

# Pipe Trades Pension of Montana

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## 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.

Please note: Funds will be withdrawn based on your election percentages unless specified below.

Please withdraw from specific funds: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

### **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):

- Medical expenses for myself, my spouse or my dependents
- Payment of tuition for post-secondary education for my child(ren) or other dependent(s)
- Necessity to prevent eviction from, or foreclosure on, my principal residence
- Funeral expenses for my spouse, child or parent

*You must attach to this form evidence of hardship such as medical bills, tuition bill, foreclosure or eviction notice or a bill for funeral expenses. Please contact the trust fund office if you have a question regarding your documentation.*

**\*\*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:\_\_\_\_\_