JUDSON COLLEGE
RETIREMENT & TAX DEFERRED ANNUITY PLAN
FINANCIAL HARDSHIP WITHDRAWAL/DISTRIBUTION
APPLICATION FOR APPROVAL

Employee Name (print): _____ Soc. Sec.#: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

I affirm that I have an immediate and heavy financial need and, as a consequence of this, I am requesting a hardship withdrawal/distribution from my Judson College Retirement Plan or Tax Deferred Annuity Plan (circle one).

The reason for my withdrawal/distribution request is (check one):

a. ____ Medical expenses as defined under the Internal Revenue Code for me, my spouse, my dependent(s) (circle one).

b. ____ Expenses relating to the purchase of my principal residence.

c. ____ Tuition expenses for me, my spouse, my dependent(s) (circle one).

d. ____ Monies needed to prevent my eviction from my residence or the foreclosure of my mortgage (circle one).

The total amount of my financial need is $_____. I am requesting a withdrawal/distribution in the amount of $_____. Attached is the necessary documentation which supports my request.

I understand that if I do receive a withdrawal/distribution due to demonstrated financial hardship, any salary reduction agreement now in effect for me under the Plan from which I am requesting this withdrawal/distribution will be canceled and I will automatically be suspended from making additional contributions to this same Plan for twelve (12) months following receipt of the withdrawal/distribution. Furthermore, my IRS maximum allowable contribution to the Plan in the tax year following this current tax year will be reduced by any amounts I have contributed to the Plan in this tax year.

I understand that the tax effects of any withdrawal/distribution is my responsibility to determine and satisfy.

_____ _____
Signature of requesting employee Date

For Judson College:

_____
Name and Title of authorizing employee (HR or VPBA)

_____ _____
Signature of authorizing employee Date