

Once this form has been reviewed and signed by both the Participant and Plan Administrator, Mail or Fax completed forms to:

Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596
F: 360-734-0755

401(k) Hardship Withdrawal Request Rules

The terms and availability of hardship distributions are contained in your plan document. Check with your employer to discuss restrictions and determine eligibility before submitting this form. Your hardship withdrawal cannot be processed until approved by your employer.

Instructions:

1. Before completing the Hardship Withdrawal Request Form on Page 2, read the "Hardship Withdrawal Request Rules" which explain the provisions of the plan and IRS regulations.
2. Also read the "Special Tax Notice Regarding Plan Payments" which summarizes the federal tax rules that might apply to your payment.
3. Retain documentation of the expenses created by your hardship as this may be requested by the IRS.
4. Incomplete forms, including lack of proper signatures needed, may delay the processing of your request.
5. Submit the completed form to your Plan Administrator for approval. If approved, your Plan Administrator may forward the paperwork on your behalf to Saturna Trust Company for processing.
6. Please note: Hardship withdrawals will be taken proportionately from all applicable contribution types and investments.

We want to help you with your hardship withdrawal. However, we must adhere to IRS regulations. Please review the following information before completing the request form.

What types of requests will be considered?

If your request creates a heavy and immediate financial need and meets one or more of the following requirements, it will be considered:

1. Necessary medical expenses not reimbursable by an insurance plan which have been incurred by you, your spouse, or any of your dependents, or that are necessary for these persons to obtain medical care;
2. Purchase (excluding mortgage payments) of your personal primary residence (but not for purchase of residence for anyone else);
3. Funeral expenses for an immediate family member that exceed life insurance coverage;
4. Payment of tuition, related educational fees, and room & board expense for the next 12 months of post-secondary education for yourself, your spouse, children or dependents;
5. The need to prevent your eviction from your principal residence or foreclosure on the mortgage of your principal residence; or
6. Expenses for repair of damage to principal residence that qualify for the casualty deduction.

What is a heavy and immediate financial need?

A heavy and immediate financial need is a need that cannot be met:

1. Through reimbursement or compensation by insurance or otherwise,
2. By reasonable liquidation of your assets, to the extent that such liquidation would not itself cause an immediate and heavy financial need,
3. By other distributions from plans maintained by your employer(s), or by borrowing from commercial sources on reasonable commercial terms.

Your resources for determination of financial need include savings and checking accounts, and those assets of your spouse and minor children that are reasonably available to you.

How is the amount of the hardship withdrawal determined?

1. If you meet the requirements listed above, the amount of the hardship withdrawal will be equal to the actual financial need as documented on your application. If your available account balance is less than your financial need, then the lesser amount will be paid to you.
2. The amount needed may include amounts necessary to pay federal and state income taxes or penalties resulting from this distribution.

Is the hardship withdrawal taxable?

The hardship withdrawal you receive from this plan is a taxable distribution subject to 10% Federal Income Tax withholding unless you elect not to have withholding apply. If you have sufficient funds in your account, the hardship amount you request may include an additional amount to cover tax withholding.

In addition to paying ordinary income tax on the withdrawal, your withdrawal may also be subject to a 10% IRS early withdrawal penalty. The 10% IRS early withdrawal penalty is not withheld.

Participant InformationPreferred Salutation (optional) Mr. Mrs. Ms. Dr.**Last four digits** of Social Security Number

Full Legal Name

Address

City

State

Zip

Preferred Phone**E-mail****Employer Information:**

Name of Business

Plan Administrator / Contact Person

Preferred Phone**Amount of withdrawal:**

Check with your employer to confirm the amount available for your hardship withdrawal. Distribution amounts are taken proportionately from all investment options in applicable contribution types.

Total gross (pre-withholding) amount requested :

Federal tax withholding:

The hardship distribution you receive from this plan is a taxable distribution subject to federal income tax withholding. If you are under age 59 ½, you may be subject to an additional 10% penalty. This distribution is not eligible to be rolled over because it represents a financial hardship distribution.

The taxable amount, including earnings applicable to after-tax contributions, will be subject to 10% withholding unless otherwise indicated below. This means the check you receive will be 10% less than the amount entered into the amount requested in the box above.

DO NOT withhold federal income tax from my hardship withdrawal. *(Optional. Be advised, If you choose no tax withholding, you will need to pay the associated taxes at the time of IRS filing for the year in which the distribution was processed. Please speak with a tax advisor before selecting this option.)*

I understand that I am solely responsible for compliance with all applicable laws and regulations related to this hardship distribution and that the Plan Administrator will rely on such compliance and the following self-certifications.

I hereby certify that, after exhausting all other financial resources, I request the hardship withdrawal as indicated above. Pursuant to the plan's Hardship Withdrawal Rules, I hereby certify that I have no further financial resources to meet my financial hardship. I have obtained all other currently available distributions (including distribution of ESOP dividends under section 404(k), but not hardship distributions), including all other plans maintained by my employer. The amount requested does not exceed the amount required to meet the immediate and heavy financial need created by the circumstance(s) described in the 401(k) Hardship Withdrawal Request Rules. I am aware this distribution will increase my taxable income for the year. I have read all the forms regarding the tax implications and penalties involved in taking a hardship withdrawal. All facts presented are true. I understand that it is my responsibility to keep full and accurate records pertaining to this hardship distribution as they may be requested by the IRS.

Participant Signature: _____
(Please sign and submit to your Employer/Plan Administrator)

Date: _____

Plan Administrator's Name (please print): _____

Plan Administrator Signature: _____

Date: _____