

**CONSTRUCTION INDUSTRY
RETIREMENT FUND OF ROCKFORD,
ILLINOIS**

CONSTRUCTION INDUSTRY RETIREMENT FUND OF
ROCKFORD, ILLINOIS
6525 Centurion Drive
Lansing, MI 48917-9275
Phone: (517) 321-7502 Fax: (517) 321-7508

Hardship Withdrawal Form

Instructions

Please print using blue or black ink. Return the original form to the address above (it cannot be accepted by fax). Be sure to include all proper documentation. You may only receive a hardship withdrawal once before you retire or are otherwise eligible to take a withdrawal. The minimum for a hardship withdrawal request is \$1,000. A hardship withdrawal can not be more than 50% of your **Profit Sharing Account**. A hardship withdrawal is only available until January 1, 2015 and your application must be received before January 1, 2015. You are limited to two hardship withdrawals in your lifetime.

You must sign page 3 of this form. If married, your spouse must consent, in writing on page 2, to the withdrawal and the signature notarized. Without the required signatures, the form will be returned to you, unprocessed.

About You

Current Employer _____
Name _____
Phone (____) _____
Address _____
Street _____
City _____ State _____ Zip Code _____

Social Security Number _____
Date of Birth _____ (send copy of birth certificate)
Marital Status: _____ Never Married
_____ Married (spouse must sign below)
_____ Widowed (send copy of death certificate)
_____ Divorced (send copy of divorce decree)

Hardship Reason

You may request a hardship withdrawal only for one of the following reasons. Please check the applicable reason and attach the required documentation, supporting the amount needed.

Reason for Withdrawal

- Payment to prevent foreclosure on your primary residence or eviction from your principal residence.
- Unreimbursed, unpaid medical expenses incurred by you, your spouse, children or dependents, or unpaid expenses for past or future medical care.
- Purchase (excluding mortgage payments) of your principal residence.
- Payment of tuition, room and board of the next four years of post-secondary or high school education for you, your spouse, children or dependents.
- Payments for burial or funeral expenses for deceased parent, spouse, children, or dependents.
- Un-reimbursed expenses for repairing damages to your principal residence as a result of a casualty such as a fire or tornado.

Required Documentation

- A copy of the foreclosure or eviction notice.
- Current outstanding health care bills, and an explanation of benefits (EOB) or rejection claim letter. If you do not have health insurance, please write a statement that you do not have coverage.
- Signed (by seller or buyer) Purchase Agreement with future closing date and estimates of closing costs.
- Current or future tuition, room and board fee statement(s).
- Burial and funeral bills and copy of Death Certificate.
- Evidence of loss (written description of loss and what caused it) and estimated repair bills and insurance settlement statement.

Withdrawal Amount - please check one of the following. See over for important tax information.

- Maximum amount available. Documentation must support your request. (50% of total profit-sharing account balance less any withholding)
- Specific dollar amount \$_____ This amount should be equal to the amount specified in the required documentation subject to the 50% rule. The Plan will withhold additional amounts to cover the appropriate federal taxes.

Federal Taxes – please check one of the following.

This payment is not eligible for rollover into tax-qualified plans. Therefore, the Construction Industry Retirement Fund of Rockford, Illinois is not required by the IRS to withhold federal taxes from your Hardship Withdrawal. You will be taxed by the IRS for the Withdrawal whether you choose to have taxes withheld at the time of the withdrawal or not. In addition, there will be a 10% early withdrawal penalty if you are under age 59 ½. If you do not make an election, the Plan will automatically withhold 10%.

- Please withhold _____% of my withdrawal for federal taxes.
- Please withhold \$ _____ of my withdrawal for federal taxes.
- Please do not withhold federal taxes.

Spousal Consent.

The following must be signed and sealed by a Notary Public

I hereby certify that I am the spouse of the above-named Participant and that I consent to the timing, amount, and form of Hardship Withdrawal from the Plan as indicated above. I understand that as the spouse of the Participant, I have a right to require the Participant to receive benefits in the form of a Qualified Joint and Survivor Annuity (QJSA), and that if the Participant dies prior to receiving benefits, I may be entitled to receive death benefits in the form of a Qualified Pre-retirement Survivor Annuity (QPSA). I understand that by consenting to the Hardship Withdrawal and signing this waiver, I am waiving all rights to require the amounts distributed in this Hardship Withdrawal to be distributed as a QJSA and I am waiving all rights to receive a QPSA or any other death benefit with respect to the amounts distributed in this Hardship Withdrawal. I understand that although a Hardship Withdrawal cannot be made without my waiver, I am not required to provide this waiver. I further understand that this consent and waiver is irrevocable. However, this consent and waiver is expressly limited to the timing, amount, and form of Hardship Withdrawal from the Plan that is indicated above and shall not apply to any other withdrawal requested or election made by the Participant.

X _____ Date: _____
Spouse's Signature

X _____ Date: _____
Notary Public

Please read the following carefully

Hardship Withdrawals under the Internal Revenue Service Safe-Harbor Rule:

1. Monies requested must be used for the following purpose:
 - A. To prevent foreclosure on the Participant's primary residence or eviction from your primary residence
 - B. Unreimbursed, unpaid medical expenses
 - C. Purchase of your principal residence
 - D. Payment of tuition, room and board for post-secondary or high school education
 - E. Payment for burial or funeral expenses
 - F. Unreimbursed expenses for repairing damages to your principal residence due to fire or tornado
2. There are **no other sources** from which the Participant could reasonably obtain money.
3. The amount of the request must not be in excess of the amount required to satisfy the need, plus any taxes and penalties on the withdrawal.

Without the above reasons for a hardship withdrawal and the appropriate documentation, and proof that all other sources have been used before requesting the hardship withdrawal, the Construction Industry Retirement Fund of Rockford, Illinois will be required to deny the request for a hardship withdrawal.

The Plan reserves the right to request additional documents from the participant to prove the need for and/or the amount of the hardship withdrawal at any time.

Plan assets that are to be divided under a current or pending Qualified Domestic Relations Order (QDRO) cannot be requested as a hardship withdrawal from the Plan.

If you are MARRIED, your spouse must sign this form in front of a Notary Public
If you are SEPARATED, you are still considered Married under the Plan

Important Tax Information

Your Hardship Withdrawal will be reported by the Construction Industry Retirement Fund of Rockford, Illinois to the IRS on form 1099-R. The Participant is responsible for paying any federal, state, or local income taxes.

The Participant has the option to allow the Plan to withhold federal tax from the withdrawal. If the Participant does not specify an amount of federal taxes to be withheld, the Plan will automatically withhold 10%. The Participant will be responsible for paying the remaining federal, state, or local income taxes.

If the Participant is not 59 ½ at the time of the hardship withdrawal, the IRS **will impose a 10% tax penalty** for early withdrawal.

It is wise to seek professional tax advice before requesting a hardship withdrawal from the Construction Industry Retirement Fund of Rockford, Illinois. The Fund and the Trustees cannot provide tax advice.

Authorization

I have read and understand the above information and the Construction Industry Retirement Fund of Rockford, Illinois Summary Plan Description. I hereby confirm that my financial need cannot be relieved by my financial resources or those of my spouse, minor children or dependents reasonably available to me, including:

1. reimbursements or compensation by insurance or otherwise;
2. reasonable liquidation of my assets, to the extent that such liquidation would not cause financial need; or
3. taking a loan from any other qualified plan to which I belong or from a lending institution.

I also confirm that the amount requested does not exceed the amount needed to address the hardship.

X
Participant's Signature

Date