

**IBEW Local 347 Electrical Workers
Fringe Benefit Fund**

PO Box 26068
Salt Lake City, UT 84126-0068

CompuSys of Utah, Inc.

Toll Free (844) 347-IBEW (4239)
Fax (801)975-1342

**IBEW Local 347 Retirement and 401(k) Plan
Statement of Hardship**

I _____ am hereby providing the **IBEW** Local 347 Retirement and 401(k) Plan ("Plan") notification that I have an immediate and heavy financial need that concerns **(mark the item(s) below that applies to you):**

- payments necessary to prevent foreclosure on the mortgage on my principal residence;
- payments for burial or funeral expenses for my deceased parent , spouse, children, or dependents; or
- expenses for medical care that was previously incurred by my spouse, my dependents, or me and is deductible under Section 213 of the Internal Revenue Code, or expenses necessary for my spouse, my dependents, or me to obtain medical care that is deductible under Section 213 of the Internal Revenue Code.

I certify that I am not capable of relieving this immediate and heavy financial need from other resources that are reasonably available to me.

I hereby acknowledge, agree, and represent that all of the information provided on this Statement of Hardship is correct.

Participant's Signature

Participant's Name (Print)

Date

Return ALL forms and documents to PO Box 26068, Salt Lake City, Utah 84126-0068