



## REQUEST FOR WITHDRAWAL DUE TO FINANCIAL HARDSHIP (Active Employees Only)

**Instructions:**

Complete each applicable section. Print your name, enter the date, and provide your signature in the final section of the form. Return the form to your Employer for signature (scanned copies or facsimiles are acceptable; you may retain the original form for your records). The form should then be transmitted to the RPG Distributions Department for processing.

**PERSONAL INFORMATION**

Plan/Employer Name: _____	E-Mail Address: _____
Name: _____	Home Telephone #: _____ - _____
Address: _____	Date of Birth: _____ / _____ / _____
Apt/Suite: _____	Date of Hire: _____ / _____ / _____
City, State, Zip: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Social Security #: _____	
Current Age: _____	

I understand that a hardship withdrawal (not including earnings on salary deferrals, or QNEC or QMAC accounts) to the extent that the amount of the withdrawal is necessary to satisfy an immediate and heavy financial need. I understand that this withdrawal will be taxable as ordinary income in the calendar year in which it is received by me. Additional taxes may apply. A 10% penalty will apply (but not withheld unless indicated below) if I am under 59 ½ years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law. I also understand that IRS rules require me to suspend my salary deferrals into the Plan for a period of at least 6 months.

**The IRS allows the following reasons for taking a hardship withdrawal in the Plan:** *(Please check applicable)*

- To obtain medical care or to pay medical expenses incurred by me, my spouse or any of my dependents.
- To purchase (excluding mortgage payments) a principal residence or pay for the repair of damage to my principal residence.
- Payment of tuition and related educational expenses for the next year of post-secondary education for myself, my spouse or any of my dependents.
- The need to prevent eviction from my principal residence or prevent a mortgage foreclosure on my principal residence.
- Funeral expenses.

**I confirm that the following statements are true:** *(You must check both boxes)*

- I have attached the relevant documentation to support the above indicated claim of an immediate heavy financial need. I agree to preserve supporting documents and to make them available at any time to my employer or administrator.
- I certify that the immediate and heavy financial need stated above cannot be relieved from any other resources that are reasonably available. This includes any retirement plan loans, if available, as loan repayments would constitute a counterproductive action by increasing my financial burden.

**WITHDRAWAL AMOUNT** *(Please complete below):*

I hereby request a withdrawal for the reason(s) selected above. I have read the above language and understand the tax implications of this withdrawal. I wish to withdraw the amount indicated below:

- Maximum amount available to me *(To be calculated at the time of processing)*
- The following amount: \$ \_\_\_\_\_ *(Certain restrictions may not allow you to withdraw the full amount requested)*

**TAX WITHHOLDING AMOUNT** *(Optional):*

- Please withhold the following amount \$ \_\_\_\_\_ or percentage \_\_\_\_\_ % from my withdrawal.

