

# Pipe Trades Pension of Montana

Toll Free  
(888) 290-3596

CompuSys, Inc.  
PO Box 26237  
Salt Lake City, UT 84126-6237

Fax  
(801) 975-1342

## HARDSHIP WITHDRAWAL REQUEST

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Amount of net disbursement requested (amount needed to cover hardship): \$ \_\_\_\_\_

Include back up documentation to support the amount requested.

### **Please check one of the following:**

**Yes, I want federal taxes withheld** in the amount of \$ \_\_\_\_\_ (Or, if no amount is specified, disbursement amount will be increased to allow for 20% of total to be sent to IRS for withholding.)

**Yes, Withhold state taxes of \$ \_\_\_\_\_** (N/A in Wyoming)

**State Income Tax Requirements:** The Plan will use your address of record to determine state withholding requirements. State tax will be withheld according to your state's guidelines.

**No, I do not want federal or state taxes withheld.** I understand I will be responsible for any and all taxes due as a result of this disbursement.

### **ALL APPLICATIONS ARE SUBJECT TO A \$100 SERVICE FEE (DEDUCTED FROM YOUR ACCOUNT)**

I certify that I have a severe and immediate financial hardship due to (check): *These documents are required to be included with your application.*

- Medical expenses for myself, my spouse or my dependents** (*Provide copies of Explanation of Benefits or detailed statements from your medical providers showing insurance payments/adjustments.*)
- Payment of tuition for post-secondary education for myself, spouse or child(ren).** (*Provide billing statement from the Learning Institution. Documentation must include the name of student and what quarter/semester is being billed.*)
- Necessity to prevent eviction from, or foreclosure on, my principal residence** (*Eviction - letter from landlord with contact information AND a copy of your rental agreement is required. Foreclosure - letter from lender showing foreclosure is imminent and the amount needed to become current. Future payments are not allowed. This is allowed only 1 time per calendar year.*)
- Funeral expenses for my spouse, child or parent** (*include copy of death certificate, billing statement from funeral home and documentation showing your relationship [i.e., their birth certificate for a child or your birth certificate for a parent]*)

**\*\*PLEASE NOTE: ALL SIGNATURES ON THIS APPLICATION MUST BE NOTARIZED\*\***

By signing this application, I certify that I am unable to meet this severe and immediate financial need through other sources available to me, including:

- \* Savings
- \* Insurance coverage
- \* Assets (such as stocks or a vacation home) that I can reasonably liquidate without incurring a further financial hardship
- \* Borrowing from commercial sources on reasonable commercial terms.

➤ **If I am married, my spouse has consented to this withdrawal, by signing the Spousal Consent along with me.**

➤ **If I am NOT married, I have signed the Certification of No Spouse or QDRO.**

➤ I understand that this distribution is not subject to an automatic 20% withholding requirement, but I may elect to have Federal and/or State taxes withheld and the Plan Administrator may withhold 20% of the payment or the amount specified and send it to the IRS/State Tax Commission as income tax withholding to be credited against my taxes. I also understand that this withdrawal will be subject to normal income tax and possibly an additional 10% early distribution penalty if I have not attained age 59 ½. Although my hardship is limited to the amount necessary to meet the purpose listed above, I can take an additional amount to pay the taxes that I will incur as a result of the hardship withdrawal. Thus, the net amount after taxes will be sufficient to meet my need.

**SPOUSAL CONSENT (IF MARRIED)**

I hereby approve of, and consent to, my spouse's election for a hardship withdrawal. I understand that this election may have the effect of reducing the benefit I would receive under the Plan, should my spouse die prior to retirement.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant (must be notarized)

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Signature of Spouse (must be notarized)

Sworn to, and witnessed by me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

**PARTICIPANT'S CERTIFICATION OF NO SPOUSE OR QDRO**

I certify that I am not now married and that there are no Plan benefits payable to a former spouse under a Qualified Domestic Relations Order.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant (must be notarized)

Sworn to, and witnessed by me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

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# DIRECT DEPOSIT AUTHORIZATION FORM

PIPE TRADES PENSION OF MONTANA  
PO Box 26237  
SALT LAKE CITY, UT 84126  
FAX: 801-975-1342

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Plan Administrator:

Please accept this as authorization to automatically deposit my requested distribution to the bank listed below.

I would like my distribution directly deposited at the following financial institution. I authorize the Plan to deposit my payment and to instruct my financial institution to appropriately credit/debit my account in the case of a deposit error. (To elect direct deposit, all of the information must be completed. Obtain the Routing Number from your financial institution.)

Name of Participant: \_\_\_\_\_ SSN: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Name of the Financial Institution

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Street Address / Post Office Box

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City / State / Zip Code

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Institution's Phone Number

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

Account Type:  Checking  Savings

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Signature of Account Holder

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Date

**SAMPLE CHECK** 0001

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_

⑆ 123456789 ⑆ 0123456789 ⑆ 0001

Routing Number Account Number

**Please attach a voided copy of one of your checks for verification of account and bank routing numbers. Do not use a deposit slip as it does not provide correct account information for direct deposit.**