

**AIRCONDITIONING & REFRIGERATION INDUSTRY DEFINED CONTRIBUTION RETIREMENT PLAN
HARDSHIP WITHDRAWAL - DISTRIBUTION FORM – DC02**

Instructions: Use this form if you are a participant and wish to request a hardship withdrawal from the 401(k) portion of your defined contribution plan. Please note that the signature on this form must be notarized or witnessed by a Trust Employee. Return this form to the Trust Office at:

Airconditioning & Refrigeration Trust, 3500 W. Orangewood Ave., Orange, CA 92868

Questions: If you would like more information about distributions, please contact the Trust Office at (714) 917-6100, Monday through Friday, 8:00 AM to 4:00 PM.

PARTICIPANT INFORMATION: (Please type or print in blue or black ink.)

Name: _____ SSN: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Current Employer: _____ Job Description: _____

DISTRIBUTION INFORMATION:

- A. Withdrawal Amount:** \$ _____ *Put MAX AVAILABLE if you are withdrawing the full amount.*
- This amount cannot exceed the amount supported by your acceptable documentation (see below) and is subject to the balance available for withdrawal in your account.
 - If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
 - Any amount paid to you may be reduced by applicable taxes.
- B.** Only the amount supported by acceptable documentation will be processed even it is less than the amount requested. A subsequent request will be treated a new hardship withdrawal.
- C.** Please check the reason for the hardship request below and submit the appropriate documentation to substantiate this request. Please see the attached **Hardship Withdrawal Guidelines** for additional details regarding the required documentation.

Reason for Withdrawal and Required Documentation:

- Purchase of a Principal Residence:** To purchase my principal residence (excluding mortgage payments).
Fully executed purchase and sales agreement which satisfactorily indicates that the amount requested will be used for the purchase of your principal residence.
- Payment of Unreimbursed Medical and Dental Expenses:** To pay unreimbursed expenses for medical care for me, my spouse, or any of my dependents.
Copy of medical or dental bill(s) not more than 6 months old. Medical or dental bill(s) must identify name of individual, service rendered, date of service, billed amount, amount paid by insurance (if applicable), and outstanding amount.
- College Tuition:** To pay unreimbursed tuition and related education expense for the next 12 months of post-secondary education for myself, my spouse, or any of my dependents.
Copy of tuition bill for current semester and/or next semester. Copy of bill(s) for related educational expenses.
- Payment of Funeral and/or Burial Expenses:** To pay for funeral and/or burial expenses for my deceased parent, spouse, child or dependent.
Copy of funeral and/or burial bill not more than 6 months old.

Repair for Damage to Principal Residence Due to Casualty Loss: To repair damage to my principal residence due to a casualty (e.g. fire, storm, disaster declared by the Federal government that can be deducted on tax return under casualty provision).

Copy of repair bill(s) to principal residence which satisfactorily indicate that the repairs are needed due to casualty loss and are not more than 6 months old.

Prevention of Eviction or Foreclosure From Principal Residence: To make payments necessary to prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence.

Copy of eviction or foreclosure notice. Note: The address on the eviction or foreclosure notice must be the same as the address on file with the Trust Office unless the address on file is a P.O. Box. If the address on file is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice.

Federal Withholding Election: (See item #3 of Special Tax Notice Regarding Plan Payments)

0% 10% 20% ____% (Must be greater than 10%) \$_____ (Must be greater than 10%)

AUTHORIZATION:

I certify that I meet the requirements for the above hardship. I have no other funds, including loans, reasonably available to take care of this hardship. I have been advised that I may not have 401(k) deductions made from my paycheck into my Defined Contribution account until six months from the date of this disbursement. In addition, I may not request more than two hardship withdrawals during a calendar year. I request that the above referenced distribution be made from my plan accounts. I certify that all of the information above is true and correct. I have received and read the Special Tax Notice Regarding Plan Payments. I understand that I will be responsible for the tax consequences of this distribution.

(If you are married, Participant and Spouse signatures MUST be witnessed by a Trust Office employee OR Notary Public.)

Single – I certify under penalties of perjury that I am not married as of the date this form is signed.

Married – I (spouse) hereby consent to the distribution as indicated by my spouse.

Signature of Participant

Signature of Spouse (if married)

Date

WITNESS: Trust Office Personnel _____ Date: _____ OR Notarial Jurat Attached

TRUST OFFICE APPROVAL:

Please process the distribution requested. The participant is eligible for the distribution under the terms of the Plan.

Authorized Approval Signature: _____ Date: _____

L052020513 – Hardship Withdrawal