



**Medical City Dallas Management, LTD 401(k)
Profit Sharing Plan
APPLICATION FOR HARDSHIP WITHDRAWAL**

To apply for a hardship withdrawal, sign the application confirming that a hardship exists and include copies of any supporting documents or bills and a brief statement that confirms the nature of the hardship and your inability to meet such hardship from other financial resources you have.

_____		_____	
Participant Name		Social Security Number	
_____		_____	
Address	City	State	Zip
Email: _____	Phone # _____		
_____	\$ _____	OR	Maximum Available
Date of Birth	Amount Requested		

As a Participant in the **Medical City Dallas Management, LTD 401(k) Profit Sharing Plan**, I hereby apply for a hardship withdrawal. I understand that the withdrawal may not exceed the amount required to meet the financial hardship and I certify that I have no other funds reasonably available to satisfy these obligations including a loan option from this plan. I also certify that none of the money I am requesting to withdraw is subject to a Qualified Domestic Relations Order. If I am married, my spouse has consented to this withdrawal. My Spouse's consent is not necessary if he or she has already consented to another beneficiary on my Survivor Benefit Election form. **In support of my request, I have attached copies of any bills and invoices evidencing the hardship, as well as a brief financial statement.**

***NOTE: Employer contributions (i.e. matching or profit sharing) and any earnings on employer or employee contributions cannot be used for a Hardship.**

Before a hardship withdrawal is granted, the law requires that you must show that you have no other resources which you can use to take care of your hardship including any plan loans, savings accounts, investments or property to sell.

I intend to use the funds requested for the following purpose (indicate all applicable) Supporting documents we must have include, but are not limited to, items listed below.

- _____ **Purchase Primary Residence** – Costs directly related to the purchase of your principal residence (not including mortgage payments). – A signed copy of Sales Contract, Loan Estimate and Closing Cost Worksheet, and email addresses for contacts at the Title and Mortgage Companies as well as anticipated closing date.
- _____ **Prevent Eviction or Foreclosure** – Payment to prevent eviction from your principal residence and/or foreclosure on the mortgage of your principal residence. – A copy of a letter from the mortgage company or landlord threatening eviction or foreclosure with a due date that has not yet passed by more than 30 days. For eviction, email address and phone number of landlord/property manager.
- _____ **Post-Secondary Education** – Payment of tuition for the next 12 months of post-secondary school education for yourself, your spouse, dependents, or named primary beneficiaries. – Copies of unpaid invoices from the educational institution that are no more than 90 days old which are not covered by any student or other loans.

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- _____ **Medical Expenses** – Expenses for or necessary to obtain medical care for yourself, your spouse, dependents, or named primary beneficiaries. – Copies of Explanation of Benefits (EOB's) that are no more than 90 days old with corresponding medical bills that are no more than 30 days old showing the unpaid balance. If there is no insurance coverage then we must have a signed, written statement from you or your primary beneficiary in this plan, stating that they are uninsured along with confirmation from the employer that the affected party does not have insurance. You must further certify in writing that your medical expenses are not covered by any medical or other insurance and that you do not have an HAS account which can be used to satisfy this request.

- _____ **Funeral / Burial** – Payments for burial or funeral expenses for your parents, spouse, children, dependents, or named primary beneficiaries. – Copies of unpaid invoices less than 90 days old for the immediate family member, legal dependent, or primary beneficiary in this plan as well as a certified copy of the death certificate.

- _____ **Damage to Principal Residence** – Expenses for repair of damage to your principal residence that qualify for the casualty deduction (as defined in Internal Revenue Code 165, determined without regard to whether the loss exceeds 10% of adjusted gross income or the requirement that the event is attributable to a Federally declared disaster). Generally, the damage may permissibly be covered will only be due to a sudden and unexpected event that is swift, not gradual or progressive. – Copies of unpaid invoices or repair estimates for damages caused which are deductible on your personal tax return, under Code section 165.

- _____ **Federal Disaster** – Expenses and losses (including loss of income) incurred by you on account of a disaster declared by the Federal Emergency Management Agency (FEMA) provided that your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster. – Copies of unpaid invoices or repair estimates for repair of your principal residence in addition to information indicating your residence at the time of the disaster was located in an area designated by FEMA for individual assistance.

Your application will be reviewed by your employer's 401(k)/403(b) Plan Administrator or CecilCo and we may follow-up for additional documentation as needed.

Taxes and penalties including a 10% early withdrawal penalty may apply. See attached Notice of Withholding & Special Tax Notice.

Participant's Signature: **Please Note: We do not accept Electronic Signatures**

_____ Date

A hardship application fee of \$85.00 will be deducted from your account.

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SPOUSE'S CONSENT TO HARDSHIP WITHDRAWAL

YOU **MUST** COMPLETE #1 **OR** #2.

1. I hereby approve of, and consent to, my spouse's election for a hardship withdrawal. I understand that this election may have the effect of reducing the benefit I would receive under the Plan should my spouse die prior to retirement.

Spouse's Signature: _____ Date: _____
Please Note: We do not accept Electronic Signatures

2. I hereby certify that I am not married at the time of this request for hardship withdrawal.

Participant's Signature: _____ Date: _____
Please Note: We do not accept Electronic Signatures

This request will not be processed without a notary endorsement of both the participant's signature on page 1 of 3, as well as of the spouse's signature above, if any.

NOTARY SEAL:

Notary Name: _____

Signed and Sworn before me this _____ day of _____, 20_____.

County of Signing: _____ Notary for State of: _____

Signature of Notary Public _____ My Commission Expires _____

Notary Address _____

Notary Phone Number _____ Notary Fax Number _____ Notary email address _____

Name(s) of People Notarized * _____
(Participant and spouse, if any) _____

Did signor(s) provide a photo ID issued by a government entity? No Yes Type of ID: _____
(driver license, passport, military ID, state ID, company ID, tribal card)

Please disclose any relationship you may have with the above signor(s). If none, write n/a. _____

***Notaries please remember to reflect if signor is utilizing a power of attorney.**

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NOTICE OF WITHHOLDING ON PAYMENTS

The hardship distribution you receive under the **Medical City Dallas Management, LTD 401(k) Profit Sharing Plan**, will be subject to Federal Income taxes. If you so elect below, the trustees will withhold taxes from your distribution. Withholding will only apply to that portion of your benefit payments that are subject to Federal income taxation which means any after-tax contributions, if applicable, you made to the Plan will not be subject to withholding or taxes, though the earnings attributable to them would be.

You may elect to decide not to have withholding apply to your benefit payment. Sign and date this form and return along with your Hardship Application.

If you elect not to have withholding apply to your benefit payments, or if you do not have enough Federal income tax withheld from your benefit payments, you may have to pay estimated taxes. There may be penalties if your withholding and estimated tax payments are not sufficient.

PARTICIPANT'S WITHHOLDING ELECTION

As a Participant or former Participant in **Medical City Dallas Management, LTD 401(k) Profit Sharing Plan**, I have received notification and understand the income tax withholding options I may elect. The taxable amount will be subject to **10%** withholding unless otherwise indicated below.

- I do not wish to have Federal income tax withheld. I understand this hardship distribution must be reported as income on my personal tax return in the year I received the distribution.
- I want to have _____% (must be 10% or greater) withheld towards payment of Federal income taxes.

I understand that if I elect not to have Federal income taxes withheld, I will still be liable for any Federal taxes that are due and owing and that I may be required to pay estimated taxes. I understand that I may also be liable for additional tax penalties due to inadequate withholding or if I do not pay estimated taxes.

Participant's Signature: **Please Note: We do not accept Electronic Signatures**

Social Security No.

Date: _____