

Hardship Withdrawal Request

Scott M. Gulinson MD, PC 401(k) Plan
395433-01
Participant Information

Last Name	First Name	MI
Address - Number & Street		
City	State	Zip Code
()		
Daytime Phone		

Social Security Number						
E-Mail Address						
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <table style="float: right; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; text-align: center; width: 20px;">Mo</td> <td style="border-bottom: 1px solid black; text-align: center; width: 20px;">Day</td> <td style="border-bottom: 1px solid black; text-align: center; width: 20px;">Year</td> </tr> <tr> <td colspan="3" style="text-align: center;">Date of Birth</td> </tr> </table>	Mo	Day	Year	Date of Birth		
Mo	Day	Year				
Date of Birth						
Are you a U.S. citizen or resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Type of Hardship - Choose one and attach appropriate documentation.

- MEDICAL CARE** - expenses for or necessary to obtain medical care that would be deductible under §213(d) for myself, my spouse, or my dependents that will be determined without regard to whether the expenses exceed 7.5% of adjusted gross income
- PRINCIPAL RESIDENCE** - costs directly related to the purchase of my principal residence (not including mortgage payments)
- EVICTED AND/OR FORECLOSURE** - need to prevent eviction from principal residence and/or foreclosure on the mortgage of my principal residence (depending on Plan provisions)
- TUITION** - payment of tuition for the next twelve months of post secondary school education for myself, my spouse, my children, or dependents

Hardship Amount

 \$ _____ Gross Amount Net Amount

Distribution Delivery

- Send by Express Mail** and deduct \$25.00 from my check for express charges. Note: A street address must be provided. This option is only available for checks payable to you.
- Send to the following Alternate Mailing Address** - Complete this section only if you want a distribution check mailed to a residential address OTHER than the one listed in the Participant Information section. You may not designate a bank or financial institution in this section.

Address _____ City _____ State _____ Zip _____

Federal and State Income Tax Withholding
Federal Income Tax - Federal income tax will be withheld at the rate of 10%, unless Service Center is directed otherwise below.

If you would like additional federal income tax withheld, indicate amount. \$ _____ or _____ %

- Do NOT withhold federal income tax from my hardship distribution.

State Income Tax - If you live in a state that mandates state income tax withholding, it will be withheld.

- Check here if you live in a state that does not mandate state income tax withholding and would like state income tax withheld.

If you would like additional state income tax withheld, indicate amount. \$ _____ or _____ %



Hardship Withdrawal Request

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

Required Signatures

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have received, read, understand and agree to all pages of this form, and affirms that all information that I have provided is true and correct. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. I understand that Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Center cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature _____

Date _____

I certify that the recordkeeping system has the accurate vesting percentage, if applicable, and participant address. Please process the request using this information.

OR

I certify that the participant's accurate vested percentage in the money sources listed below is as follows:

ERB 2 - SAFE HARBOR PROFIT SHARING

Immediate

ERB 1 - EMPLOYER PROFIT SHARING

_____ %

Please use this when processing the distribution.

Note: Please be advised that balances may not exist in all money sources listed above. Additionally, all money sources may not be available for all distribution reasons.

The Plan Administrator certifies that all distribution information provided is accurate. This request is in compliance with Plan provisions and applicable federal law.

Authorized Plan Administrator Signature _____

Date _____

Participant forward to Plan Administrator

Plan Administrator forward to Service Center at:

OppenheimerFunds Service Center

PO Box 173764, Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-866-695-1577

Fax#: 1-303-737-4355

Web site: www.oppenheimerfunds.com

APPLICATION FOR HARDSHIP WITHDRAWAL

Your Plan provides that, at the Plan Administrator's discretion, a portion of your account may be withdrawn if you have a proven financial hardship.

To apply for a hardship withdrawal, sign this application confirming that a hardship exists; and attach copies of supporting documents or bills. Your application will be considered by the Plan Administrator, and you will receive a prompt reply.

I hereby apply for a hardship withdrawal. I understand that the withdrawal may not exceed the amount required to meet the financial hardship. I have read the special tax notice, and I understand that the withdrawal may be subject to income taxation. And it may be subject to a 10% federal penalty if I am not yet 59½. I further understand that I am precluded from making further 401(k) deferrals for a period of 6 months. I also certify that none of the money I am requesting is subject to a qualified domestic relations order.

I intend to use the funds requested for the following purpose (check one):

- To purchase my primary residence.
- To pay educational expenses for myself, my spouse or my dependents.
- To pay medical and/or hospital expenses for myself, my spouse or my dependents.
- To prevent eviction from my home or foreclosure on the mortgage of my primary residence.
- To repair qualifying casualty damage to my primary residence.
- To pay funeral expenses for my parent, my spouse, my child, or other dependent.

\$ _____
Amount Requested Participant's Name Participant's Signature

Spouse's Signature Check here if not legally married.

I hereby authorize any hardship distribution to the above named Participant, and I understand that s/he is **precluded from making additional employee contributions for a period of 6 months**. I further certify that this decision has been rendered in a consistent and uniform manner to all like requests.

Plan Representative Company Name

Employee's 401(k) contribution history (do not include company contributions):

Current year-to-date employee contributions \$ _____

Prior year employee contributions \$ _____

List any prior hardship withdrawals taken: Year: _____ Amount: _____

Year: _____ Amount: _____