

CUMBERLAND
PRESBYTERIAN
CHURCH
RETIREMENT
PLAN NUMBER
TWO

APPLICATION FOR IN-SERVICE WITHDRAWAL

(Please type or print)

I, _____, hereby apply to make a withdrawal from my account under the plan due to the following reason (check one):

Age 59 1/2

Or check one of the below financial hardship withdrawals and include a brief explanation including why funds are not available from another source. (Only for withdrawals prior to age 59 1/2)

- Purchase of your principle residence (excluding mortgage payments)*
- Repair of your primary residence due to natural disaster*
- Amounts necessary to prevent your eviction from your principle residence*
- Eligible uninsured Medical expenses for me or my dependents*
- Educational expense for me or my dependents for the next 12 months*
- Funeral expense for a family member*

Amount of request (check one):

Note: If requesting funds to meet the need for a specific dollar amount, take into account that 20% of whatever total you request will be withheld by the bank trustee and sent to the Internal Revenue Service to be applied toward any taxes that you may owe on the withdrawal. Because of this legally mandated withholding, you may want to increase the amount of your withdrawal to net the amount you need. Note: When a Hardship Withdrawal is made, a extra 10% penalty may be imposed when filing your personal taxes.

- All employee contributions not matched. (Elective contributions)
- All employee contributions. (Basic and Elective contributions)
- \$ _____ (Hardship withdrawals cannot exceed your own elective contributions to date less any previous withdrawals).
- \$ _____ (Specific amount requested for rollover or withdrawal @ age 59 1/2)

Date of Last Hardship Withdrawal: ____/____/____ (*Note:* Only 1 hardship withdrawal request is allowed every 12 months and only the net of any contributions not previously withdrawn is available for in-service withdrawal.)

Employee Signature: _____ Date: ____/____/____

Home Address: _____ State _____ Zip Code _____

Social Security # _____ - _____ - _____

Board of Stewardship Approval: _____ Date: ____/____/____