



Hardship Withdrawal Request

International Union of Operating Engineers Local No. 132 Annuity and Savings Fund

457847-01

Participant Information

| | | | |
|----------------------------|------------|----------|--|
| Last Name | First Name | MI | Social Security Number |
| Address - Number & Street | | | E-Mail Address |
| City | State | Zip Code | Mo Day Year |
| () Daytime Phone | | | Date of Birth |
| | | | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried Please Select One: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Other: _____ (Required) Country of Residence _____ (Required) |

Type of Hardship - Choose one and attach the required documentation to this request.

- MEDICAL CARE** - Expenses for or necessary to obtain medical care that would be deductible under §213(d) for myself, my spouse or my dependents that will be determined without regard to whether the expenses exceed 7.5% of adjusted gross income
- PRINCIPAL RESIDENCE** - Costs directly related to the purchase of my primary residence, not including mortgage payments
- EVICTED AND/OR FORECLOSURE** - Need to prevent eviction from principal residence and/or foreclosure on the mortgage of my principal residence (depending on Plan provisions)
- TUITION** - Payment of tuition for the next 12 months of post secondary school education for myself, my spouse, my children or my dependents
- OTHER** - facts and circumstances allowed by the Plan and approved by the Plan Administrator:

Hardship Amount

If the amount requested exceeds available funds or exceeds limits imposed by IRC, regulations and/or Plan terms, we will process the hardship for the maximum amount available.

\$ _____ Gross Amount Net Amount



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Distribution Delivery

- Check**
- Send by Express Mail** and deduct \$25.00 from my check for express charges. Note: A street address must be provided. This option is only available for checks payable to you. Express delivery may not be available in all areas.
- Send to the following Alternate Mailing Address** - Complete this section only if you want a distribution check mailed to a residential address OTHER than the one listed in the Participant Information section. You may not designate a bank or financial institution in this section.

Address _____ City _____ State _____ Zip _____

- ACH** - Available on a one-time partial distribution payment to self for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution. Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.
 - Checking Account - must attach preprinted voided check
 - Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes participant's name, savings account number and ABA routing number

| | | |
|----------------------------|----------------|--------------------|
| Financial Institution Name | Account Number | ABA Routing Number |
|----------------------------|----------------|--------------------|

| | | |
|---------------------------------------|------|----------------|
| Financial Institution Mailing Address | City | State/Zip Code |
|---------------------------------------|------|----------------|

Federal and State Income Tax Withholding - Applies to all applicable money sources

Federal Income Tax - Federal income tax will be withheld at the rate of 10%, unless Service Center is directed otherwise below.

If you would like additional federal income tax withheld, indicate amount. \$ _____ or _____%

- Do NOT withhold federal income tax from my hardship distribution.

State Income Tax - If you live in a state that mandates state income tax withholding, it will be withheld.

- Check here if you live in a state that does not mandate state income tax withholding and would like state income tax withheld.

If you would like additional state income tax withheld, indicate amount. \$ _____ or _____%

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| | | | |
|-----------|------------|-------|------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | MI | Social Security Number |

Required Signatures and Date

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have received, read, understand and agree to all pages of this form, and affirms that all information that I have provided is true and correct. I affirm I have no other financial resources available to me to meet this financial hardship. I hereby certify that this financial hardship cannot reasonably be relieved: 1) through reimbursement or compensation, by insurance or otherwise; 2) by liquidation of my assets including assets of my spouse and dependents that are reasonably available to me; 3) by cessation of elective deferrals or employer contributions under the Plan; 4) by other currently available distributions or loans from plans maintained by this employer or by any other employer, or; 5) by borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need. I affirm that the actions listed above are either not available to me or would increase the amount of my financial need. I understand that deferrals under the Plan must cease for a period of at least 6 months. By requesting my distribution via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Center reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. I understand that a distribution fee may be deducted from my account prior to processing this request. I understand that Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Center cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

I understand that I am liable for any income tax and/or penalties assessed by the IRS for any election I have chosen. I understand that once my payment has been processed, it cannot be changed. In the event that any section of this form is incomplete or inaccurate, Service Center may not process the transaction requested on this form and may require that I complete a new form or provide additional or proper information before the transaction can be processed.

I affirmatively elect that my salary deferral be set to 0% coincident with this distribution, and understand that following any suspension period, deferrals will only resume upon my subsequent request except and in accordance with other plan rules.

Participant Signature

Date (Required)

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I certify that the recordkeeping system has the accurate vesting percentage, if applicable, and participant address. Please process the request using this information.

OR

I certify that the participant's accurate vested percentage in the money sources listed below is as follows:

| | |
|--|-------|
| ERB 1 - EMPLOYER PROFIT SHARING - TRANSFERRED ASSETS | 100 % |
| ERB 2 - EMPLOYER PROFIT SHARING PYE 2009 | 100 % |
| ERB 3 - EMPLOYER PROFIT SHARING PYE 2010 | 100 % |
| ERB 4 - EMPLOYER PROFIT SHARING PYE 2011 | 100 % |
| ERB 5 - EMPLOYER PROFIT SHARING PYE 2012 | 100 % |

Please use this when processing the distribution.

Note: Please be advised that balances may not exist in all money sources listed above. Additionally, all money sources may not be available for all distribution reasons.

This request is in compliance with the terms of the Plan and I have provided the participant with a written explanation of the tax rules and any other Internal Revenue Service, Department of Labor or other notice requirements to the participant that apply to this distribution and the appropriate consent and waivers including spousal consent if applicable, have been obtained by the Plan Administrator and the Service Center is authorized to rely on the information provided on this request. The Plan Administrator certifies that all distribution information provided is accurate.

Authorized Plan Administrator Signature

Date

Participant forward to Plan Administrator
Plan Administrator forward to Service Center at:
Retirement Service Center
PO Box 173764, Denver, CO 80217-3764
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-877-715-4015
Fax#: 1-866-745-5766
Web site: frps.retirementpartner.com

Hardship Withdrawal Certification

The Internal Revenue Code (the "Code") imposes restrictions on the availability of before-tax monies from §401(a) plans until the occurrence of one of the following: severance of employment (due to total disability, retirement or otherwise); or financial hardship as determined under present or future IRS regulations (if allowed by the Plan); or death of participant; or any other reason specifically allowed under the provisions of the Plan in which you are a participant.

Pursuant to the Code, the amount distributable upon hardship is limited. The distributable amount is limited to the employee's total elective deferrals as of the date of distribution, reduced by any previous hardship distributions. Further, if the Plan allows, the distributable amount may be increased by 1) employer contributions; and 2) the earnings allocable to the elective deferrals that were credited to your account no later than December 31, 1988 or the end of the last Plan year ending before July 1, 1989, whichever is later.

The amount you request for hardship may not exceed the amount of your financial need. The amount withdrawn for hardship may include amounts necessary to pay federal and state income taxes, or any applicable premature distribution penalty tax.

Amounts transferred from your prior carrier will not be available for hardship withdrawals unless Service Center has received a report from the prior carrier or the Plan Administrator showing the amounts available for hardship withdrawal. If regular payroll contributions have not been received, the amount available for hardship withdrawal may be zero.

Automated Clearing House (ACH) - Complete this section only if you want your payment to be electronically deposited into your checking or savings account. You may not designate a business account or an IRA. Available on a one-time partial distribution payment to self for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution (bank/credit union). If you are requesting a one-time partial distribution payment to self, your payment amount will be reduced by \$15.00 for this service. Complete the financial institution name, account number, ABA routing number, financial institution mailing address, city, state and zip code. For a checking account, you must attach a preprinted voided check. If a preprinted voided check is not available, you must attach a signed letter from your financial institution, on their letterhead, that confirms the ABA routing number and your name and account number. For a savings account, you must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes participant's name, savings account number and ABA routing number.

General ACH Information

By choosing an ACH credit to your financial institution account, you are authorizing Service Center to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to your checking or savings account. You are also authorizing your financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account. Service Center will make payments in accordance with the directions you have specified on the Hardship Form until such time that you notify Service Center in writing that you wish to cancel the ACH agreement.

Service Center reserves the right to terminate the ACH transfers for any reason and will notify you in the event of such termination by sending notice to your last known address on file with Service Center.

It is your obligation to notify Service Center of any address or other changes affecting your electronic fund transfers during your lifetime. You are solely responsible for any consequences and/or liabilities that may arise out of your failure to provide such notification.

By selecting an ACH method of delivery, you acknowledge that Service Center is not liable for payments made by Service Center in accordance with a properly completed Hardship Form. By selecting the ACH method, you are authorizing and directing your financial institution not to hold any overpayments made by Service Center on your behalf, or on behalf of your estate or any current or future joint account holder, if applicable.

Income Tax Withholding Applicable to Payments Delivered Outside the U.S.

If you are a U.S. citizen or U.S. resident alien and your payment is to be delivered outside the U.S. or its possessions, you may not elect out of federal income tax withholding.

If you are a non-resident alien, you must attach IRS Form W-8BEN with an original signature. In general, the income tax withholding rate applicable to your payment is 30% unless a reduced rate applies because your country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced income tax withholding rate or an exemption from income tax withholding. To obtain the IRS Form W-8BEN, call 1-800-TAX-FORM.

Contact your tax professional for more information.