

1081.01(d) Plan Financial Hardship/ In- Service Withdrawal Form

Employer:		Plan Name:	
Name, Middle Name, Last Name:			Social Security #:
Mailing Address:			Marital Status:
		Zip Code:	Hire Date Month Day Year

Reason for request:

It is possible that your plan provision allows you to request a withdrawal, in full or partial, of the vested balance of your account. These withdrawals are limited by law and by the plan document (Refer to the Summary Plan Description for more information). They can also be conditioned to guidelines set by your employer acting as Plan Administrator. Please select the appropriate checkbox and the evidence that the Administrator deems necessary to approve this request.

☐ **Financial Hardship by reason of:**

Reason for Hardship:**Amount needed:**

- | | |
|--|----------|
| <input type="checkbox"/> Purchase of principal residence | \$ _____ |
| <input type="checkbox"/> Medical expenses not reimbursed | \$ _____ |
| <input type="checkbox"/> Tuition payments of post-secondary education | \$ _____ |
| <input type="checkbox"/> Foreclosure or Eviction from principal residence | \$ _____ |
| <input type="checkbox"/> Funeral Expenses | \$ _____ |
| <input type="checkbox"/> Any other cause that, in the Administrator's determination
has produced heavy financial need | \$ _____ |

☐ **Other reasons (only allowed for the following contributions):**

- | | |
|---|----------|
| <input type="checkbox"/> Withdrawal from After Tax Contributions | \$ _____ |
| <input type="checkbox"/> Withdrawal from Rollover Contributions | \$ _____ |
| <input type="checkbox"/> If your plan so allows, withdrawal upon reaching 59 ½
years of age or having reached retirement age | \$ _____ |
| <input type="checkbox"/> Withdrawal upon reaching 70½ years of age (choose one): | \$ _____ |
| _____ Lump sum; If the plan so allows: _____ Annual _____ Semi-Annual _____ Quarterly _____ Monthly | |

Redemption of Funds:

The sale of funds will be made proportionally between the investment funds and sources available upon distribution processing.

Warning:

All partial distributions including in-service withdrawals and hardships are subject to a 10% tax withholding. The Trustee will file Form 480.7C to the Puerto Rico Treasury Department with a copy to you.

Certification and Signature of Participant

I hereby certify that this information and representations are true, that I have extinguished all financial resources, including the option of a loan to this or any other plan that the employer offers and that I agree to suspend my contributions to the Plan for the next 12 consecutive months.

Participants' Signature

Date (M/D/YY)

Spousal Consent

If the normal distribution method of the plan is an annuity, the participant must obtain the consent of his/her spouse by means of a signature in the presence of an authorized representative of the plan administrator or a public notary. I give full consent with regards to this distribution by reason of financial hardship requested by my participant-spouse for the amount here requested.

Subscribed and Sworn to before me by _____, of legal age, _____,

Social Security Number _____, _____, residing in

_____, _____, whom I have personally known, in

_____, Puerto Rico, today _____, _____, of 20_____.

Notary Seal

Notary Public signature

The administrator certifies that the necessary evidence to determine if this request meets with all the guidelines of the plan and with all the corresponding federal and state laws. The Administrator authorizes Banco Popular, as trustee to withdraw the requested amount by a check in name of the participant.

Plan Administrator Signature

Date (MM/DD/YY)

Administrator

The administrator certifies that the necessary evidence to determine if this request fulfills all the guidelines of the plan and with all the corresponding federal and state regulations. The Administrator authorizes Banco Popular, as trustee to withdraw the requested amount by means of check, if applicable, to the participant.

Name of Administrator

Administrator Signature

Date (/MM/DD/YY)