

HARDSHIP CHECK LIST

To ensure timely processing of your Hardship request, please go through the following checklist prior to sending the forms to CRS:

- Application for Hardship Withdrawal completed and signed
- Hardship Amount and reason marked on the application
- Application for Hardship Withdrawal signed by the Trustee (Plan Administrator)
- Necessary Documentation attached as proof of a heavy and immediate financial need.

E.g.	Medical Expenses	Attach a bill from the Doctor's office or Hospital
	Educational Expenses	Attach a statement from the Institution
	Primary Residence	Attach the Purchase Agreement

NOTE: Please check with your Human Resources Department for fees associated with this distribution request.

Once the forms are completed, please mail or fax them to the following:

**CREATIVE RETIREMENT SYSTEMS, INC.
ATTN: DISTRIBUTION DEPARTMENT
25 MERCHANT STREET, SUITE 135
CINCINNATI OH 45246
FAX NO: (513) 741-5804**

NOTICE OF HARDSHIP WITHDRAWAL

The _____ (Company Name) provides that, at the Plan Administrator's discretion, the amounts that have been contributed on your behalf as salary reduction may be withdrawn if you have a proven financial hardship.

NOTE: A Hardship Distribution is not an eligible Rollover distribution and therefore may not be rolled over to an IRA or another qualified plan. The amount distributed as a hardship withdrawal may be subject to Federal income taxation and a 10% penalty if you are not 59 1/2 years old. You should consult your tax advisor regarding the tax consequences of a hardship withdrawal before you complete an application for a hardship withdrawal.

A proven hardship withdrawal can arise for several reasons. For example, a hardship may arise if there is an accident or sickness to you or a member of your family or if you are purchasing a primary residence.

Before a hardship withdrawal is granted, it must be shown that you have no other resources of saving which you can use to take care of your hardship.

To apply for a hardship withdrawal, sign the application confirming that a hardship exists and attach to it copies of any supporting documents or bills and a brief statement that confirms the nature of the hardship and your inability to meet such hardship from other financial resources you have.

The Plan Administrator will consider your application and you will receive a response promptly.

APPLICATION FOR HARDSHIP WITHDRAWAL

As a Participant in _____ (Company Name) I,

_____, hereby apply for a hardship withdrawal. I understand that the withdrawal may not exceed the amount required to meet the financial hardship and I certify that I have no other funds reasonably available to satisfy these obligations. I understand that the withdrawal may be subject to Federal income taxation, a 10% penalty for "premature distributions" if I am not yet 59 1/2, and mandatory withholding to the extent the withdrawal constitutes an eligible rollover distribution. I also certify that none of the money I am requesting to withdraw is subject to a qualified domestic relations order. If I am married, my spouse has consented to this withdrawal. My spouse's consent is not necessary if he or she has already consented to another beneficiary on my Survivor Benefit Election form. In support of my request, I have attached copies of any bills and invoices evidencing the hardship, as well as a brief financial statement.

Amount Requested

Net

Gross

I intend to use the funds requested for the following purpose:

- To purchase, my primary residence.
- To pay the educational expenses of my spouse, my dependents or myself.
- To pay medical and/or hospital expenses for my spouse, my dependents or myself.
- To prevent the eviction from my home or foreclosure on the mortgage of my principal residence.
- Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents as defined in section 152.
- Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income).

I understand that this Hardship Distribution is not an eligible Rollover distribution and therefore may not be rolled over to an IRA or another qualified plan.

Income Tax Withholding:

A 10% Federal Income Tax withholding will apply unless you check one of the boxes below:

- Please do not withhold Federal Income Tax
- Please withhold Federal Income Tax at 10% plus an additional _____ %

Participant's Signature

Social Security Number

I hereby, authorize do not authorize any hardship distribution to the above named Participant. I further certify that this decision has been rendered in a consistent and uniform manner to all like requests.

Plan Administrator

SPOUSE'S CONSENT TO HARDSHIP WITHDRAWAL

I hereby approve of, and consent to, my spouse's election for a hardship withdrawal from _____(Company Name) I understand that this election may have the effect of reducing the benefit I would receive under the Plan, should my spouse die prior to retirement.

Participant's Spouse

Executed: _____ of _____)

County of _____)

I, _____, a Notary Public in and for the County of _____, State of _____, do hereby certify that on this _____ day of _____, _____ before me came _____, to me known to be the person whose name is subscribed above, and that he/she did in my presence execute the Spousal Consent and Waiver, having acknowledged to me that he/she did so as a free and voluntary act.

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(SEAL)
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Notary Public

My Commission Expires:_____