



FMPTF 401(a) Defined Contribution APPLICATION FOR HARDSHIP WITHDRAWAL

If you have any questions, please contact the Florida Municipal Pension Trust Fund (FMPTF) by calling toll free 1-800-342-8112 or by emailing us at fmptf@flcities.com.

As a participant in the FMPTF 401(a) Defined Contribution Plan, I hereby request a hardship withdrawal described below. I understand there is a \$75.00 distribution fee for each distribution. Distributions take between two and three weeks to process after submitted to the FMPTF. Please review the forms and read the Special Tax Notice. You may wish to consult your tax advisor before completing the Application for Hardship Withdrawal. I understand that my check (unless direct deposit is selected) and the IRS Form 1099-R will be mailed directly to me at the address below:

Distributions from your 401(a) plan are prohibited, except in the case of retirement or separation from service. An exception to this rule applies in the event a participant has an immediate and heavy financial need ("hardship"). For purposes of this Plan, a safe harbor hardship distribution on an account of one or more of the following immediate and heavy financial needs:

- 1) Expenses for (or necessary to obtain) medical care that would be deductible under Code §213(d) for the Participant, for the Participant's spouse, or for any of the Participant's dependents;
- 2) Payments necessary to prevent the eviction of the Participant from his/her principal residence or the foreclosure on the mortgage of the Participant's residence;

The following restrictions apply to a Participant who receives a safe harbor hardship distribution:

- 1) The Participant may not make elective deferrals or Employee contributions to the Plan for the 6-month period following the date of his/her hardship distribution;
- 2) The distribution may not exceed the amount of the Participant's immediate and heavy financial need (including any amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution); and
- 3) The Participant must have obtained all distributions, other than hardship distributions, and all nontaxable loans (unless the loan to the Participant would increase the Participant's hardship need) currently available under this Plan and all other qualified plans maintained by the Employer.

Distributions from your account will be subject to current Federal and applicable State Income Taxation. If you are under age 59 ½ at the time of the distribution, you may be subject to a penalty tax of 10% of the distribution. You pay this penalty at the time you file your Federal Tax Return.

1. Participant Data

Participant's Name: _____ Social Security No. _____
Street Address: _____ Phone Number: _____
City, State Zip: _____ Birth Date: _____
Employer: _____

2. Reason for Hardship Withdrawal

- Medical Care Expenses Expenses to prevent Eviction or Foreclosure

3. Hardship Withdrawal Amount (not to exceed immediate, documented financial need):

Choosing a 'Net' withdrawal amount increases the amount of your withdrawal to cover taxes and any additional withholding to ensure you still receive your requested dollar amount, assuming your account balance allows it.

Specific Dollar Amount: \$ _____ Net Gross

4. Income Tax Withholding & Additional Adjustments

Income taxes will be withheld in accordance with the terms of the Notice of Withholding on Hardship Withdrawals and the Special Tax Notice. You may, however, elect the following:

- I want the standard 10% withheld for Federal Income Tax
 I want NO Federal Income Tax Withholding
 In addition to the standard 10% Federal Income Tax Withholding, I want additional Federal Income Tax Withheld:

Amount (\$ or %) _____

5. Payment Method

- Check mailed to your mailing address above Direct deposit (additional \$20 fee applies)
 I would like this check mailed overnight (additional \$20 fee applies – reduces mailing time only)

Bank Account Type: Bank Name: _____

Checking Bank routing number: _____

Savings Bank account number: _____

6. Participant's Certification

I wish to have my distribution from the plan made as soon as possible. Therefore, I, hereby waive the 30-day time period otherwise required between the date the "Special Tax Notice" was provided to me and the date that my election regarding my disbursement is implemented.

In connection with this waiver, I hereby confirm the following:

I acknowledge receipt of a written "Special Tax Notice", informing me of some of the tax implications associated with the distribution options available to me; that I understand that I am entitled to a reasonable period of not less than 30 days from the date the notice was provided to me in which to decide on the available distribution options.

I understand that fees associated with my withdrawal will be deducted from my account and that I can contact the FMPTF for more information.

PARTICIPANT – PLEASE SEND ALL THREE PAGES OF THE FORM TO THE EMPLOYER

Participant Signature

Date

7. Employer Sign-off

To ensure proper recordkeeping, please permanently retain a copy of all hardship documentation, or send a copy to FMPTF with this application. I confirm that the above employee has a valid hardship as indicated by the employee, and the employee has provided supporting paperwork detailing the hardship, and the below information is accurate:

Participant Date of Hire

Vesting %

Employer Signature

Date

Name/Title

Employer: please fax paperwork to 850-222-3806 (ATTN: DC Program) or mail to:

FMPTF c/o DC Program
PO Box 1757
Tallahassee, FL 32302-1757

For FMPTF use only

Authorized Signer

Date

Name/Title