

**BUFFALO LABORERS' SECURITY FUND PLAN**  
**APPLICATION FOR HARDSHIP WITHDRAWAL**

Participant: \_\_\_\_\_

Hardship withdrawal amount requested: \$ \_\_\_\_\_

Citizenship: ( ) U.S. Citizen or Resident Alien ( ) Nonresident Alien (if a Nonresident Alien, submit IRS Form W-8 BEN)

**1. Hardship Statement.** As a Participant in the Buffalo Laborers' Security Fund, I hereby apply for a hardship distribution. I confirm that the reason for the hardship is:

( ) to pay unreimbursed medical expenses for me, my spouse or dependents. I hereby certify that I have incurred or will incur these expenses and that they have not been and will not be reimbursed by insurance or any other source. (Copy of invoice, or letter from my health care provider describing the cost and need for the medical care, along with evidence that insurance did not or will not cover the expense, is attached.)

( ) Costs directly related to the purchase (excluding mortgage payments) of your primary residence if you do not already own a primary residence. I hereby certify that I do not already own a primary residence. (Copy of purchase documents, setting forth purchase price and closing costs, are attached.)

( ) Costs necessary to prevent eviction from your primary residence or foreclosure on the mortgage of that residence. I hereby certify that I face eviction or foreclosure because I am delinquent on rent for my primary residence, delinquent or have defaulted on the mortgage of that residence. (Copy of eviction or foreclosure notice from landlord, including the lease agreement or lender addressed to the participant and indicating the amount needed to cure the delinquency or default is attached.)

( ) to pay burial or funeral expenses for your immediate family members. Immediate family members include mother, father, spouse, and children. I hereby certify that I have incurred or will incur these expenses due to the death of an immediate family member. (Copy of unpaid itemized invoice or bill indicating name of the deceased and proof of my relationship to the deceased are attached. Proof of relationship not required if the deceased is the participant's beneficiary on file with the Plan.)

**2. Certification.**

I hereby certify that the amount requested does not exceed my immediate and heavy financial need due to the reason(s) designated above and that I have insufficient cash or other liquid assets reasonably available to satisfy that need.

**3. Acknowledgements.**

a. My election to receive a hardship distribution is irrevocable.

b. Hardship withdrawals may be subject to federal income tax and an additional 10% IRS penalty if I have not attained age 59½ and may be subject to state income tax and penalties depending on my state of residence. I understand that the tax rules are complex, the Plan cannot provide me with tax advice, and the Plan strongly recommends that I consult my personal tax advisor with respect to the tax consequences of the requested hardship withdrawal and proper method of reporting any distribution I receive from the Plan.

c. The Plan will withhold 10% for federal income tax unless I elect a different amount or elect not to have withholding apply by completing IRS Form W-4R and returning it with this form. I further acknowledge that I have read the included special tax notice and understand that my distribution is not an eligible rollover distribution and is not subject to a 20% mandatory federal tax withholding.

d. If I am a nonresident alien, my distribution will be subject to federal income tax withholding at a rate of 30% unless my country of residence has entered into a tax treaty with the U.S. and I elect a lower rate on my IRS Form W-8 BEN.

**4. Waiver of minimum notice period.** I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

**5. Signatures.** Complete the following page in the presence of a plan representative or notary.

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**BUFFALO LABORERS' SECURITY FUND PLAN**

**NOTICE OF HARDSHIP WITHDRAWALS**

I certify that the statements set forth in this application are true and complete.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Street Address (include apartment no.)

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

\_\_\_\_\_  
City State Zip Code

**Witness by Plan Representative.**

Signature witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Plan Representative

**OR**

**Witness by Notary.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_, who executed the above as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_