

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 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): _____)