LOCAL UNION NO. 9, IBEW & LINE CLEARANCE CONTRACTORS
401(K) RETIREMENT PLAN

APPLICATION FOR HARDSHIP WITHDRAWAL OF EMPLOYEE ELECTIVE DEFERRALS

Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. If any part of this application is not entirely clear, do not hesitate to contact the Fund Office for assistance. The Fund Administrator is **TIC International, Corporation** (877) 423-9155. Be sure to sign and date this application on the last page before a Notary Public or a Plan Official.

1. NAME: _____ _____ _____
Last First Middle

2. ADDRESS: _____
No. & Street

_____ _____ _____
City State Zip Code

3. PHONE NUMBER: _____

4. SOCIAL SECURITY NUMBER: _____

5. EMPLOYEE'S DATE OF BIRTH: _____

6. CURRENT EMPLOYER: _____

7. CURRENT MARITAL STATUS (Please check):
_____Single
_____Married*, number of times_____
_____Divorced**, number of times_____
_____Widowed

*If you are currently married, your spouse must consent to the hardship withdrawal by signing the enclosed Spouse's Consent form which must be notarized or executed before a Plan Official.

**If you are divorced please provide the information in question 8 and enclose a copy of the divorce decree or Qualified Domestic Relations Order if entered. It is only necessary to submit this information if the employee elective deferrals sought to be distributed were earned during the term of the marriage.

8. DIVORCE INFORMATION: _____ _____
Date of Marriage Date of Divorce

9. SPOUSE'S NAME _____ _____ _____
Last First Middle

10. SPOUSE'S DATE OF BIRTH _____

11. SPOUSE'S SOCIAL SECURITY NUMBER _____