

Plan Number: 89586

Social Security Number: _____

Participant Information

Company: _____

Participant Name: _____
Last First Initial

Participant Address: _____
Street
City State Zip Code

Reason For Hardship Withdrawal

Check the reason you are requesting a hardship withdrawal. Attach the document(s) indicated. The Plan Administrator may request additional documents.

Purchase of my principal residence. *(Attach purchase contract or escrow instructions.)*

Medical Expenses incurred or necessary to obtain required medical care. *(Attach bills and denial of claim by insurance company.)*

College Education. *(Attach statement of tuition due for next quarter, semester or year.)*

Prevention of eviction from, or foreclosure on, my principal residence. *(Attach warning letter or notices issued by landlord or holder of your mortgage.)*

Withdrawal Information

AMOUNT REQUESTED (Check one)

My contribution to my account.

Specified amount from my account \$_____.

NOTE: *The amount requested will be prorated and withdrawn from your account based on your current investment election(s).*

Withholding Election

Deferred Compensation Account

I want my distribution in cash and the mandatory **10%** withheld for federal income tax purposes.

I want my distribution in cash and **no** federal income tax withheld.

I want my distribution in cash and **grossed up** to cover the mandatory tax withholding.

Rollover Account, if applicable

I want my distribution in cash and the mandatory **20%** withheld for federal income tax purposes.

I want my distribution in cash and **grossed up** to cover the mandatory tax withholding.

Payment Method

Check payable to me

Electronic Funds Transfer (EFT) to my checking or savings account

To set up your EFT instructions, you will be required to call the Fidelity Retirement Benefits Line at 1-800-835-5098 or log on to Fidelity NetBenefits at www.401k.com.

Hardship Withdrawal Authorization

I hereby certify that I have an immediate and heavy financial need that can not be relieved in any of the following ways:

1. Through reimbursement or compensation by insurance or otherwise.
2. By reasonable liquidation of my assets, to the extent such liquidation would not itself cause an immediate and heavy financial need.
3. By cessation of After-Tax and Deferred Compensation Contributions to this Plan or any other plan of deferred compensation.
4. By other distributions or nontaxable (at the time of the loan) loans from this Plan or from plans maintained by any other employer. [I am unable to afford loan repayments at this time.]
5. By borrowing from commercial sources on reasonable commercial terms.

I understand and agree that (a) my deferred contributions will be suspended for six months after the receipt of the hardship distribution; and (b) my annual deferred contribution limit for the calendar year immediately following the calendar year of the hardship withdrawal will be reduced by an amount equal to my deferred contributions for the calendar year of the hardship distribution. I certify that the information furnished by me in support of this application is true and correct.

PARTICIPANT'S SIGNATURE _____

DATE _____

HARDSHIP WITHDRAWAL APPROVAL *To be completed by the Plan Administrator*

ADMINISTRATIVE COMMITTEE _____ DATE _____