



<b>Participant Information</b>			
<b>Name:</b>		<b>Social Security Number:</b>	
<b>Address:</b>		<b>City:</b>	<b>State:</b>
<b>*Phone:</b>		<b>*Email:</b>	
<b>Date of Birth:</b>		<b>Hours Worked YTD:</b>	
*Your contact information is requested in the event that there are any questions or issues with this form. You will not be contacted by us, nor information provided to a third party, unless we have questions specifically related to this request.			
<b>Hardship Withdrawal Amount</b>			
(Amount requested cannot exceed the amount required to satisfy the need, as evidenced by the attached documentation)			
<input type="checkbox"/>	Amount Requested: \$		
If the amount of the hardship requested exceeds that which is available under the terms of the Plan Document, the maximum amount available will be distributed.			
<b>Election of Distribution and Withholding</b>			
I have received, read, and understand the Special Tax Notice Regarding Plan Payments that contains general information on the rules regarding taxation, premature distributions, and withholding. A Hardship Withdrawal is not eligible for rollover; therefore this distribution will be paid directly to me and will be subject to 10% federal income tax withholding unless otherwise elected below. State income tax will be withheld according to the state's guidelines.			
<b>Substitute W-4P</b>			
Federal income tax withholding of 10% will be imposed unless otherwise indicated below:			
<input type="checkbox"/>	Indicate a different percentage:        %		
<input type="checkbox"/>	Do not withhold federal income tax		
Although your hardship is limited to the amount necessary to meet the purpose indicated below, you may take an additional amount to pay the taxes that will result from the hardship withdrawal. If you requested to have taxes withheld above, please indicate below if you would like your distribution grossed up for taxes. If you are already receiving the maximum available, you may not be eligible to have your distribution grossed up.			
<input type="checkbox"/>	Gross up my distribution for taxes.		
<b>Reason for Distribution</b>			
<b>You must attach supporting documentation. (i.e. tuition bill, physician's bill, eviction notice, housing sales contract). If supporting documentation is not attached, your distribution will not be processed.</b>			
<input type="checkbox"/>	The purchase of a primary residence for myself (excluding mortgage payments).		
<input type="checkbox"/>	Payment to prevent eviction from my principal residence or the foreclosure on the mortgage of my principal residence.		
<input type="checkbox"/>	Payment of tuition and related educational fees for the next twelve months of post-secondary education for me, my spouse, my children, my dependents, and/or my Beneficiary.		
<input type="checkbox"/>	Payment of medical and/or hospital expenses incurred by me, my spouse, my dependents, and/or my Beneficiary. I certify that this expense is not for cosmetic surgery.		
<input type="checkbox"/>	Payment of burial or funeral expenses for my deceased parent, spouse, child, dependent, and/or Beneficiary.		



<input type="checkbox"/>	Payment of certain expenses relating to the repair of damage to my principal residence that would qualify for the casualty deduction, such as those resulting from hurricane or flood damage.	
<b>Fees and Tracking</b>		
The following fee will be deducted from your check to process your distribution request: <b>\$75.00</b> . You can track the progress of your distribution online by logging into your account at <a href="http://www.accesscdm.com/">http://www.accesscdm.com/</a> . Once CDM receives your completed paperwork, you should expect to receive your distribution check within 7-10 business days. Your distribution check will be issued by: <b>Broadridge on behalf of Matrix Financial Solutions</b> .		
<b>Participant Signature</b>		
As a participant in the Highmark Companies 401(k) Profit Sharing Plan & Trust, I affirm the following:		
I have requested that the Plan Administrator consent to a hardship withdrawal for the amount necessary to meet the immediate and heavy financial need created by the hardship.		
I affirm that the amount of the hardship withdrawal request does not exceed the amount necessary to meet this immediate and heavy financial need (plus any taxes due on the distribution).		
I affirm that none of the money that I am requesting is subject to a Qualified Domestic Relations Order.		
I affirm that I have taken all possible distributions from all of my employer's plans, including non-taxable loans. (Note, however, that if the effect of the loans would be to increase the amount of my financial need, I am not required to take the loan. For example, if I need funds to purchase a primary residence, and a plan loan would disqualify me from obtaining other necessary financing, I do not have to take the loan.)		
<b>I will not be allowed to make any contributions or salary deferrals to any employer plan for at least 6 months after receiving the hardship distribution.</b>		
<b>Participant Signature:</b>		<b>Date:</b>
<b>Plan Administrator Approval</b>		
I hereby authorize CDM Retirement Consultants, Inc. to distribute to the participant the hardship amount requested above less the elected federal withholding. I further certify that this decision has been rendered in a consistent and uniform manner to all like requests.		
<b>Plan Administrator Signature:</b>		<b>Date:</b>
<b>For Internal Use Only</b>		
Processed by:	Supp. Docs Recvd.?	
Vesting Reviewed:	Email Client Suspension?	