SAN FRANCISCO ELECTRICAL WORKERS RETIREMENT SAVINGS PLAN 720 MARKET ST., SUITE 700, SAN FRANCISCO, CA 94102 (415) 263-3670

HARDSHIP WITHDRAWAL APPLICATION

Before completing, please read the Plan's Hardship Withdrawal Rules

Please PRINT or TYPE all information and check the appropriate boxes. Be sure to sign and date the application wherever necessary before returning to this office.

Name	:					
	:(First)		(Initial)	(La	ust)	
Mailin	ng Address:	(No., Street, Apt. #)				
		(No., Street, Apt. #)	(City)	(State)	(ZIP)	
Soc. S	Sec. No.:	Birth	Date:	Phone: ()	
Havin	g read the attac	hed Hardship Withdraw	al Rules, I hereb	y request a hardship v	withdrawal:	
	. .	sured medical expenses y deductible under the ta	• •	ouse, dependents or b	peneficiary, that	would otherwise
	· ·	on, related educational lucation for me, my spor		•	for the next 12	months of post-
	To pay direc	t costs related to the pur	chase of my prin	cipal residence (exclu	iding mortgage p	ayments).
	· ·	yments necessary to pro my principal residence.	•	n from my principal	residence or fo	reclosure on the
	To cover bur	ial or funeral expenses f	for my deceased	parent, spouse, child,	dependent or be	neficiary.
		e repair of damage to m but determined without				deduction under
	To pay my c make timely	redit card or other instal payments.	lment debt that i	s at least 30 days past	t due by reason o	of my inability to
You n	nust attach do	cumentation supportin	g the type of ha	rdship requested ab	ove.	
Total	Amount reques	sted \$				
availa previo	ble distributior ously received a	knowledge that a hards as under this Plan and a a hardship withdrawal in at of my immediate and	Il other retirement the same calend	nt plans maintained l lar year. The amount	oy my Employe	r, and I have not
	withholding, your tax retu on your with	Withholding: Your withough you may elect sum for the year in which adrawal, plus a 10% feet ay apply, so you may with	ome other percent n your withdrawa leral and 2 ¹ /2% s	tage below (or no wi al is taxable, you will tate penalty tax if yo	thholding). Whe l generally pay r u are under age	en you file regular tax 59½. An
		leral income taxes from taxes at the rate of	• •	thdrawal at the rate o of 1%). (Must comp l		ead of 10%) and

□ I hereby elect <u>NOT</u> to have federal income taxes withheld from my hardship withdrawal. I understand that federal and state income taxes nevertheless apply, along with penalty taxes, and that penalties may also apply in the event that my total withholding and estimated taxes are insufficient. (**Must complete W-4R**)

The Plan is hereby instructed to sell investments in my account on a pro rata basis to fund the withdrawal. Revised 3/2023

In applying for this hardship withdrawal, I acknowledge that I have been provided with the Plan Hardship Rules, the terms of which are incorporated into this application. I hereby certify that (i) I have obtained all other currently available distributions and nontaxable loans (if applicable) under this Plan and all other plans maintained by my Employer and (ii) the requested distribution is on account of the financial need referenced above in this form, (iii) the requested distribution is not in excess of the amount required to satisfy my financial need, and (iv) I have no alternative means reasonably available to satisfy my financial need. I understand that, upon receipt of my hardship withdrawal, my election is irrevocable even if my circumstances change. I understand that my hardship withdrawal will reduce the amount of benefits I will ultimately receive from the Plan, and that there are negative tax implications to my hardship withdrawal.

Participant's Signature (**Required**)

I hereby affirm, confirm and certify that all of the above is correct, true and current.

X_____

Date:

RETURN SIGNED ORIGINAL OF THIS FORM TO EISB

Spouse's Signature

I am the spouse of the Participant who has signed this form. I acknowledge that no hardship withdrawal will be made to my Participant/spouse unless I consent by signing this section <u>either in the presence of a notary public or in</u> the presence of a Plan representative. I further acknowledge that by agreeing to the hardship withdrawal requested by my Participant/spouse, I am giving up benefits that might otherwise provide a survivor benefit to me in the event of my spouse's death. I understand that I am not required to sign this form, and I hereby represent that I am signing this form voluntarily.

Spouse's Signature

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NOTARIZATION

I, ______ a Notary Public, do hereby certify that on the ______ day of _______ personally appeared before me and that the foregoing was subscribed and sworn/affirmed to before me.

My Commission Expires:_____

OR WITNESS BY PLAN REPRESENTATIVE

I, _____, do hereby certify that on the _____ day of _____, 2___, _____ personally appeared before me and, provided identification supporting that he/she is indeed the Spouse of the Participant and executed the foregoing before me.

ACKNOWLEDGMENT OF RECEIPT

Signature of Plan Representative

Date

□ APPROVED

DENIED (for the following reason(s):

Revised 3/2023