and Related Expenses* for required documentation.
- D. **The need to prevent eviction from or mortgage foreclosure on my principal residence.** These payments are necessary to prevent eviction of the participant from the participant's principal residence or foreclosure on the mortgage of the residence. Please refer to the Attachment to the *Hardship Withdrawal Request: Payments to Prevent Eviction or Foreclosure* for required documentation.
- E. **Payment of burial or funeral expenses for my deceased parent, spouse, beneficiary, children, or dependents.** This includes payment for burial or funeral expenses for the participant's deceased parents; the participant's spouse, the participant's primary beneficiary, or the participant's children or dependents. Please refer to the Attachment to the *Hardship Withdrawal Request: Payments for Burial or Funeral Expenses* for required documentation.
- F. **Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction.** The participant may qualify for a hardship withdrawal for this reason when there is a casualty loss to his/her principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose. Please refer to the Attachment to the *Hardship Withdrawal Request: Payments for Damage to Principal Residence* for required documentation.
- G. Other: _____
Name of Primary Beneficiary for whom financial hardship is requested: _____

4. Voluntary Federal Tax Withholding Election (select one)

This section applies to any distribution on account of hardship. (Please read *Federal and State Tax Withholding Section of the Important Withdrawal Information page*). This distribution is subject to federal income tax withholding unless you elect not to have withholding apply. This section cannot be left blank if you are requesting a distribution subject to a federal tax withholding election. If no election is made, then 10% federal withholding and any applicable state tax will be withheld.

- A. Do not withhold federal or applicable state taxes.
- B. Withhold _____% (10% minimum) or \$ _____ in federal income tax from the taxable amount of the distribution. Applicable state taxes will also be withheld

5. Participant Request & Signature

As a Participant in the CWA SRT, I hereby request a distribution in the form indicated above, subject to the terms of the Plan and the approval of the CWA Trust Office. I hereby certify and represent that:

I have obtained all available loans under this plan and all plans of the Employer to the extent that any additional plan loan would be counterproductive to the relief of my or my dependents' financial need;

I have obtained all currently available distribution amounts under this and any other plan of the Employer, including withdrawals from rollover and/ or after tax employee contributions (if applicable and in accordance with the plan document). If there are additional amounts available for withdrawal under this plan other than withdrawals due to financial hardship, I acknowledge that those amounts must be paid to me first.

I acknowledge that no elective contributions may be made by me to this or any other plan of the employer for a period of 6 months. I have reviewed all the information contained in the Attachment to the Hardship Withdrawal Request and believe, in good faith, that I qualify for this hardship withdrawal;

I have included in this submission the requested documentation that evidences my financial need.

I understand that my request for a hardship withdrawal from the Plan may generally not be revoked once processed.

Participant Signature _____ Date _____

Notary Seal of Approval Required:

On this _____ day of _____ the individual whose signature appears above signed this consent in my presence and established for my satisfaction that he/she is the Participant identified above.

Witness Signature _____ (Notary Public)

Commission Expires _____ Seal _____

Return Form along with proper attachment and required documentation to the CWA SRT Trust Office:

CWA Trust Office
501 Third St NW
Washington, DC 20001

You may also fax to 1-202-783-2748

6. CWA Trust Office Approval and Authorization

I hereby approve this withdrawal request and authorize that the withdrawal be paid in the manner described above. I certify that: (1) the address in the Participant Information section above is the Participant's current address – of – record and I authorize Hartford Retirement Services, LLC. to update its records, if necessary, to reflect this address; (2) this distribution is in accordance with the terms of the plan; (3) the Plan Administrator has provided the participant with the Special Tax Notice Regarding Plan Payments that provides a written explanation of the rules permitting direct rollover of eligible rollover distribution amounts to an eligible retirement plan and mandating 20% federal tax withholding on taxable distributions that are not directly rolled over, and has also complied with any other notice requirements that are applicable to this distribution (e.g., notices of annuity form of benefit, spousal consent, voluntary withholding, etc.); and (4) all the distribution amounts that are being directly rolled over are eligible rollover distributions and are being rolled over to an eligible retirement plan that will accept them..

CWA Trust Office Authorization _____ Date _____

Print Name _____

Important Withdrawal Information

Address Changes

Please note that if your address has been changed less than 30 days ago, the distribution cannot be processed without the approval of the CWA Trust Office.

Hardship Withdrawals and other Plan Withdrawal Options

Your plan allows for other in-service withdrawals (e.g. age 59 ½, after-tax withdrawal, rollover withdrawals, etc.) and loans. These non-hardship withdrawals must be used before a hardship withdrawal can be made. Hardship withdrawals on your pre-tax account are generally limited to your pre-tax contributions only. You may not request a withdrawal amount in excess of the need detailed in your hardship documentation enclosed.

Elective Deferral Suspension

If your hardship request is approved, you will be suspended from making contributions to this plan for a period of six months.

Federal and State Tax Withholding

The withdrawals you receive from the plan are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to federal income tax. If you elect not to have withholding apply to your withdrawal, or if you do not have enough federal income tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

The Employer is responsible for determining whether the distribution is subject to tax withholding and for directing RSI regarding the amount or percentage to withhold on this distribution. Note that a voluntary withholding election cannot be made involving accounts for which a name and/or taxpayer identification number (TIN) is incorrect or missing. See IRS Publication 1586 for information about mandatory withholding when a participant's (or beneficiary's) TIN is missing or incorrect.

You may elect not to have withholding apply to your hardship withdrawal or to have a specific percentage withheld. If less than the maximum amount available is requested, your distribution will be increased by the applicable tax withholding unless you elect not to have the distribution "grossed up" by the amount of the withholding tax. If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, and Virginia, state taxes will automatically be withheld if federal taxes are withheld. This list is subject to change based on changing state tax withholding requirements.

Payment Policies

All withdrawals will be made payable to the participant and will be mailed to the Participant's address we have on file, or to the address indicated by the Plan Sponsor. Your withdrawal amount will be prorated across all available funds and contribution types available for hardship withdrawal unless you request otherwise. You may request the withdrawal to be made from specific funds or if permitted by the plan, contribution types by attaching specific instructions, in writing, to this withdrawal form.

Acknowledgement

The IRS requires that you receive a written Special Tax Notice Regarding Plan Payments prior to receiving such payment. Please read it carefully to understand the rollover rules and the special tax treatment regarding the mandatory income tax withholding rules on lump sum and installment distributions not directly rolled over to another qualified retirement plan or IRA that accepts rollover distributions. You should receive this notice between 180 and 30 days before the time for your distribution. You are entitled to have at least 30 days to consider your distribution option. However, you may affirmatively elect to waive the 30-day period and request a distribution or direct rollover as soon as possible by completing and signing this form.

Dependent

The definition of "dependent" is important in the application of the "deemed hardship" withdrawal standards that pertain to 401(k) plans under regulations. A dependent must either be a "qualifying child" or "qualifying relative" for whom over half of his support was furnished by the participant for the calendar year for which the hardship withdrawals is claimed. Please note, however, the special adjustment to this new definition for dependent for hardship withdrawal purposes contained in the following explanation:

Qualifying Child

A qualifying child is a child or descendant of a child of the taxpayer. The term also includes a brother, sister, stepbrother, or stepsister of the taxpayer or any descendant of such relative. The child must have the same "principal place of abode" as the taxpayer for more than half of the year. The child must not have attained age 19 as of the close of the calendar year assuming the tax year of the taxpayer is the calendar year. However, if the child is a student, the child must not have attained the age of 24 by the close of the calendar year. These age requirements do not apply to a permanently and totally disabled child. Finally, in order to be a qualifying child, the child must not have provided over ½ of his own support for the calendar year (scholarships are not included in that determination). There are special rules that come into play when there are two or more individuals who claim a qualifying child. A child is a son, daughter, stepson, stepdaughter, adopted child or eligible foster child of the taxpayer. A student, generally, is an individual who during each of 5 calendar months during the taxable year is a full time student.

Qualifying Relative

A qualifying relative is a child (or descendant of a child) of the taxpayer, a brother, sister, stepbrother, stepsister, father, mother, or the ancestor of a father or mother of the taxpayer. A qualifying relative also includes a stepfather, stepmother, a son or daughter of a brother or sister of the taxpayer, a brother or sister of the father or mother of the taxpayer, or a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of the taxpayer. The term qualifying relative also includes an individual who during the taxable year "has the same principal place of abode as the taxpayer and is a member of the taxpayer's household". The qualifying relative must have gross income for the taxable year that is less than the exemption amount under IRC Section 151(d) (originally, \$2000 as adjusted for inflation and subject to phase-out). The participant must provide over ½ of the relative's support for the calendar year. The qualifying relative must not be a qualifying child of any taxpayer. This restriction on the definition of the dependent does not apply to hardship withdrawals for medical expenses, tuition and education fees, or burial and funeral expenses. A dependent generally cannot himself have any dependents. Individuals who are married and filing jointly generally cannot be treated as dependents. Individuals who are not United States citizens or nationals cannot generally qualify as dependents unless they are residents of the United States or a contiguous country. An individual cannot be treated as a member of the taxpayer's household if the relationship between the individual and the taxpayer is "in violation of local law". This restriction on the definition of dependent does not apply to hardships for medical expenses or tuition and related fees. There are special rules for multiple support agreements, adjustments to handicapped dependent's income, and more specific guidance for divorced or legally separated parents and custodial and non-custodial parents. Please see your tax advisor for further details.

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Medical Expenses

Expenses for (or necessary to obtain) medical care that would be deductible under section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income)

The participant qualifies for a hardship withdrawal for this reason when he has obtained medical care for himself and must pay for the qualifying expenses for medical care for himself. Expenses paid by insurance or for which the participant is otherwise reimbursed do not qualify the participant for a hardship withdrawal. Alternatively, a participant may qualify for a hardship withdrawal if he will pay for qualifying medical care expenses for one of his dependents or his primary beneficiary. For these purposes, a dependent includes his spouse and children or anyone else for whom the participant provides over one – half of his or her support and for whom are met the other requirements under the definition for dependents described in the attached definition of DEPENDENT. Please refer to this information if you believe you qualify for a hardship withdrawal due to your relationship with a dependent and their medical expenses.

"Medical care" for this purpose includes amounts paid:

1. for the diagnosis, cure, mitigation, treatment, or prevention of disease or for transportation primarily for and essential to such medical care
2. for qualified long – term care services, including necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services as well as maintenance or personal care services which
 - are required by a chronically ill individual and
 - are provided pursuant to a plan of care prescribed by a licensed health care practitioner

The term "chronically ill individual" is further defined in IRC Section 7702B(b)(2) but generally refers to an individual who is unable to perform fundamental activities of daily living or has severe cognitive impairment

3. for insurance (premiums) covering care described in the above two paragraphs
4. for lodging away from home primarily for and essential to medical care described in '1' above
5. for prescribed drugs that require a prescription of a physician

"Medical care" does not include cosmetic surgery or similar procedures unless it is necessary to ameliorate a deformity related to a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Medical Expenses Qualified Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Medical Expenses: Copy of the medical bill or insurance claim (including Copy of Explanation of Benefits Form from your insurance carrier) listing the medical expenses and totals on letterhead of the medical or insurance provider showing the participant or the dependent as the patient or the insured. Bill must not be older than 1 year. Itemized insurance and medical bills must show the insured and uninsured portion of the expenses. If Doctor, hospital, or other health care bills are not covered, then participant must certify below that these bills are unreimbursed.
- Long – Term Care Services: Copy of the service bill or insurance claim listing the services and dollar amounts of expenses on letterhead of the services provider or insurance provider showing the participant or the dependent as the patient or insured. Bill must not be older than 1 year.
- Insurance Premiums for Medical Expenses or Long – Term Care Services: Copy of insurer's bill for premiums on letterhead showing the participant or dependent as the patient or insured. These premiums must not be reimbursed by any Employer. Bill must not be older than 1 year.
- Lodging expenses: Copy of bill from provider on letterhead showing the participant or dependent as customer with accompanying medical expense bill indicating the dates of service. Bill must not be older than 1 year.
- Prescription drugs: Copy of receipt from provider that indicates the name of the drug prescription and the dollar amount charged and paid, as well as the name of the participant or dependent. Receipt must not be older than 90 days.

Total Amount Requested: \$ _____

I am requesting this amount due to my:

- Own medical expenses
- Spouse's medical expenses
- Child's medical expenses
- Primary Beneficiary's medical expenses
- Dependent's medical expenses (enter name and relationship)

Dependent for Beneficiary Name

Relationship

I certify that the expenses for which I am requesting a hardship withdrawal have not and will not be reimbursed through insurance or otherwise

Participant Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Purchase of a Principal Residence

Expenses directly related to the purchase of a principal residence for the employee (excluding mortgage payments)

The participant can only qualify for a hardship withdrawal for this reason when he is purchasing a dwelling that will be his principal residence. This means that he expects to move into the residence within a fairly short period of time after purchasing it.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is less than the amount available in your account, the withdrawal will be limited to the amount available in your account.

Purchase of a Principal Residence Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Copy of the Purchase and Sales Agreement: Must specify the dollar amount of purchase and the name of the participant as purchaser. Signature Date must be within last 90 days. This must be fully executed (signed by purchaser and seller).
- Copy of the Buyer and Seller Contract: Must specify the dollar amount of purchase and the participant as buyer. Signature Date must be within the last 90 days. This must be fully executed (signed by purchaser and seller).
- Copy of Mortgage Commitment Letter: Must specify the dollar amount of purchase and the participant as buyer. Signature Date must be within the last 90 days.

Total Amount Requested: \$ _____

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of purchasing my principal residence.

Participant Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Payment of Tuition & Related Fees

Payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months of post – secondary education for the employee, or the employee’s spouse, children, or dependents

The participant can only qualify for a hardship withdrawal for this reason when he, his spouse, his children, his primary beneficiary, or his dependents have a bona fide expense related to the payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months of post – secondary education. See the discussion of ‘dependent’ in the earlier section of this form packet.

Post – secondary education generally refers to education that commences after the completion of high school. Expenses that would qualify for a hardship withdrawal would include tuition, fees charged for the use of technological or other facilities required for the post – secondary program (such as computer fees or gym facility fees), dormitory expenses and expenses of a room or apartment close to the educational facility, and meals while attending the educational program. Loan repayments of student loans are not educational expenses for this purpose.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is less than the amount available in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payment of Tuition & Related Fees Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Copy of the tuition bill (or estimate of tuition bill that is signed by the educational institution) that appears on letterhead paper containing the name of the educational institution and the name of the participant or dependent. Must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.
- Copy of the bill for dormitory fees or housing fees (or estimate of dormitory fees that is signed by the educational institution) that appears on letterhead paper containing the name of the dormitory or housing provider and the name of the participant or dependent. A copy of a lease indicating rent and signed by participant or student may be substituted. The bill must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.
- Copy of the bill for board (meals) expenses (or estimate of boarding expenses that is signed by the owner or manager of the boarding establishment) that appear on letterhead paper containing the name of the establishment providing the board and meals and the name of the participant or dependent. Must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.

NOTE: Only estimates must be signed by the educational institution (or owner or manager of the room and board establishment)

Total Amount Requested: \$ _____

I am requesting this amount due to my:

- Own educational expenses
- Spouse’s educational expenses
- Child’s educational expenses
- Primary Beneficiary’s educational expenses
- Dependent’s medical expenses (enter name and relationship)

Dependent for Beneficiary Name

Relationship

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of payment of tuition and related expenses.

Participant Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Payments to Prevent Eviction or Foreclosure

Expenses necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage of that residence

The participant can only qualify for a hardship withdrawal for this reason if he must pay some dollar amount by some certain date in order to prevent foreclosure or avoid eviction.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is less than the amount available in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payments to Prevent Eviction or Foreclosure Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Copy of the eviction notice printed on letterhead of owner of the unit or a real estate or condominium management company that names the participant. Date of the notice must be within the last 90 days. Must specify the amount due and indicate that eviction proceedings will follow if the amount is not paid by a due date.
- Copy of the foreclosure notice printed on letterhead of bank or court naming the participant in a foreclosure proceeding or judgment. Must specify the amount due. Date of the notice must be within last 90 days.
- Copy of a notice naming the participant as obligee or debtor issued by a bank or mortgage company that describes that there will be an acceleration of the mortgage note if the delinquency remains unpaid, dated no earlier than 90 days before withdrawal date. Must specify the amount due.

Total Amount Requested: \$ _____

Participant Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Payment for Burial or Funeral Expenses

Payments for burial or funeral expenses for the employee's deceased parent, spouse, primary beneficiary, children or dependents

The participant can only qualify for a hardship withdrawal for this reason due to the death of the participant's parent, spouse, children, primary beneficiary, or dependents. See the discussion of 'dependent' in an earlier section of this forms packet.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available for withdrawal in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payment for Burial or Funeral Expenses Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Copy of the burial or funeral expenses printed on letterhead paper of funeral home or cemetery management company, church, or synagogue or other service provider naming the parent, child, spouse, primary beneficiary, or dependent. The bill must specify the dollar amount due or estimate of the cost of burial or funeral.

Total Amount Requested: \$ _____

I am requesting this amount due to my:

- Parent's death
- Spouse's death
- Child's death
- Primary Beneficiary's death
- Dependent's death (enter name and relationship)

Dependent for Beneficiary Name

Relationship

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of burial or funeral expenses for deceased parent, spouse, primary beneficiary, child or dependent.

Participant Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Expenses for the Repair of Damage to the Employee's Principal Residence that Qualifies for a Casualty Deduction

Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income)

The participant can only qualify for a hardship withdrawal for this reason when there is a casualty loss to his principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose.

The amount of loss is based upon the lesser of the difference between the market value of the property before and after the casualty occurrence or the loss in the basis of the property.

Because of the difficulties of ascertaining the timing of the casualty loss and the dollar amount of the loss, your claim can only be processed through this procedure using the specified documents, and you are strongly urged to discuss with your own tax, accounting or legal advisors the proper measurement of the amount of the casualty deduction loss and the taxable year for which it qualifies as a casualty loss.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Documentation (Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)

- Copy of repair of damage estimates or expenses furnished by insurance company. Please note that the costs for performing the work to bring the damaged item(s) to its pre – damaged condition may not reflect the amount of loss that can be claimed as a casualty deduction, and the hardship withdrawal amount cannot include any amounts reimbursed to you from insurance coverage or otherwise.
- Copy of an insurance company denial of claim (due to noncoverage), but indicating the dollar amount of damage or with an estimate of the amount of damage and an accompanying photograph of the damaged property.

Total Amount Requested: \$ _____

I am requesting this amount because of damages that were caused to my principal residence due to:

- Fire
- Storm
- Shipwreck
- Other Casualty*
- Theft*

*Describe casualty or theft: _____

I certify that the expenses for which I am requesting a hardship withdrawal have not and will not be reimbursed through insurance or otherwise.

Participant Signature

Date