



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

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 and affirm 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) I agree to preserve documentation supporting my withdrawal for at three years after the date of my withdrawal. 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 either in the presence of a notary public or in 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

X \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARIZATION**

I, \_\_\_\_\_ a Notary Public, do hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, \_\_\_\_\_ 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): \_\_\_\_\_)