

**NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN
REQUEST FOR HARDSHIP WITHDRAWAL**

Participant Information

Name: _____ SSN: _____

Mailing Address: _____

City, State, Zip Code: _____

Which divisions have you worked for? *Please check ALL divisions that you have ever applied since you began employment with the Nez Perce Tribe.*

Nez Perce Tribe Nez Perce Tribal Enterprises Nez Perce Tribe Housing Authority Nimiipuu Health

Hardship Withdrawal Request Information

Explanation of a Hardship Withdrawal

A 10% early distribution penalty will apply to most hardship withdrawals paid before you attain age 59½, in addition to Federal Income

Tax. You must verify that the hardship exists for one of the following six reasons:

1. Unreimbursed medical expenses incurred by you, your spouse or dependants.
2. Purchase of your principal residence (excluding mortgage payments).
3. Payment of tuition and related fees for the next 12 months of post-secondary education for you, your spouse or dependents.
4. To prevent eviction from your principal residence or foreclosure on the mortgage of your principal residence.
5. Burial or funeral expenses
6. Repair to residence due to casualty such as hurricane

In addition, you must have received all distributions and all non-taxable loans currently available to you under all plans maintained. If you receive a hardship distribution, you will not be able to make salary deferrals or voluntary after-tax contributions for 6 months following receipt of the hardship distribution.

Date of Request: _____ Amount Requested: \$ _____ (up to the maximum available to me)

Describe Hardship: _____

Please attach proof of the hardship, including a description of the charges and the amount needed, e.g., an invoice.

Tax Withholding Election

I elect to have no Federal Income Tax withheld from my distribution.

I elect to have Federal Income Tax withheld from the amount requested above in the following amount: \$ _____ or _____ %.

I elect to have State Income Tax withheld the amount requested above in the following amount: \$ _____ or _____ %.

Consent to Hardship Withdrawal

I understand that:

- (1) I must verify that the distribution will not be in excess of the amount of the immediate and heavy financial need.
- (2) I must have received all distributions and all non-taxable loans currently available to me under all plans maintained.
- (3) My contributions to the plan will be suspended for 6 months following my hardship distribution.
- (4) I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice during which I may consent to a distribution from the Plan, and I have read the *Special Tax Notice Regarding Plan Payments* explaining the tax consequences of my withdrawal.
- (5) I acknowledge a distribution fee in the amount of **\$50** will be paid from my account and an additional fee will apply depending on the payment option chosen. Use Cash Transaction Detail provided by Human Resource Department if using ACH or Wire option(s).

Check (\$10) (mailed to your address) ACH (\$3) (sent to financial institution) Wire (\$10) (sent to financial institution)

Participant Signature: _____ Date: _____

Where to Submit Completed Form

Nez Perce Tribe
Human Resources
Department
PO Box 365
Lapwai, ID 83540

Nez Perce Tribal Enterprises
Human Resources Dept.
17500 Nez Perce Road
Lewiston, ID 83501

Nez Perce Tribal Housing Authority Human
Resources Department
PO Box 188
Lapwai, ID 83540

Nimiipuu Health
Human Resources
Department
PO Box 367
Lapwai, ID 83540

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Provide the history for contributions and match for all years. Provide the history for distributions and hardships prior to 2006. Verify if the participant has an outstanding loan. Y N

YEAR	DEFERRAL AMOUNT	MATCH AMOUNT	PREVIOUS HARDSHIPS Prior to 2006	PREVIOUS DISTRIBUTIONS Prior to 2006

Please total entries for each column

TOTALS				
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Division: _____
 Approved
 Not Approved
 Date of Review: _____

Instructions:
 The administrator should verify:
 (1) current employment status; (2) immediate financial need;
 (3) date of hire; and (4) vesting

Signature: _____ Print Name: _____