

HARDSHIP WITHDRAWAL FORM

IBEW Local 131 Pension Fund

PARTICIPANT'S NAME	SOCIAL SECURITY NO.
CONTACT PHONE NUMBER	E-MAIL ADDRESS

I. REQUEST FOR HARDSHIP WITHDRAWAL

NOTE: You may obtain the dollar amount of your vested account that is available for a hardship withdrawal by contacting John Hancock. If a portion of your account is invested in a brokerage account and the amount you request exceeds the available amount in the standard investment options, you will need to liquidate the appropriate amount from your brokerage account and transfer those funds back to the standard investment options before you submit this form.

- A.** I am applying to make a hardship withdrawal from my vested account in the amount of \$_____ (Minimum withdrawal of \$1,000, or, the entire available amount, if less).
- This amount cannot exceed the amount supported by your acceptable documentation (see below) and is subject to the balance available for withdrawal in your account.
 - If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
 - Any amount paid to you may be reduced by applicable taxes.
 - Only the amount supported by acceptable documentation will be processed, even if it is less than the amount requested. A subsequent request will be treated as a new hardship withdrawal.

B. Please check the reason for the hardship request below and submit the appropriate documentation to substantiate this request. Please see the attached Hardship Withdrawal Guidelines for additional details regarding the required documentation.

	Reason	Documentation to substantiate request
<input type="checkbox"/>	To purchase my principal residence (excluding mortgage payments)	Fully executed purchase and sales agreement which satisfactorily indicates that the amount requested will be used for the purchase of your principal residence
<input type="checkbox"/>	To pay unreimbursed expenses for medical care for me, my spouse, or any of my dependents	Copy of medical bill(s) not more than 6 months old. Medical bill(s) must identify name of individual, service rendered, date of service, billed amount, amount paid by insurance (if applicable), outstanding amount
<input type="checkbox"/>	To pay unreimbursed tuition and related educational expenses for the next 12 months of post-secondary education for myself, my spouse, or any of my dependents	Copy of tuition bill for current semester and/or next semester/copy of bill(s) for related educational expenses
<input type="checkbox"/>	To make payments necessary to prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence	Copy of eviction or foreclosure notice. Note: The address on the eviction or foreclosure notice must be the same as the address on your account, unless the address on your account is a P.O. Box. If the address on your account is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice.



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<input type="checkbox"/> To pay for funeral and/or burial expenses for my deceased parent, spouse, child or dependent	Copy of funeral and/or burial bill not more than 6 months old
<input type="checkbox"/> To repair damage to my principal residence due to a federally declared disaster that can be deducted on my tax return as a casualty loss	Copy of repair bill(s) to principal residence which satisfactorily indicate that the repairs are needed due to casualty loss and are not more than 6 months old

II. TAX WITHHOLDING

You may elect to have (or not have) federal income tax withheld from your hardship withdrawal by checking Option A or B below.

If you elect to have no amount withheld, or if you do not have enough federal income tax withheld, 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. You should consult your tax advisor for more information.

NOTE: If no election is made, 10% will automatically be withheld for federal income tax, and the appropriate percentage will be withheld for state income tax (if applicable). In addition, the amount withdrawn **will not** be increased to cover the tax withholding. The distribution may also be subject to an additional 10% early withdrawal penalty if you are under age 59½.

Elect One

- A.** I **elect** to have federal income tax, at the rate of 10%, and state income tax (if applicable) withheld from my hardship withdrawal. **Additional Amount to be Withheld (if any):** \$ _____
- I also elect to increase the amount of my withdrawal to cover the applicable federal and state income tax withholding.
- I do not elect to increase the amount of my withdrawal to cover the applicable federal and state income tax withholding.
- B.** I **do not elect** to have federal or state income tax withheld from my hardship withdrawal.

III. HARDSHIP WITHDRAWAL INFORMATION AND CERTIFICATION

- A.** I hereby certify that I have no other financial resources available to me to meet this financial hardship. I hereby certify that this financial need cannot be relieved:
- 1) through reimbursement of insurance or otherwise;
 - 2) by reasonable liquidation of my assets including assets of my spouse and dependents, to the extent such liquidation would not itself cause an immediate and heavy financial need;
 - 3) by cessation of my contributions to the Plan; or,



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4) by other distributions or loans from plans maintained by the Company or by any other employer, or by borrowing from commercial sources on reasonable commercial terms.

B. I understand that, following my hardship withdrawal, I will be suspended from making contributions to the Plan for at least 6 months.

IV. MARITAL STATUS

I am legally married YES NO

If you checked "Yes," your spouse must complete the attached **SPOUSAL CONSENT FORM**.

V. SIGNATURE

I understand that I have the option to have this distribution directly deposited into my bank account by accessing mylife.jhrps.com to set up my banking information or to confirm existing banking information on file, if applicable.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

I certify that the information provided, including the attached documentation, is true and accurate. I acknowledge that the payment amount may be less than the specific dollar amount I may have requested above due to Plan limitations and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made. I understand that this withdrawal may not be repaid to the Plan.



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Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I certify under penalty of perjury (under the laws of the United States of America) that the information I have provided, including any attached documentation, is true and accurate.

Signature of Participant: _____ **Date:** _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The request for the above Participant is: APPROVED NOT APPROVED

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: _____ Date: _____

Date form received by Plan Administrator: _____

Return this form to: Fund Office, Board of Trustees, IBEW Local 131 Pension Fund, c/o Wilson-McShane Corporation, 2002 London Rd. Suite 300, Duluth, MN 55812.



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HARDSHIP WITHDRAWAL GUIDELINES

REASON: Purchase of Principal Residence

Basic Requirements

- withdrawal request must be for purchase of principal residence of participant
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

FOR PURCHASE OF EXISTING HOUSE

- sales contract - must include closing date, buyer's (participant's) signature, seller's signature, current date, amount needed to purchase house, address of property
- good faith estimate - must include buyer's (participant's) name and signature, seller's signature, current date, amounts (such as closing costs and deposits) required to be paid to purchase house, address of property

FOR PURCHASE OF MOBILE HOME OR MANUFACTURED HOME

- sales contract - must include buyer's (participant's) signature, seller's signature or signature of authorized representative of company, current date, purchase price of home; may include down payment and closing costs

FOR CONSTRUCTION OF PRINCIPAL RESIDENCE

- contract - must include buyer's (participant's) signature, contractor's signature, current date (unless proof of extension), building cost; may include copy of construction loan

PURCHASE OF LAND FOR CONSTRUCTION OF PRINCIPAL RESIDENCE OR PLACEMENT OF MOBILE OR MANUFACTURED HOME

- contract - must include buyer's (participant's) signature, seller's signature, current date, purchase price, location of property
- documentation by contractor - must show intent for construction of principal residence within one year time frame

Non-Eligible Expenses

- amounts already paid (for example, down payment, deposits, earnest money) are not eligible for hardship withdrawal (Exception: bridge loan (i.e., where a loan is taken for a short term while the hardship is being processed))
- refinancing of the mortgage of a principal residence is not eligible

REASON: Payment of Unreimbursed Medical and Dental Expenses

Basic Requirements

- must be eligible medical* and/or dental expense (*for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of treating any structure or function of the body)
- amount must (1) not be covered by insurance, (2) not paid in its entirety by insurance, or (3) not previously paid by participant
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

FOR MEDICAL EXPENSES INCURRED

- copy of bill(s) - must identify name of participant or dependent, service rendered, date of service, billed amount, amount paid by insurance (if applicable), outstanding amount

FOR MEDICAL EXPENSES NOT YET INCURRED

- doctor/hospital statement - must identify name of participant or dependent, service to be rendered, estimated cost of service; statement must be on doctor's/hospital's letterhead; and
- letter from insurance carrier (if applicable) - must identify amount to be paid by insurance or denying coverage



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Non-Eligible Expenses

- cosmetic surgery is generally not eligible (unless required due to accident or medical condition)

REASON: Payment of Tuition and Related Educational Expenses

Basic Requirements

- tuition and/or related educational fees must be for a post-secondary education at an accredited college, university or trade school for either the participant, participant's spouse, or participant's dependents (post-secondary education must require individual to have a high school diploma or GED)
- expenses must be for the current semester or for next 12 months of education
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

TUITION AND BOARD

- copy of tuition and/or board bill - must include name of student and name of educational institution, fee for tuition (may be broken down by class) for the **current** or **next semester**, fee for board for **current** or **next semester**

RELATED EDUCATIONAL FEES - must include copy of tuition bill or letter of college enrollment along with the following appropriate documentation:

- copy of bill(s) or booklist - must show fees for labs or list from bookstore with price of books, current date
- copy of bill for computer - must have current date

Non-Eligible Expenses

- payment of outstanding student loan is not eligible

REASON: Prevention of Eviction or Foreclosure from the Participant's Principal Residence

Basic Requirements

- eviction or foreclosure must be on participant's principal residence
- date of eviction or foreclosure must be in the future
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

FOR EVICTION FROM APARTMENT COMPLEX OR PROPERTY RENTED BY INDIVIDUAL

- eviction notice - must identify name of participant (as tenant); provide participant's address, amount needed to prevent eviction, and date on which amount must be paid; be dated and signed by owner or representative of apartment complex or landlord

FOR FORECLOSURE

- foreclosure notice - must be from mortgage company, other appropriate agency, or state or local taxing authority; identify name of participant; provide participant's address; amount needed to prevent foreclosure; date on which amount must be paid; be dated and signed by authorized representative of mortgage company, other appropriate agency and/or taxing authority; state that foreclosure proceedings will begin if amount not paid

Note: The address on the eviction or foreclosure notice must be the same as the address on your account, unless the address on your account is a P.O. Box. If the address on your account is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice.



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Non-Eligible Expenses

- past due utility, water, and property tax bills are not eligible (*Exceptions*: Property tax bills that may lead to sale of principal residence if bill is not paid and utility and water bills that are included in an eviction notice.)

REASON: Payment of Funeral and/or Burial Expenses

Basic Requirements

- funeral and/or burial expenses must be for the participant's deceased parent, spouse, child or dependent
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

- copy of funeral and/or burial bill – must identify names of family member (i.e., deceased parent, spouse, child or dependent) and billed amount

Non-Eligible Expenses

- amounts already paid through insurance

REASON: Repair Damage to Principal Residence Due to Casualty Loss

Basic Requirements

- damage to principal residence must be due to a federally declared disaster that can be deducted on participant's tax return as a casualty loss
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

Required Documentation

- copy of repair bill(s) – must satisfactorily indicate that the repairs are needed due to casualty loss

Non-Eligible Expenses

- amounts already paid through insurance



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SPOUSAL CONSENT FORM
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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

SPOUSAL CONSENT (To be completed by the spouse of the Participant)

I understand that my spouse (the Participant named above) has requested a distribution from the Plan in the amount requested on the attached Withdrawal/Distribution Form and that this amount may not be repaid to the Plan.

As the spouse of the Participant, I hereby consent to the distribution. In the event that my spouse (the Participant) dies before I do, I hereby voluntarily and irrevocably agree to waive any and all claim to any Plan benefits otherwise payable to me to the extent of the amount distributed.

Spouse's Name (Print)

Signature of Spouse
(Must be signed and dated in presence of Notary)

Date

WITNESSED BY (To be completed by Notary Public)

NOTARY PUBLIC

State of _____, County of _____, ss.

On this, the ____ day of _____, 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary Public (SEAL)

My Commission Expires: ____ / ____ / ____

Return this form to: Fund Office, Board of Trustees, IBEW Local 131 Pension Fund, c/o Wilson-McShane Corporation, 2002 London Rd. Suite 300, Duluth, MN 55812.

