

Charlotte Behavioral Health Care, Inc. Retirement Plan Hardship Distribution Form

Please print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security #: ____-____-_____
Address: _____ Date of Birth: ____/____/_____
City: _____ State ____ ZIP Code: _____

Part II. Distribution Request: I have an immediate and heavy financial need on behalf of:

- Myself My Spouse, or Dependent My Primary Beneficiary on File with Plan Administrator

Type of Hardship: (Select one and attached copies of any bills or documents evidencing this financial hardship.)

- Primary Residence. Cost directly related to the purchase of my principal residence, which do not include mortgage payments.
- Educational Expenses. Cost directly related to payment of tuition for post secondary education.
- Medical and/or Hospital Expenses. Cost directly related to or necessary for medical care, that is deductible under section 213(d) of the Internal Revenue Code.
- Payments necessary to prevent Eviction from and/or Foreclosure on principal residence.
- Funeral Expenses. Cost directly related to burial or funeral expenses
- Repairs on Primary Residence. Cost directly related to repair of damage to a principle residence that is deductible under section 165 of the Internal Revenue Code.

NOTE: A Hardship Distribution is not an eligible rollover distribution. Therefore it cannot be rolled over to an IRA or another qualified plan. The amount distributed as a hardship distribution may be subject to Federal income taxation and a 10% penalty if you are not age 59 1/2. You should consult your tax advisor regarding the tax consequences of a hardship distribution before you complete this Hardship Distribution Form. In addition, you will not be permitted to make elective deferrals under this Plan or any other plans of the Employer for 6 months from the date you receive a Hardship Distribution.

Amount of Hardship Distribution:

\$ _____ increase for Federal Income Taxes increase for 10% Penalty

Pre-Tax Deferral: _____ % or \$ _____

Method of Payment: Check ACH Express Delivery Electronic Fund / Wire Transfer

If ACH, Electronic Fund Transfer/Wirer Transfer to a designated account, please complete and attach a voided check or deposit slip:

Checking Account Saving Account

ABA-Routing # _____ Account # _____

Wire Transfer Routing # _____ Account # _____

Name of Financial Institution: _____

Address: _____

City: _____ State _____ ZIP Code _____

Express Delivery: I elect to have my payment delivered by Express Mail. I agree to pay the non-refundable delivery fee and understand that Express Mail terms.



Part III. Taxation of Distribution: You can find more details on these requirements in the Section 402(f) Special Tax Notice. In general any distributions that you receive from an annuity, pension or retirement plan may be taxable as ordinary income and if you have not reached age 59 1/2, you may be subject to a 10% "premature distributions" penalty tax. For any distributions made to an address outside of the United States, a mandatory 30% withholding rate will apply, unless a completed IRS Form W-8BEN is submitted to the Plan Administrator.

Unless otherwise elected, 10% of this amount will be withheld for federal income tax.



Part IV. Certification of Hardship: I hereby apply for a hardship distribution. I understand that the distribution may not exceed the amount required to meet the financial hardship and I certify that I have no other funds reasonably available to satisfy this financial need. I also certify that the amount that I am requesting is not subject to a qualified domestic relations order. I understand that the Hardship Distribution is not an eligible rollover distribution. In support of my request, I have attached all required documentation.

Participant Signature

__/__/____
Date