DYATECH

# HARDSHIP WITHDRAWAL FORM

Company Name

## PARTICIPANT INFORMATION

Social Security Number | First Name | MI | Last Name

Address

City | State | Zip Code | + 4

Work Phone Number | Home Phone Number | Date of Birth

## WITHDRAWAL AMOUNT

☐ Maximum Amount (This generally refers to the total of your employee contributions)

***OR***

☐ Specific Dollar Amount $_____. _____

Notice: A $55 check processing fee will be deducted.

## TAX WITHHOLDING INSTRUCTIONS

Please withhold the following percentage from the taxable portion of my distribution: ☐ 20% ☐ 25% ☐ Other (specify percentage amount) _____%

## PARTICIPANT/SPOUSE AUTHORIZATION

By signing this document I consent and understand I will be suspended from making contributions to the retirement program for the next 6 months.

☐ I am legally **not** married
☐ I am married and my Spouse's consent appears below

Signature of Spouse Date

Signature of Participant Date

Signature of Witness Date

## PLAN ADMINISTRATOR USE ONLY

Hardship Reason:
☐ Purchase of primary residence
☐ Expenses to prevent foreclosure or eviction
☐ Funeral expenses for dependent
☐ Other (as permitted by your Plan Document)
☐ Education expense (participant or dependent)
☐ Non-reimbursed medical expenses (participant or dependent)
☐ Casualty loss to a participant's primary residence

Plan Status: ☐ The participant's contributions to the plan have been suspended for 6 months.

I authorize the above transaction and acknowledge that the information provided herein is complete and accurate.

Signature of Plan Authorized Signer Date

Printed Name of Plan Authorized Signer

***Please fax completed form to 601-914-2329 or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. Incomplete forms will be returned to Plan Administrator for completion and discarded after 30 days of receipt if completed form is not received. For assistance with forms, please contact our Customer Service Dept. at 866-651-4222, ext. 400.***