

IBEW LOCAL 9 and LINE CLEARANCE CONTRACTORS FRINGE BENEFIT FUNDS

IBEW Local No. 9 and Line Clearance Contractors Health & Welfare Fund
 IBEW Local No. 9 and Line Clearance Contractors 401(k) Retirement Fund

Managed for the Trustees by:
 TIC INTERNATIONAL CORPORATION

Application for Hardship Withdrawal

Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. A Hardship Withdrawal is only available from your 401(k) contributions; earnings may not be withdrawn, and the minimum request is \$1,000. If any part of this application is not entirely clear, do not hesitate to contact the Fund Office for assistance at (877) IBEW-155. Be sure to sign and date this application before a Notary Public. The maximum amount available for a hardship withdrawal is \$_____ as of _____.

Participant Information	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Name</td> <td style="width: 40%; border-bottom: 1px solid black;">Social Security Number</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Street Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City, State, ZIP Code</td> <td style="border-bottom: 1px solid black;">Email Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Daytime Phone Number</td> <td style="border-bottom: 1px solid black;">Evening Phone Number</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Date of Birth</td> </tr> </table>	Name	Social Security Number	Street Address		City, State, ZIP Code	Email Address	Daytime Phone Number	Evening Phone Number		Date of Birth
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	Date of Birth										
Hardship Request	<p>I hereby request a withdrawal of \$_____ from my 401(k) account to meet an immediate and heavy financial need which has arisen due to the reason(s) indicated below and which cannot be resolved by other financial resources available to me. The amount must be equal to your immediate need.</p> <p>1. I certify that my hardship withdrawal request is for the reason(s) checked below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Necessary medical expenses for me, my spouse, and/or one or more of my dependents that are unreimbursed by insurance. Submit proof of the unpaid medical bills. <input type="checkbox"/> The purchase (excluding mortgage payments, refinancing, and land-only) of my principal residence. Submit a copy of the signed (by seller and buyer) purchase agreement with future closing date and estimated closing costs. <input type="checkbox"/> Payment for tuition, room and board, and related educational expenses for post-secondary education over the next 12 months for me, my spouse, and/or dependents. Submit copies of tuition, fees, or room and board bills for the next 12 months. <input type="checkbox"/> Costs associated with preventing eviction from, or foreclosure on the mortgage of my primary residence. Submit copies of Notice of eviction or foreclosure notice. This includes property tax forfeiture. <input type="checkbox"/> Payment for the burial or funeral expense for my parent, spouse, and/or my dependent(s). Submit burial and funeral bills and copy of Death Certificate. <input type="checkbox"/> Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Code section 165 (regardless of whether the loss exceeds 10% of my adjusted gross income. Submit evidence of loss (photos or written description of loss and what caused it) along with estimated repair bills and insurance settlement, if any. <input type="checkbox"/> Other immediate and heavy financial need as approved by the Trustees that cannot be satisfied by other means. You must complete the separate Financial Worksheet form, when you request this general form of hardship withdrawal and submit unpaid bills, fees or expenses. 										

<p>Hardship Request (cont)</p>	<p>2. I certify that this financial hardship cannot be relieved through:</p> <ul style="list-style-type: none"> a. Reimbursement or compensation from insurance or otherwise. b. Liquidation of my assets (including the assets of my spouse and minor children), to the extent such liquidation would not itself cause an immediate and heavy financial need. c. By stopping my elective contributions to the plan d. By borrowing from commercial sources on reasonable commercial terms, in an amount sufficient to satisfy the financial need. <p>I understand the amount of the request cannot exceed the amount required to satisfy the need, plus any taxes and penalties on the withdrawal.</p> <p>3. Please issue and mail the check as indicated below:</p> <p>Person or Entity: _____</p> <p>Address: _____ _____</p> <p>Account No: _____</p>
<p>Income Tax Information and Withholding</p>	<p>Your Hardship Withdrawal will be subject to taxation, whether or not you choose to have taxes withheld at the time of the withdrawal. Your Hardship Withdrawal will be reported to the IRS on form 1099-R. You will be responsible for paying any federal, state, or local income taxes on this withdrawal. In addition, there may be an additional 10% excise tax due for early withdrawal, if you are under age 59½. The IBEW Local 9 and Line Clearance Contractors 401(k) Retirement Fund is not required to withhold federal taxes from your Hardship Withdrawal, but as a convenience to you, the Fund will automatically withhold 10% unless you specify otherwise below. Your Hardship Withdrawal is not eligible for rollover to an IRA or qualified plan.</p> <p>If you do not have enough federal withholding from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.</p> <p>You may elect to gross up the hardship withdrawal for income and excise taxes you may owe on the withdrawal. The amount of the withdrawal you requested may be increased, so that after those taxes are paid, you will be left with the amount needed to satisfy your financial hardship. You will receive the amount available in your account or the amount of your request, whichever is less.</p> <p>It is wise to seek professional tax advice before requesting a hardship withdrawal from the Fund. The Trustees or Fund Office cannot provide individual tax advice.</p> <p><input type="checkbox"/> Instead of the automatic gross-up and withholding of 10% specified above, please gross-up my hardship withdrawal by the following: _____ percent. Withholding will be made at the same amount unless specified differently below.</p> <p><input type="checkbox"/> Please withhold the following for income and excise taxes that may be due on this hardship withdrawal: _____ percent.</p>

Marital Status	<p>If you are currently married, your spouse must consent to the Hardship Withdrawal by signing the Spousal Consent section below which must be notarized.</p> <p>If you are divorced you must provide a copy of the divorce decree or Qualified Domestic Relations Order if entered. Plan assets that are specified under a current or pending Qualified Domestic Relations Order (QDRO) are not available for a hardship withdrawal from the Plan.</p> <p>I am currently:</p> <p style="text-align: center;"> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced </p> <p>For QDRO administration, please indicate the times you have been married ____ and divorced ____.</p>
Spousal Consent and Notary Approval	<p>I hereby certify that I am the spouse of the above-named participant and that I consent to the hardship withdrawal from the plan as indicated below. I also understand that by consenting to this distribution I waive all rights to any other payment I would have been entitled to upon the Participant's death, with respect to the amount subject to the withdrawal described above. I further understand that this election is irrevocable.</p> <p> Date _____ Spouse's Signature _____ </p> <p>On this _____ day of _____, _____, the individual whose signature appears above signed this consent in my presence and established to my satisfaction that he or she is the person whose name is that of the participant's spouse set forth above.</p> <p style="text-align: right;">(Notary Seal)</p> <p> Signature of Notary Public _____ Date _____ </p> <p> Name of Notary Public _____ My Commission Expires _____ </p>
Participant Signature	<p>If I am married, my spouse has completed the above Spousal Consent section of this form. I hereby apply for benefits from the Fund. The above statements, and attached documents, are true to the best of my knowledge and belief. I understand that any false statement constitutes fraud and that such an action may disqualify me for benefits. I further understand that the Trustees have a fiduciary obligation to recover any fraudulently obtained benefits and that the Fund shall have the right to recover any payments made to me because of any false statements. I further understand that if a benefit is granted to me, I agree to be bound by all Rules and Regulations of the Plan and will personally endorse all checks received by me.</p> <p> Date _____ Participant's Signature _____ </p>
Submit Application	<p>Submit application and attachments to the address shown below. Please Include:</p> <ol style="list-style-type: none"> 1. Birth Certificate (Participant and Spouse) 2. Marriage Certificate or License 3. Divorce decree(s) or QDRO(s) 4. If widowed (send copy of death certificate)
Approval (Fund Office Use Only)	<p> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved </p> <p> Date _____ Plan Administrator's Signature _____ </p> <p>Reason hardship not approved: _____</p>

IBEW LOCAL NO. 9 AND LINE CLEARANCE CONTRACTORS 401(k) RETIREMENT FUND

FINANCIAL WORKSHEET FOR 401(k) HARDSHIP WITHDRAWAL

SECTION A-PERSONAL INFORMATION

Name:	Social Security Number:
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SECTION B-FINANCIAL INFORMATION Report all income and expenses for your household

Number in Household _____

LIQUID ASSETS	BANK/CREDIT UNION BALANCE	FIXED MONTHLY EXPENSES	MONTHLY PAYMENT	AMOUNT PAST DUE
Checking	\$ _____	Mortgage/Rent	\$ _____	\$ _____
Savings	\$ _____	Utilities	\$ _____	\$ _____
Other (itemize)	\$ _____	Alimony/Child Support	\$ _____	\$ _____
	\$ _____	Car Expenses (gas, etc.)	\$ _____	\$ _____
	\$ _____	Insurance (auto, life, etc.)	\$ _____	\$ _____
		Day Care	\$ _____	\$ _____
Total Liquid Assets	\$ _____	Food	\$ _____	\$ _____
		Other _____	\$ _____	\$ _____
		(clothes, charities, school, etc.)		
		Total Fixed Monthly Expenses	\$ _____	¹ \$ _____

OTHER MONTHLY EXPENSES List other monthly expenses. Including loans, charge accounts and credit cards. Documentation of past due amounts is required

Name Of Creditor	Purpose Of Expenditure	Present Balance	Monthly Payment	Months Past Due	Amount Past Due
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		²Total Other Monthly Expenses	\$ _____	Total Past Due	\$ _____

(continue on separate sheet if necessary)

Monthly Income

	Gross	Net		
Your Wages	\$ _____	\$ _____	A-Total Monthly Income	\$ _____
Your Spouse's Wages	\$ _____	\$ _____	¹ Total Fixed Monthly Expenses	\$ _____
Other Monthly Income	\$ _____	\$ _____	² Total Other Monthly Expenses	\$ _____
(Itemize Below)	\$ _____	\$ _____	B-Total Monthly Expenses	\$ _____
	\$ _____	\$ _____	Net Income (A minus B)	\$ _____
	\$ _____	\$ _____		

SEE OTHER SIDE

