



**NORTHERN CALIFORNIA TILE INDUSTRY  
DEFINED CONTRIBUTION PLAN**

P.O. Box 2500  
San Francisco, CA 94126  
(415) 986-6276

**APPLICATION FOR HARDSHIP WITHDRAWAL**

Participant Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Marital Status:  Married  Divorced  Never Married  Separated  Widowed  
(If you have ever been divorced, you must attach your divorce decree and property settlement)

1. I hereby apply for a hardship withdrawal based upon the provisions of the Plan in the following amount (check one):  \$ \_\_\_\_\_  Maximum Available  
specify amount

2. I have requested the distribution because of the following specific financial need:  
(please attach supporting documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I represent that the amount requested for a distribution from the Plan does not exceed the amount required to relieve the financial need described above, and that this financial need cannot be satisfied from other sources or assets that are reasonably available to me, which includes any resources from my spouse and minor children.

4. I understand that it is my responsibility to provide written proof of this financial need to the Trustees so that my application for hardship withdrawal can be considered.

5. I understand that, if approved, the amount I receive will be a taxable distribution from the Plan. I understand that payments from the Plan are subject to federal and state income tax, and that taxes will be withheld from the distribution amount, *unless* I elect out of withholding. I also understand that I will have to pay an additional 10% federal penalty tax and a 2.5% California penalty tax if I am under age 59½ and the hardship withdrawal is not used for the payment of certain medical expenses. I understand that the federal and state penalties for early withdrawal are in addition to my regular income taxes.

By signing below, I request that the Plan Administrator and Trustees process this request.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**CONSENT OF SPOUSE**

6. I understand that I have the right under law to receive a 50% Joint and Survivor Annuity which will pay benefits to me for my lifetime, and that my spouse may not elect any other form of benefit, or name anyone other than me as beneficiary, unless I give my consent by signing below. I understand that I can withdraw my consent to this form of benefit and this beneficiary only until my spouse receives the first check from the Defined Contribution Plan, and that any withdrawal of my consent must be in writing and delivered to the Plan Administration Office prior to payment of the first check. I hereby consent to my spouse's election of this hardship withdrawal and elect to waive the 50% joint and survivor annuity.

Spouse's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY'S CERTIFICATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public



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**ELECTION FOR PAYEES OF HARDSHIP DISTRIBUTION**

To: \_\_\_\_\_

The distribution you will receive is subject to federal and state income taxes. Federal and California state income taxes **will** be withheld from your distribution, unless you elect out of withholding. Whether or not you choose to have federal and state income taxes withheld, you are liable for payment of federal or state tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Please make your elections below.

If federal and state early-distribution penalties apply to this distribution because you are under age 59½, the federal and state penalties will be withheld regardless of your election to withhold federal and state income taxes.

FEDERAL INCOME TAXES (check one):

- I do not want federal income taxes withheld from my distribution.**
- I want federal income taxes withheld from my distribution. 10% will be withheld plus any additional amount I specify here: \$\_\_\_\_\_.**

STATE INCOME TAXES (check one):

- I do not want California state income taxes withheld from my distribution.**
- I want California state income taxes withheld from my distribution.**

If you have elected taxes to be withheld and you are under 59½ years old, the Plan will withhold at least 28.5% of your distribution for federal income taxes (10%), state income taxes (6%), the federal early withdrawal penalty (10%), and the California early withdrawal penalty (2.5%).

The amount you have available for hardship is 60% of the funds that have been in your account for at least two years, up to a maximum of \$10,000 net (after taxes). If you have sufficient funds available and have elected to have tax withheld, you may choose to increase your withdrawal so that you net the amount you are requesting. For example, if you are requesting \$8,000 and you have \$25,000 in your account, you can “gross up” so that more than \$8,000 is taken from your account for taxes, and you will net \$8,000. If you choose not to “gross up” and have elected tax to be withheld, \$8,000 will be taken from your account and you will receive less than \$8,000 after taxes are withheld.

- Yes, I choose to “gross up” my withdrawal.**
- No, I do not choose to “gross up” my withdrawal.**

**Employee Signature:** \_\_\_\_\_

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