



Hardship Distribution Form Huntley & Huntley, Inc. 401(k) Plan

Section 1 Participant Information

Name (Last, First, Middle, Initial)

Social Security Number

Street address

City

State

Zip Code

Birth date

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Home Phone

Section 2 Distribution Election

- ☐ I elect to have \$_____ distributed to me as a hardship distribution. I understand that there will be tax implications from taking this distribution. I also understand that there may be withholding for tax purposes of 20% on any portion of this distribution that is not attributable to my elective deferral contributions unless the box below is checked.
- ☐ Do not withhold Federal Income Tax from my 401(k) distribution.

Section 3 Participant Signature

I understand the tax implications of taking this hardship distribution. I also attest that the information provided to the plan sponsor is an accurate representation as to the validity of the hardship need and I assure to the plan sponsor that they can rely on the information provided in order to make their determination. **I further understand that I will be suspended from making salary deferrals for a period of 6 months.**

Participants Signature _____ Date _____

Section 4 Plan Sponsor Authorization

I as the designated individual of the plan do hereby authorize the payment of this distribution as directed by this form.

Plan Sponsor Authorization _____ Date _____