## 1081.01 (d) PLAN FINANCIAL HARDSHIP / IN-SERVICE WITHDRAWAL FORM

PLAN NAME	COMPANY NAME		
FULL NAME	SOCIAL SECURITY	Y NUMBER	EMAIL
ADDRESS			ZIP CODE
			MARRIED SINGLE
EMPLOYEE NUMBER HIRE DATE	Ξ	MARITAL S	TATUS
REASON FOR REQUEST  It is possible that your plan provision allows you to rewithdrawals are limited by law and by the plan docume conditioned to guidelines set by your employer acting at the Administrator deems necessary to approve this request.  [ ] Financial Hardship by reason of:	ent (Refer to the Summary Pla as Plan Administrator. Please s	n Description for	more information). They can also be
Reason for Hardship:		Amount Needed	٠.
[ ] Purchase of principal residence		\$	
[ ] Medical expenses not reimbursed		\$	
[ ] Tuition payments of post-secondary educ	cation	\$	
[ ] Foreclosure or Eviction from principal resi		\$	
[ ] Funeral Expenses		\$	
[ ] Any other cause that, in the Administrator	r's determination		
has produced financial need		\$	
[ ] Othe reasons (only allowed for the following of	contributions):		
[ ] Withdrawal from After Tax Contributions		\$	
[ ] Withdrawal from Rollover Contributions		\$	
[ ] If the plan allows it, contribute since you re years of age or age for retirement	eached 59 and a half	\$	
[ ] Withdrawal upon reaching 70 and a half y	vears (select an ontion)	Φ	
[ ] Recurring payment if the plan allows its:         [ ] Annual [ ] Semiannual [ ] Quar		¥	
REDEMPTION OF FUNDS			
The sale of funds will be made proportionally between the	he investment funds and source	ces available upon	distribution processing.
WARNING:			
All partial distributions including in-service withdrawa contributions throughout periodic payments due to sepestablished by Law.			
The Trustee will file Form 480.7c with the Puerto Rico Tr	reasury Department with a cop	by sent to you.	
Banco Popular could charge a fee to your retirement plan account for processing your distribution request. Please refer to the Plan's fee disclosure or consult with your employer for further details.			
CERTIFICATION AND SIGNATURE OF PARTICIPANT:			
I hereby certify that this information and representations to this or any other plan that the employer offers and that			
PARTICIPANT SIGNATURE	DATE		
SPOUSAL CONSENT:			
If the normal distribution method of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is an annuit in the presence of an authorized representative of the plan is a presentative of the pl	lan administrator or a public n	otary.	
AFFIDAVIT NO. SPOUSE SIGNATURE			
Subscribed and Sworn to before me by		of low-live-	rociding in
whom I have personally, of 20			
NOTARY PUBLIC SIGNATURE NO	OTARY PUBLIC SEAL		
# ADMINISTRATOR			
ADMINISTRATOR  The administrator certifies that the necessary evide corresponding federal and state regulations. The A by means of check, if applicable, to the participant	dministrator authorizes Banco		
ADMINISTRATOR NAME	ADMINISTRATOR SIGNATURE		DATE

