



Plumbers & Pipefitters Local 172 Voluntary 401(k) Plan

6525 Centurion • Drive Lansing • MI • 48917

(517)321-7502 or (833)767-0172

Hardship Distribution Application

BPAS Plan Number 170203

NOTE: A \$75 fee will be assessed to your account when this application is processed. All distributions will be based on the value of your account as of the date this application is processed. You will be responsible for any taxes, if applicable, that may occur as a result of this hardship distribution. See the enclosed "Special Tax Notice" which explains the 20% withholding tax and the 10% IRS penalty tax. You may include the amount needed to offset the tax consequences in the amount that you request for this distribution. Hardship Distribution checks will be made payable to the Participant **and** the party to whom the payment is intended, as joint payees. A separate application is required for each Reason for Hardship Distribution. **You are permitted only one hardship distribution in a twelve (12) month period.**

Section A. Personal Information

Name		
SSN		
Address		
Phone Number		
Birth Date		
Marital Status		
Spouse Name (if applicable)		
Spouse SSN (if applicable)		
Spouse Birth Date (if applicable)		
Have you been previously divorced?	Yes No	If yes, provider former spouse(s) names(s):

Section B. Reason for Hardship Distribution
Check One (Options 1 – 4)

1: Purchase of Principal Residence (excluding mortgage payments)

Attach your sales agreement and wire instructions from the title company (if applicable)

Amount Requested	\$
Amount of Home Sale	\$
Closing Date	

2: Tuition and Related Educational Fees for the next 12 months of post-secondary education for the Participant, Spouse, children, or dependents

Attach class schedule, tuition bill, and related educational fees bill.

Student Name	
Relationship to Participant	
Semester	
Tuition	
Amount Requested	\$
Related Educational Fees	
Amount Requested	\$

3: Eviction or Foreclosure on Mortgage for Principal Residence

Eviction: Attach your eviction notice clearly stating the due date and the months for which the payment is due and a copy of your lease.

Foreclosure: Attach your foreclosure notice.

Check One	Eviction	Foreclosure
Amount Requested	\$	

4: Unreimbursed Medical Expenses incurred by myself or my dependents

Date of service must be within 2 years of application. Statements must be dated within 2 months of application. Attach your medical bills and the corresponding Explanation of Benefits (EOB) from your insurance.

Amount Requested	\$
Incurred by	
Relationship to Participant	
Date of Service	

Amount Requested	\$
Incurred by	
Relationship to Participant	
Date of Service	

Amount Requested	\$
Incurred by	
Relationship to Participant	
Date of Service	

Amount Requested	\$
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Date of Service	

Amount Requested	\$
Incurred by	
Relationship to Participant	
Date of Service	

Amount Requested	\$
Incurred by	
Relationship to Participant	
Date of Service	

Amount Requested	\$
Incurred by	
Relationship to Participant	
Date of Service	

This page can be duplicated to include all of your payment requests.

5: Funeral or Burial Expenses for a member of the Participant’s immediate family, including parents, Spouse, children and dependents

Attach evidence of the funeral or burial expenses.

Amount Requested	\$
Name of Decedent	
Relationship to Participant	
Date of Death	

6: Expenses to Repair Principal Residence that would qualify for a casualty loss under Code Section 165 (Determined without regard to whether the loss exceeds any applicable income limit)

Attach evidence of your expenses and a statement that the expenses are not covered by insurance.

Amount Requested	\$
Description of Repair	
Date of Service	

Amount Requested	\$
Description of Repair	
Date of Service	

Amount Requested	\$
Description of Repair	
Date of Service	

Amount Requested	\$
Description of Repair	
Date of Service	

Section C. Optional Tax Withholding Check One (Options 1 – 2)

You will be responsible for any taxes, if applicable, that may occur as a result of this hardship distribution. See the enclosed "Special Tax Notice" which explains the 20% withholding tax and the 10% IRS penalty tax. You may include the amount needed to offset the tax consequences in the amount that you request for this distribution. Your distribution can be increased to include your tax liability.

For example, if your hardship amount is \$5,000 and you elect 20% withholding, your hardship distribution will be \$5,000 but \$6,250 will be withdrawn from your account to cover both the hardship amount and the tax withholding. \$1,250 (20%) will be sent to the IRS to apply to your income tax liability. If you elect 30% withholding on a \$5,000 hardship distribution, you will still receive \$5,000 but \$7,142.86 will be withdrawn from your account. \$2,142.86 will be sent to the IRS to apply to your income tax liability.

1: I elect NOT to increase the amount of my hardship distribution to include anticipated taxes and penalties.

2: I elect to increase the amount of my hardship distribution to include taxes and penalties that may be anticipated as a result of this distribution.

Federal Income Tax Withholding: 10% 20% 30%

