

**Goldberg, Swedelson  
& Associates, Inc.**  
Pension & Profit Sharing Consultants

**HARDSHIP WITHDRAWAL APPLICATION**

Name of Employer/Plan:

Participant:

SSN:

Amount requested: \$

Your retirement plan allows Hardship Withdrawals against your vested account balance. Please refer to your Summary Plan Description for further details on this type of distribution.

**REASONS FOR HARDSHIP**

As a Participant in the Plan, I am applying for a hardship distribution. I confirm that the reason for the hardship is (*check one*):

- Payment of expenses for unreimbursed medical expenses previously incurred or necessary to obtain medical care for either myself, my Spouse, my child(ren), my other dependents or primary beneficiary.
- Purchase of my principal residence (excluding mortgage payments).
- Payment of tuition and related educational fees, including room and board for the next 12 months of post-secondary education for either me, my Spouse, my child(ren), my other dependents or primary beneficiary.
- Prevention of foreclosure or eviction from my principal residence.
- Payment for burial or funeral expenses of my deceased parent, Spouse, child, other dependent or primary beneficiary.
- Payment of expense for the repair or damage to my principal residence that would qualify for a casualty deduction under Section 165 of the Internal Revenue Code.

**CERTIFICATION AND ACKNOWLEDGEMENTS**

To receive the hardship distribution, I understand the following:

- The distribution will not be in excess of my immediate financial need and I will submit proof of financial need for any reason chosen above to support the amount requested.
- I should consult with my own tax advisor with respect to tax consequences of any distribution I receive.
- If I am under Age 59 ½, I understand this distribution may be subject to a federal penalty of 10% and State penalty, if applicable.
- Hardship withdrawals of contributions are not subject to the required 20% Federal income tax withholding and I must elect federal and/or state tax withholding, if any.
- I am not able to roll any amount I receive as a hardship to an IRA that I maintain.
- My election is irrevocable.
- The Trustee of the Plan will hold the portion of my account balance that I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon termination of Employment.
- This distribution is subject to the approval of my employer.
- I am aware that the Hardship distribution processing is subject to a \$200 fee. I further understand that once I apply for this distribution and it is approved, I will be charged this fee, even if I choose not to take the hardship distribution.
- **I will retain all supporting documents to validate my hardship claim and I understand I may be asked for proof by the IRS in the future regarding its validity.**

By: \_\_\_\_\_  
Participant's signature

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

Approved by Plan Administrator: \_\_\_\_\_

**MAIL, EMAIL, or FAX completed forms to:**  
**GOLDBERG, SWEDELSON & ASSOCIATES**  
16530 Ventura Boulevard, Suite 401, Encino, California 91436  
Fax: (818) 501-2955 Email: [distributions@gsapension.com](mailto:distributions@gsapension.com)