

**Brewster Place Hardship Withdrawal**

PERSONAL INFORMATION	
Social Security Number	Name of employee (last, first, middle initial)
Address (number and street)	City/State/ZIP
Telephone number (with area code)	E-mail address
Date of birth (please supply copy of birth certificate) / /	Certificate Number:

**Important information about your withdrawal request:**

Accumulated balance withdrawals between \$500 up to \$24,999 received today by 1:00 pm (EST) on any business day will be processed effective that day, unless you are required to submit additional forms. If your withdrawal is received after 1:00 pm (EST) on any business day, it will be processed on the next business day, unless you are required to submit additional forms. Once the Pension Boards receives the completed forms, your request will be processed accordingly using the most recent daily unit value. Once the request has been processed, the payment will be made within 48 hours (adjusted for weekends and holidays).

Accumulated balance withdrawals of \$25,000 or more must be received by 1:00 pm (EST) on the last business day of the month. These will be processed on or by the 10th of the month following receipt of the completed forms (adjusted for weekend and holidays) using the next available daily unit value. Requests received after 1:00 pm (EST) on the last business day of the month will be processed on or by the 10th of the second month following receipt of the completed forms using the most recent daily unit value (adjusted for weekend and holidays). Once the request has been processed, the payment will be made within 48 hours (adjusted for weekends and holidays).

**PLEASE NOTE:** Under rules set by the Internal Revenue Service, a hardship withdrawal is only allowed when the withdrawal is necessary to satisfy an immediate and heavy financial need and the employee has no other available resources such as loans, savings and assets of a spouse. To further qualify for a hardship distribution you must have one of the following needs (please check which need is present):

<input type="checkbox"/>	Medical expenses for yourself, your spouse or a dependent that are not reimbursed or will not be reimbursed by medical insurance or any other source. Payment of voluntary or cosmetic procedures does not constitute or cause a qualifying immediate need.
<input type="checkbox"/>	Purchase of a principal residence, not including mortgage payments.
<input type="checkbox"/>	Payments necessary to prevent eviction from your home or foreclosure of the mortgage on your principal residence.
<input type="checkbox"/>	Necessary and essential repairs to your primary residence. Payment toward cosmetic or redecoration expenses do not constitute or cause a qualifying immediate need.
<input type="checkbox"/>	Payment of tuition for higher education (university or college) and related expenses such as books, food and lodging during the next 12 months for you, your spouse or dependents.
<input type="checkbox"/>	Burial or funeral or cremation expenses.

**AMOUNT REQUESTED:** \$ \_\_\_\_\_.

Please note that the amount of the hardship withdrawal will be removed from each of your elected investment funds on a prorated basis.

**EMPLOYEE'S CERTIFICATION**

I certify that the information I have provided in this request is correct and that I have an immediate financial need that cannot be met from any other source. I further understand that this withdrawal may be subject to income taxes for which I am responsible and I further understand that by accepting a hardship withdrawal I will not be able to make any personal contributions to the Annuity Plan for a period of six months.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER**

Name of Employer (last, first, middle initial)	Telephone number (with area code)
Address (number and street)	City/State/ZIP
Employer's Signature	Date