

HARDSHIP WITHDRAWAL REQUEST FORM

Social Security Number

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Plan Number:

40461

Plan Name: I/N Tek and I/N Kote 401(k) Savings Plan for Employees Represented by USWA Local 9231

Form Completion Checklist

Before submitting this form, please verify that you have included the following information:

- Participant's social security number
- Participant signature
- Plan Administrator signature
- Reason for hardship
- Hardship amount

Participant Information

Participant Name: _____
Last First Middle Initial

Participant Address: _____
Street

City State Zip

Marital Status: Single Married

Reason for Hardship Withdrawal (select one)

- a. Medical expenses incurred by you, your spouse, children or dependents.
- b. Purchase (excluding mortgage payments) of your principal residence.
- c. Payment of tuition, related education fees, or room and board for the next twelve months of post-secondary education for you, your spouse, children or dependents.
- d. To prevent eviction from your principal residence.
- e. To prevent the foreclosure on the mortgage of your principal residence.

Amount Requested: Specific dollar amount \$_____ (\$1,000 minimum)

or check box for maximum available

Requirements For A Hardship Withdrawal

In order for your hardship withdrawal to be approved, you must do all the following:

- a. Have obtained all nontaxable loans (at the time of the loan) available from this Plan, if allowed, and from all other plans maintained by your Employer and any Related Employers.
- b. Have withdrawn all available after-tax Employee Contributions from this Plan, if allowed, and from all other plans maintained by your Employer and Related Employers.

- c. Be aware that the amount of your hardship withdrawal may not exceed the amount of your immediate and heavy financial need.

After your hardship withdrawal is approved, the following provision will apply:

- d. Your Deferral Contributions to this Plan and any other qualified and nonqualified deferred compensation plan maintained by your Employer and any Related Employer will be suspended for a six-month period starting with the next payroll date after you receive your hardship withdrawal.

Form of Payments

You should consult with your tax advisor before completing this form to determine all of the income tax consequences to you for any election you make.

Lump Sum Distribution - This distribution will be paid directly to you. This withdrawal is subject to non-periodic income tax withholding. Please choose your preferred Federal income tax withholding percentage below.

Check one:

1. I want to withhold 10% Federal income tax withheld from the amount of your distribution
2. I do not want any Federal income tax withheld from the amount of your distribution.
3. I want the following percent of Federal income tax withheld from the amount of my distribution.
The percent is ___ % (enter a whole percentage from 1-85%; fractions or decimals will not be accepted).

*If no selection is made then 10% Federal Income tax will be withheld

State Income Tax Withholding (if applicable)

Fidelity will withhold State Income Tax if elected below.

(This only applies to the states that require withholding. Please check with the Plan Administrator.)

1. I want State Income Tax to be withheld from my distribution. Specify State _____
2. I do not want State Income Tax to be withheld from my distribution.

Signatures

I acknowledge that I have received from the Plan Administrator the Participant Payout Notice and the Special Tax Notice Regarding Plan Payments. I agree to all the requirements in this and waive the un-expired portion of the minimum thirty-day notice period during which I may consent to a withdrawal from the Plan. I hereby certify that the information on this form is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I authorize the Participant's hardship withdrawal.

PLAN ADMINISTRATOR _____ **DATE** _____
