

PIPEFITTERS LOCAL UNION 195 DEFINED CONTRIBUTION FUND

Administered by

Benefit Resources, Inc.

P.O. Drawer C

Nederland, Texas 77627

409 727 3533

HARDSHIP WITHDRAWAL APPLICATION

Please note if you are single, the certification of marital status must be notarized. If you are married, both signatures, yours and your wife's signature, must be notarized on the spousal consent form.

Also note that a proof of the expense, as described in this application, must be included with your application.

You may request an amount up to the sum of (a) plus (b), provided that the total amount does not exceed the amount that you need for the

- (1) 50% of the Employer portion of your Individual Account, plus
- (2) 100% of the Employee portion of your Individual Account.

NOTE: YOU WILL BE ALLOWED ONE ELECTION OF A HARDSHIP WITHDRAWAL FROM THIS FUND, EVEN IF YOU DID NOT RECEIVE THE MAXIMUM AMOUNT ALLOWED FOR WITHDRAWAL.

Please note the Plan cannot render tax or financial advice. You are encouraged to consult with your financial and tax advisors.

Should you have any questions or need assistance completing the application, please call the Fund Office.

PART I
Biographical Information

Name: _____
 Last First Middle Initial

Social Security No.: _____ Telephone No.: _____

Address: _____
 Number Street City State Zip Code

PART II
Purpose of Hardship Withdrawal

Check one or more of the following types of hardship withdrawals:

- Expenses because of sickness or injury not reimbursable or partially reimbursable by any benefits payable from the Health Fund.

Attach proof of expenses, such as itemized doctors' bills, hospital bills, pharmacists' receipts.

- Funeral and air travel expenses incurred by you because of the death of an immediate family member, including your spouse, parents, siblings or children.

Attach itemized bills from funeral director, church, etc.

Name of Deceased: _____

Relationship to Participant: _____

- Expenses incurred in connection with the payment of tuition and/or room and board to maintain a dependent child in an educational institution on a full-time basis, or at a school or institution for physically or mentally handicapped children, or for the payment of tuition for educational purposes for you or your spouse.

Attach proof of expense, such as tuition bills or statements from the school or university Registrar.

- The purchase or repair of a house, or a cooperative or condominium apartment which will be used as your primary or secondary residence. Down payment, contract and title expenses are included in this provision.

Attach proof of expense, such as contract of sale, mortgage application, settlement sheet, etc.

Attach proof of expense, such as contractor's estimates or invoices.

Address of dwelling: _____

Number Street

City

State

Zip Code

Nature of repairs: _____

- Expenses necessary to avoid your threatened eviction or foreclosure on your residence.

Attach copy of judicial order of eviction and proof of expense, such as hotel bill or apartment lease or copy of notice of foreclosure. Also attach proof of ownership or legal residency in house or apartment, such as deed or lease.

Address of residence evicted from:

Number Street

City

State

Zip Code

- Legal expenses incurred by you or your dependents, or to meet court mandated payments, such as alimony or child support, payable by you.

Attach copy of order or other documentation.

- Paying the remainder of a mortgage on your primary residence (limited to once per lifetime).

Attach proof of mortgage balance

- Hardship due to involuntary economic conditions.

- Qualified Reservist Distribution - A distribution from the 401(k) account, may be made to an individual called to active duty in the Reserves or National Guard, provided the following requirements are met:
 - You are called to active duty on or after September 11, 2001, for a period exceeding 179 days,
 - your request for the distribution is made during the period beginning on the date of the call-up order and ending at the close of the active duty period.
 - You may apply for a Hardship Withdrawal of the elective deferrals in the Individual Account. These distributions are exempt from the 10% early withdrawal penalty tax.

Attach proof of military deployment

- Other financial need which has created a financial hardship, provided it meets legal requirements and is approved by the Board of Trustees. Describe the financial need:

Attach evidence of the financial need. This hardship must be approved by the Board of Trustees.

PART III

Participant and Spouse Signatures

I hereby apply for a withdrawal in the amount of \$_____ under the Pipefitters Local Union No. 195 Defined Contribution Trust Fund for the hardship which I have indicated in Part II above.

You may request an amount up to the sum of (a) plus (b), provided that the total amount does not exceed the amount that you need for the

1. 50% of the Employer portion of your Individual Account, plus
2. 100% of the Employee portion of your Individual Account.

NOTE: YOU WILL BE ALLOWED ONE ELECTION OF A HARDSHIP WITHDRAWAL FROM THIS FUND, EVEN IF YOU DID NOT RECEIVE THE MAXIMUM AMOUNT ALLOWED FOR WITHDRAWAL.

IMPORTANT NOTICE REGARDING INCOME TAXES:

All withdrawals are subject to federal, state and local income taxes and penalties. In addition, if you are not 59 ½ or older when you receive the withdrawal, you may also be subject to a 10% additional tax.

APPLICANT'S CERTIFICATION OF MARITAL STATUS

___ I hereby swear that I am not legally married at this time.

___ I hereby swear that I am unable to locate my spouse. (additional proof is required if you check this box)

___ I hereby swear that the person completing the Spouse's Statement is my current legal spouse, and that we have been married for at least 12 months.

I hereby request distribution of a hardship withdrawal from my account balance from the Pipefitters Local Union No. 195 Defined Contribution Trust Fund. The above statements are true to the best of knowledge and belief. I understand that a false statement may disqualify me for benefits under this Plan, and that the Trustees will have the right to recover any payments made to me because of a false statement.

On the ____ day of _____, 20____, before me personally appeared _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person who executed the foregoing Consent as the spouse of _____, who acknowledged to me that s/he executed same, and being duly sworn by me, made oath that the statements in the foregoing Consent are true to the best of her/his knowledge and belief.

NOTARY PUBLIC

Name: _____

Date: _____

SPOUSE'S STATEMENT

I understand that my spouse is a Participant in the Pipefitters Local Union No. 195 Defined Contribution Trust Fund. I understand that if I do not consent to the withdrawal that the amount that my spouse would like to receive now as a Hardship Withdrawal, along with my spouse's other benefits under the Fund, would be paid as a monthly annuity for my spouse's life and, if my spouse dies before I do, with payments equal to 50% of the payments my spouse was receiving being paid to me for the rest of my life. (This is called a Joint and 50% Survivor Annuity.) or in some other form permitted under the Fund which I might elect.

I understand that my spouse's withdrawal will be subject to federal, state and local income taxes. I also understand that if my spouse is not 59 ½ when my spouse receives the withdrawal, there may also be a 10% additional tax.

I understand that under federal law and the rules of the Plan, I have at least 30 days from the date I receive this Consent to decide whether to consent to my spouse's withdrawal. I HEREBY WAIVE my right to take the full 30 days to make my decision, and I HEREBY CONSENT to the payment of the withdrawal before the end of the 30 days. I understand that I may revoke my waiver and consent at any time during the 7 day period which began when I received this notice.

I HEREBY AGREE that the Fund may pay to my spouse the amount of the Hardship Withdrawal. I realize that by signing this Consent, I am waiving my statutory right under the Internal Revenue Code to have my spouse receive benefits under the Fund as a Joint and 50% Survivor Annuity, and my statutory right, if my spouse dies before I do, to receive a death benefit of 100% of my spouse's benefits under the Fund, and that as a result I will be entitled to a lesser amount as an annuity or other payment from the Fund.

Signature of Spouse

Date

On the ____ day of _____, 20____, before me personally appeared _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person who executed the foregoing Consent as the spouse of _____, who acknowledged to me that s/he executed same, and being duly sworn by me, made oath that the statements in the foregoing Consent are true to the best of her/his knowledge and belief.

NOTARY PUBLIC