

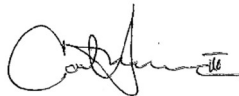
RE: Application for Hardship Distribution from United Steelworkers Local 286 Severance/401(k) Plan

Dear Participant:

Enclosed please find an application for a hardship distribution from the United Steelworkers Local 286 Severance/401(k) Plan. Please fully complete the application, sign before a notary public or Plan representative, and attach requested documentation. Both application and documentation must be returned to the Fund Office within thirty (30) days.

Should you have any questions concerning the application, please feel free to contact the Fund Office during normal business hours (Monday-Friday, 8:00 AM to 4:00 PM) at 215-829-9212. If you wish to deliver your application in person, please call to make an appointment.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlo Simone III', with a stylized flourish at the end.

CARLO SIMONE III  
Office Manager

**APPLICATION FOR HARDSHIP DISTRIBUTION  
UNITED STEELWORKERS LOCAL 286 SEVERANCE/401(k) PLAN**

I, the undersigned Participant, hereby make application for a hardship distribution under the UNITED STEELWORKERS LOCAL 286 SEVERANCE/401(k) PLAN. To this end, I supply the following information:

**1. PARTICIPANT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer Name

Marital Status:  Married  Single  Separated  Divorced  Widowed

If you are married or separated, please complete the following:

\_\_\_\_\_  
Spouse Name

\_\_\_\_\_  
Spouse Date of Birth

\_\_\_\_\_  
Spouse Social Security Number

**2. DISTRIBUTION AMOUNT**

A hardship distribution is only available from the Participant's Controlled Account established for work performed May 1, 2000 and thereafter.

The hardship distribution is limited to the lesser of:

- (1) 50% of the Controlled Account excluding earnings on any voluntary contributions made by the Participant,  
or
- (2) The amount necessary to satisfy the immediate and heavy financial needs of the Participant.

Subsequent hardship distributions, if, any, are limited to 50% of the Controlled Account balance (excluding earnings on any voluntary contributions made by the Participant) less any prior hardship distributions. A participant shall be limited to one hardship distribution in a calendar year.

A financial hardship distribution from your pre-tax employee contribution account may not include earnings credited to the account. You may increase your distribution request to include amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution.

I request an in-service hardship distribution in the amount of \$\_\_\_\_\_.

**3. FINANCIAL HARDSHIP TYPE**

I have an immediate need for the distribution because of the following circumstances (please check one):

\_\_\_\_\_ To pay for medical care for myself, my spouse or my dependents (attach copy of medical bill(s)/EOB(s) showing date(s) of care, amount(s) billed and portion not covered by insurance)

- To purchase my principal residence, excluding mortgage payments (attach signed copy of purchase and sale agreement)
- To pay tuition and related educational fees for the next 12 months of post-secondary education for myself, my spouse, my children or my dependents (attach copy of tuition bill)
- To prevent eviction or foreclosure on my principal residence (attach copy of eviction or foreclosure notice showing amount past due)
- To pay burial or funeral expenses for my deceased parent, spouse, child or dependent (attach copy of death certificate and mortuary bill)
- To pay an educational loan incurred for the payment of tuition and related educational fees of post-secondary education for myself, my spouse, my children or my dependents (attach copy of loan agreement)

**By requesting a financial hardship distribution, I certify that my financial need cannot be reasonably received: 1) through reimbursement or compensation by insurance or otherwise; 2) by liquidation of my assets; 3) by cessation of my contributions to the Plan; or 4) by other distributions or non-taxable loans from any plans in which I participate or by borrowing from other sources on reasonable commercial terms, in an amount sufficient to satisfy the need.**

**I understand that as a condition of my distribution: 1) the amount requested may not be in excess of my immediate financial need, including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution; 2) I have obtained all distributions and non-taxable loans currently available under all of my employer’s plans; and 3) I will be ineligible to make any employee contributions to the Plan or any other plan maintained by my employer for 6 months (other than health or welfare plans), as required by the federal government.**

**4. FEDERAL INCOME TAX WITHHOLDING ELECTION**

If you are under age 59 ½, and are receiving a financial hardship distribution from your account, 10% federal income tax will be withheld unless you elect not to have withholding apply. **If you elect not to have federal income taxes withheld, you are still liable for payment of such taxes on the taxable portion of your distribution.** You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

You may elect to “gross up” your hardship distribution to include the value of federal withholding so that the net payment equals your financial need. The Plan will accommodate this request subject to overall limitations on the amount available for a hardship withdrawal.

Please select one:

- Do not withhold Federal Income Tax from my hardship distribution.
- Withhold \_\_\_\_\_ % Federal Income Tax from my hardship distribution and gross up my distribution amount to cover the tax.

**5. STATE INCOME TAX WITHHOLDING**

The following states require state withholding from distributions not rolled over. If you reside in one of these states, the required state withholding will also be applied to your distribution: Arkansas (AR), Delaware (DE), Iowa (IA), Kansas (KS), Maine (ME), Maryland (MD), Massachusetts (MA), Nebraska (NE), North Carolina (NC), Oklahoma (OK), Vermont (VT), Virginia (VA).

California (CA) and Oregon (OR) allow a participant to elect out of state withholding.

\_\_\_\_\_ Check here if you are a resident of California or Oregon and would like to opt out of state withholding.

**6. PARTICIPANT AND SPOUSE SIGNATURES**

I understand that the hardship distribution will reduce the current and future value of the account for which I may be entitled in the future.

The hardship distribution requested in this application was prepared on the basis that no Domestic Relations Order has been qualified by a duly authorized plan representative which is relative to the above named participant.

I, the spouse of the Participant, do hereby acknowledge that a hardship distribution will be made from the Participant's account and agree to this distribution.

_____	_____	_____
Date	Participant Signature	Plan Representative/Notary Public (Notary Seal)

_____	_____	_____
Date	Spouse Signature	Plan Representative/Notary Public (Notary Seal)

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**FOR OFFICE USE ONLY**

Reviewed by Office Manager \_\_\_\_\_ on \_\_\_\_\_  
Office Manager Signature Date

Reviewed by Trustee \_\_\_\_\_ on \_\_\_\_\_  
Trustee Signature Date

\_\_\_\_\_ Approved or \_\_\_\_\_ Denied – Reason: \_\_\_\_\_

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