

WASHINGTON AND LEE UNIVERSITY DEFINED CONTRIBUTION PLAN
EMPLOYEE CERTIFICATE FOR HARDSHIP WITHDRAWAL

I have applied for a withdrawal in the amount of \$ _____ from my account contributions to the Washington and Lee University Defined Contribution Plan ("the Plan"). I certify that this withdrawal from my account contributions to the Plan is necessary for the reason checked below:

1. To pay medical expenses, other than elective cosmetic surgery or treatments, for myself, my primary beneficiary under the Plan, my spouse or my dependent.
- or
2. To purchase property to be used as my principal residence, but not to make mortgage payments. I further certify that the property will be used as my principal residence.
- or
3. To pay college tuition and/or related educational fees and room and board (not including books) for the next twelve (12) months for myself, my primary beneficiary under the Plan, my spouse, my child, or my dependent.
- or
4. To avoid eviction or mortgage foreclosure on my personal residence.
- or
5. To pay for burial and/or funeral expenses for my parent, my primary beneficiary under the Plan, my spouse, my child or my dependent.
- or
6. To pay for expenses of at least \$100 for the repair of damage to my principal residence caused by fire, storm or other similar casualty, or from theft.

I further certify that all documents and information I have provided to support my request for hardship withdrawal are true and correct.

I further certify that the amount withdrawn does not exceed the amount necessary to meet the need indicated above plus the amount required to pay any federal, state, and local taxes or penalties that I expect to result from the hardship withdrawal.

I further certify that the necessary expense indicated above cannot be relieved:

1. Through reimbursement or compensation by insurance or otherwise;
2. By liquidation of my assets, my spouse's assets, or my minor child's assets that are available to me;
3. By cessation of elective contributions or other contributions I make under the Plan;
4. By other currently available distributions and nontaxable loans under plans maintained by Washington and Lee University or any other employer;
5. By borrowing from commercial sources in an amount to cover the necessary expense;

OR

If funds were obtained through a resource listed in paragraphs 1-5 above, my financial hardship would be increased, not relieved.

I understand that my voluntary contributions must cease for 6 months if this hardship withdrawal is approved.

I understand that I must contact the Human Resources Department at Washington and Lee University and complete necessary forms to re-commence voluntary contributions.

I realize that the hardship distribution will be taxable income to me and possibly be subject to an additional 10 percent excise tax if I am under age 59-1/2. I will seek my own tax advice and counsel. I understand that there will be no taxes withheld from my funds.

Signed this ___ day of _____, 200__.

Employee Signature

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

My commission expires: _____

SPOUSE'S CONSENT TO HARDSHIP DISTRIBUTION

I hereby consent to the foregoing hardship distribution requested by my spouse. I hereby acknowledge that I understand (1) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's hardship distribution is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the hardship withdrawal request.

Signed this ___ day of _____, 20__ .

Spouse's Signature

Spouse's Name Printed

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

My commission expires: _____