

NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN

REQUEST FOR HARDSHIP WITHDRAWAL

Participant Information

Name: _____ SSN: _____

Street Address: _____

City, State, Zip Code: _____

Hardship Withdrawal Request Information

Explanation of a Hardship Withdrawal

A 10% early distribution penalty will apply to most hardship withdrawals paid before you attain age 59½, in addition to Federal Income Tax. You must verify that the hardship exists for one of the following four reasons:

1. Unreimbursed medical expenses incurred by you, your spouse or dependants.
2. Purchase of your principal residence (excluding mortgage payments).
3. Payment of tuition and related fees for the next 12 months of post-secondary education for you, your spouse or dependants.
4. To prevent eviction from your principal residence or foreclosure on the mortgage of your principal residence.

In addition, you must have received all distributions and all non-taxable loans currently available to you under all plans maintained. If you receive a hardship distribution, you will not be able to make salary deferrals or voluntary after-tax contributions for 6 months following receipt of the hardship distribution.

Date of Request: _____ Amount Requested: \$ _____ (up to the maximum available to me)

Describe Hardship: _____

Please attach proof of the hardship, including a description of the charges and the amount needed, e.g., an invoice.

Tax Withholding Election

I elect to have no Federal Income Tax withheld from my distribution.

I elect to have Federal Income Tax withheld from the amount requested above in the following amount: \$ _____ or _____ %.

I elect to have State Income Tax withheld the amount requested above in the following amount: \$ _____ or _____ %.

Consent to Hardship Withdrawal

I understand that:

- (1) I must verify that the distribution will not be in excess of the amount of the immediate and heavy financial need.
- (2) I must have received all distributions and all non-taxable loans currently available to me under all plans maintained.
- (3) My contributions to the plan will be suspended for 6 months following my hardship distribution.
- (4) 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 during which I may consent to a distribution from the Plan, and I have read the *Special Tax Notice Regarding Plan Payments* explaining the tax consequences of my withdrawal.

Participant Signature: _____ Date: _____

Return this form to your Human Resources Department.

FOR OFFICE USE ONLY: ADMINISTRATIVE APPROVAL

Approved Division: _____

Not Approved

Date Of Review: _____

Instructions:

The administrator should verify (1) current employment status, (2) immediate financial need, and (3) date of hire.

Signature: _____

Print Name: _____

