

# Hardship Withdrawal Request 401(k) Plan

**Partners Profit Sharing & 401(k) Plan**

**509833-01**

**When would I use this form?**

**When I am requesting a withdrawal due to a Hardship.**

- Please note that this withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is processed. The administrative review period may take several business days. Note that your investments may fluctuate with market performance so you may want to re-direct or diversify those investments prior to making a withdrawal request. If you initiate a fund transfer during the administrative review period, it may delay the processing of your withdrawal. If you want to make changes to the investments in your account prior to withdrawal, please contact Service Provider or access your account online.

**I should not use this form:**

- If I have not taken all of my other withdrawal options under the plan. To find out if I am eligible, see the Additional Information information below for website information or to contact Service Provider. After I have taken all other eligible withdrawals, I may submit a hardship request for any remaining amount of my hardship need.
- If I have separated from employment with the employer/company sponsoring this Plan, instead, I should use the Separation from Employment Withdrawal Request.
- If I am eligible to request an in-service withdrawal from my Plan or if I am 59½ or older, I should use the In-Service Withdrawal Request.
- If this account was transferred to me due to death, instead, I should use the Death Benefit Claim Request.
- If this account was transferred to me due to divorce, instead, I should use the Alternate Payee QDRO Distribution Request.

**Additional Information**

- By logging into my account on the website at empowemyretirement.com, I may track the status of this withdrawal request.
- For questions regarding this form, refer to the attached Participant Hardship Withdrawal Guide ("Guide"), visit the website at empowemyretirement.com or contact Service Provider at 1-800-338-4015.
- Return Instructions for this form are in Section H.
- Use black or blue ink when completing this form.

**A What is my personal information?**

*(Continue to the next section after completing.)*

Account extension, if applicable, identifies a participant with multiple accounts.

Account Extension

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U.S. Social Security/U.S. Taxpayer Identification Number  
*(Must provide all 9 digits)*

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy) **Required**

*(The name provided MUST match the name on file with Service Provider.)*

( )

Daytime Phone Number

Mailing Address on My Account

( )

Alternate Phone Number

City

State

Zip Code

- (Optional) I authorize Service Provider to leave detailed account information on my voice mail at my: *(Select One)*

Daytime Phone Number

Alternate Phone Number

*Confirm number selected is entered above.*

- I have confirmed the address on my account by accessing my account online at empowemyretirement.com. If the address on my account does not match the address provided above, there will be processing delays.

- If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.

- Once the address is updated, I may submit this form with my new address entered above.

By providing my mobile number and/or my email address below, I am consenting to receive text messages and/or emails related to this request.

( )

Mobile Phone Number - *Standard data fees and text messaging rates may apply based on my carrier.*

Email Address

**Select One (Required):**

I am a U.S. Citizen or U.S. Resident Alien.

I am a Non-Resident Alien or Other. *(Complete 'Non-Resident Alien or Other Certification' section.)*

**Required** - Provide Country of Residence: \_\_\_\_\_



Last Name

First Name

M.I.

U.S. Social Security Number

**B What is my reason for this Hardship withdrawal?**

*(Continue to the next section after completing.)*

**Choose all that apply and attach the required documentation to this request.**

**Medical Care**

Expenses for (or necessary to obtain) medical care deductible under Internal Revenue Code ("IRC") §213(d) for myself, spouse or dependents determined without regard to whether the expenses exceed 10% of adjusted gross income.

**Required Documentation:** Copies of bills or pre-determination of cost indicating the amount payable to doctors, hospitals, etc., after taking into account any insurance reimbursement. Include a copy of the Explanation of Benefits from the insurance company. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

I do not have any applicable insurance.

**Principal Residence**

Costs directly related to the purchase of my principal residence (not including mortgage payments).

**Required Documentation:** Copy of signed purchase contract or agreement of sale including an estimate of closing costs. The amount cannot exceed the total of the down payment, closing costs and any additional tax liability.

**Eviction or Foreclosure**

To prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence. I certify that there are no legal proceedings that can prevent foreclosure or eviction.

**Required Documentation:** Letter from my mortgage company or landlord, a copy of an eviction or mortgage foreclosure notice, or other documentation showing the amount of rent or mortgage payment required to prevent eviction or foreclosure. The documentation must show that by paying the requested amount, I will be allowed to stay in the property. My name and address must be on the documentation I am submitting.

**Tuition**

Payment of tuition, related educational fees, and room and board expenses for up to the next twelve months of post secondary education for myself, spouse, children, or dependents as defined in IRC §152 (without regard to IRC 152(b)(1), (b)(2) and (d)(1)(B)).

**Required Documentation:** A bill or letter from the school showing the amount due for up to the next 12 months of tuition, related educational fees, and room and board. My name and/or spouse, children, or dependent's name must appear on the bill. I may request a hardship withdrawal for the estimated tuition in advance with a written estimate of costs. The estimate needs to be on the school's letterhead, signed by an official representative of the school and must be itemized. The amount of bills submitted for this withdrawal must be reduced by any scholarships, school loans and grants.

**Funeral Expenses**

Payments for burial or funeral expenses for my deceased parent, spouse, children, or dependent (as defined in IRC §152 without regard to IRC 152(d)(1)(B)).

**Required Documentation:** Copies of invoices and/or receipts indicating the cost of such burial or funeral expenses after taking into account any insurance reimbursement. Include a statement from the insurance company. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

I am not entitled to any insurance proceeds or reimbursement to cover the expenses above.

**Principal Residence Repair**

Expenses for repair of damage to my principal residence that would qualify for the casualty deduction as defined in IRC §165 (determined without regard to IRC 165(h)(5) and whether the loss exceeds 10% of my adjusted gross income).

**Required Documentation:** Copies of invoices and/or receipts dating from the previous 12 months showing the cost of repairs to your principal residence less any reimbursement or payments made by the insurance company. If the invoice or receipt does not reflect any insurance company reimbursement, include a statement from the insurance company showing the date of loss, cause and amount covered by insurance.

**Expenses and Losses Incurred on the Account of a Federally Declared Disaster**

Expenses and losses (including loss of income) incurred on account of a federally declared disaster, provided my principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

**Required Documentation:** Copies of invoices and/or receipts showing the cost or repair to the damaged or lost property along with a statement from the insurance company reflecting the amount of the loss which it denied reimbursement. A participant claiming a loss of income due to the disruption of his/her employment with the plan sponsor must provide a letter signed by a representative of the plan sponsor stating the lost income amount.

**C What amount am I requesting for my Hardship withdrawal?**

*(Continue to the next section after completing.)*

Amount \$ \_\_\_\_\_  Net Amount

If I check the Net Amount box, the amount written on the line, is the amount I will receive after applicable income taxes and fees (*not including any delivery charges*) are withheld.

- For example: If the amount I am requesting is \$10,000.00, and my total tax/fee withholding is \$1,500.00, the total amount taken from my account will be \$11,500.00, resulting in a payment of \$10,000.00 to me.

If I do not check the Net Amount box, the amount I will receive will be less than the amount requested after applicable income taxes and fees (*not including any delivery charges*) are withheld.

- For example: If the amount I am requesting is \$10,000.00, and my total tax/fee withholding is \$1,500.00, the total amount taken from my account will be \$10,000.00, resulting in a payment of \$8,500.00 to me.

- The amount I request for hardship may not exceed the amount of my financial need.
- If the amount requested exceeds available funds or exceeds limits imposed by IRC, regulations and/or Plan terms, the hardship will be processed for the maximum amount available.
- **If my request is approved, and unless the Plan has directed otherwise, the Hardship withdrawal will be prorated across all available money sources and investment options.**

Last Name

First Name

M.I.

U.S. Social Security Number

Number

**C What amount am I requesting for my Hardship withdrawal?** *(Continue to the next section after completing.)*

- I understand that a \$75.00 withdrawal fee will be deducted from my withdrawal amount.
- My withdrawal may be subject to additional fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-800-338-4015.

**D How do I want my Hardship withdrawal delivered?** *(Continue to the next section after completing.)*

Select One - Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.

- If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- If I would like to make a change to what I previously selected, I must cross-out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.

**Check by USPS Regular Mail**

- Estimated delivery time is up to 5 business days.
- No additional charge.

**Check by Express Delivery**

- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday - Friday, with no signature required upon delivery.
- If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.

**Direct Deposit via New Automated Clearing House ("ACH")**

- I understand that to establish Direct Deposit via ACH, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Plan Administrator Witnessing' section of this form. If either the required documentation is not attached or my signature is not notarized or witnessed, ACH will not be established on my account and a check will be mailed to the address on my account.

- Estimated delivery time is 2-3 business days.
- A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees.
- The name on my checking/savings account **MUST match the name on file with Service Provider.**
- If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address on my account to avoid any delays in processing.
- By entering banking information, I authorize Service Provider to access records from public and proprietary sources in order to validate that I am the owner of the bank account. This process will not affect my credit.

- Checking Account - **MUST include a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, checking account number and ABA routing number.
- Savings Account - **MUST include a letter on financial institution letterhead, signed by a representative** from the receiving institution, which includes my name, savings account number and ABA routing number.

An ACH request **cannot** be sent to a prepaid debit card, business account or other retirement Plan. By requesting my withdrawal via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of my ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.

**Direct Deposit via Existing Automated Clearing House ("ACH")**

- I have an existing ACH that has been on file for at least fifteen (15) days and I wish to use it for this Withdrawal request. If my ACH has not been established on my account for at least 15 days, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Plan Administrator Witnessing' section of this form.
- Estimated delivery time is 2-3 business days.
- A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees.
- Not available for Direct Rollovers.
- Complete the information below in order to properly identify the ACH account.
- If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address on my account to avoid any delays in processing.
- By entering banking information, I authorize Service Provider to access records from public and proprietary sources in order to validate that I am the owner of the bank account. This process will not affect my credit.

Bank Information			
Bank Account Nickname (Optional)		Bank or Financial Institution Name	
Last 4 digits of the Bank Account Number			

Last Name

First Name

M.I.

U.S. Social Security Number

Number

**D How do I want my Hardship withdrawal delivered?** *(Continue to the next section after completing.)*  
*Select One - Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.*

**Wire Transfer**

- I understand that to have my proceeds sent as a Wire transfer, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Plan Administrator Witnessing' section of this form. If either the required documentation is not attached or my signature is not notarized or witnessed, my proceeds will not be sent by Wire transfer and a check will be mailed to the address on my account.
- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees.
- **MUST Include a letter on financial institution letterhead, signed by a representative from the receiving institution, which provides the wire transfer instructions.** The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.
- Additional fees may apply at the receiving financial institution.
- **Service Provider is not responsible for inaccurate wire transfer instructions.**

**E Non-Resident Alien or Other Certification** *(Continue to the next section after completing.)*  
*Only Complete if I indicated I am a non-resident alien or other under Section A of this form.*

**Do not complete if U.S. Citizen or U.S. Resident Alien was indicated in Section A of this form.**

Under penalty of perjury, if I checked Non-Resident Alien or Other in Section A of this form, my signature certifies that:

- I am the individual that is the beneficial owner of all the income to which this form relates or am using this form to document myself for chapter 4 purposes.
- I am not a U.S. person
- The income to which this form relates is:
  - a. not effectively connected with the conduct of a trade or business in the United States,
  - b. effectively connected but is not subject to tax under applicable income tax treaty, or
  - c. the partner's share of a partnership's effectively connected income.
- I am a resident of the treaty country listed below under the "Claim of Tax Treaty Benefits" (if any) within the meaning of the income tax treaty between the United States and that country.
- I agree that I will submit a Form W8-BEN within 30 days if any certification made on this form becomes incorrect.

**Identification of Beneficial Owner**

Country of citizenship

Foreign tax identifying number

Permanent resident address (street, apt. or suite no., or rural route) **Do not use P.O. Box or in-care of address**

City or town, state or province. Include postal code where appropriate.

Country

Mailing Address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

**Claim of Tax Treaty Benefits** (for chapter 3 purpose only)

I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**Special rates and conditions** (if applicable): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on the line above to claim a \_\_\_\_\_% rate of withholding on (specify type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

**F How will my income taxes be withheld?** *(Continue to the next section after completing.)*

**Federal Income Tax**

- 10% of the total taxable amount of my withdrawal will be withheld for Federal Income Tax, unless I check the box below:

Do not withhold 10% Federal Income Tax from my Hardship withdrawal.

I would like **additional** Federal Income Tax withholding (Optional):

\_\_\_\_\_ % or \$ \_\_\_\_\_  
*(This is in addition to any mandatory Federal Income Tax withheld.)*

**State Income Tax**

I should refer to information from the Department of Revenue for my state of residence. If applicable, **I must attach my State Income Tax withholding form to make tax elections when required.** In the event the withholding form is required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.

- State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below.

I would like **additional** State Income Tax withholding:

\_\_\_\_\_ % or \$ \_\_\_\_\_  
*(This is in addition to any mandatory State Income Tax withheld.)*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

U.S. Social Security Number \_\_\_\_\_

Number \_\_\_\_\_

**F How will my income taxes be withheld?***(Continue to the next section after completing.)*

- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I elect otherwise below.

If the checkbox is not marked below, I choose to have State Income Tax withheld from my withdrawal. I would also like to have **additional** State Income Tax withholding:

\_\_\_\_\_ % or \$ \_\_\_\_\_  
*(This is in addition to any elective State Income Tax withheld.)*

- Do not withhold State Income Tax *(if election is permitted and I have attached the proper election form if required by my state).*

- Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding.

- I would like State Income Tax withheld - **Optional** State Income Tax withholding:

\_\_\_\_\_ % or \$ \_\_\_\_\_

*(If this optional income tax election is permitted. I also have attached the proper income tax election form if required by my state to elect this optional withholding.)*

**G Signatures and Consent** *(Signatures must be on the lines provided.)**(After receiving ALL required signatures, continue to the next section.)***My Consent** *(Please sign on the 'My Signature' line below.)*

I acknowledge that I have received, read, understand and agree to all pages of this Hardship Withdrawal Request form and affirm that all information that I have provided is true and correct. I understand the following:

**Hardship Need Certification**

I acknowledge and I agree:

- The hardship withdrawal requested does not exceed the amount of my financial need (including any amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the withdrawal)
- I have obtained all available withdrawals (other than hardship withdrawals)(to the extent such withdrawals do not increase the amount of my financial need) under the Plan and all other plans maintained by the employer.
- I confirm that I have taken all eligible withdrawals under the plan.
- I represent that I have insufficient cash or other liquid assets to satisfy the financial need.

I understand the following:

- Any election on this Hardship Withdrawal form is made voluntarily and is effective for 180 days.
- I am liable for any income tax and/or penalties assessed by the IRS and/or state tax authorities for any election I have chosen.
- Once a payment has been processed, it cannot be changed or reversed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.
- 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.
- Under penalty of perjury, I certify that the U.S. Social Security Number or U.S. Taxpayer Identification Number shown in Section A is correct. I am a U.S. Person if I marked the U.S. Citizen or U.S. Resident Alien box in Section A of this form.
- Service Provider 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 Provider 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 website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.
- **Additional authentication may be necessary before my withdrawal is processed and/or payment released.**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

U.S. Social Security Number \_\_\_\_\_

Number \_\_\_\_\_

**G Signatures and Consent** *(Signatures must be on the lines provided.)* *(After receiving ALL required signatures, continue to the next section.)***My Consent** *(Please sign on the 'My Signature' line below.)*

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

**Before signing this form: My signature must be notarized by a Notary Public or witnessed by my authorized Plan Administrator if I am requesting Direct Deposit via New ACH or a Wire Transfer or my existing ACH has not been on file for at least fifteen (15) days. If I use a Notary Public, the date that I sign this form must match the date of the Notary Public signature.**

**My Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.**

**My Signature Notarization****My signature notarization is only required if I am requesting:**

**Direct Deposit via New ACH or Wire Transfer** - Not required for Direct Deposit via Existing ACH unless established less than 15 days ago. *May also be witnessed in the 'My Plan Administrator Witnessing' section below.*

**For Residents of all states (except California)**, please have your notary complete the section below.

**Notice to California Notaries using the California Affidavit and Jurat Form** the following items must be completed by Notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and my name. Notary forms not containing this information will be rejected and it will delay this request.

**The date I sign this form in the 'My Consent' section must match the date on which my signature is notarized.**

**Statement of Notary****NOTE: Notary seal must be visible.**This request was subscribed and sworn *(or affirmed)* to before me

State of \_\_\_\_\_ ) on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_

**SEAL**)ss. **(name of participant)** \_\_\_\_\_

County of \_\_\_\_\_ ) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.**

**My Plan Administrator Witnessing My Signature** *(Please sign on the 'Plan Administrator Signature' line below.)*

**Only necessary if Notary signature is NOT obtained where indicated above.**

If the participant request includes instructions for Direct Deposit via ACH or Wire Transfer and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.

I represent that I am an authorized signer on behalf of the above-named Plan and have an authority to instruct Service Provider to process this form.

**Plan Administrator Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.**

**Print Full Name** \_\_\_\_\_

**H Where should I send this form?**

**After all signatures have been obtained, this form can be**

**Uploaded Electronically:**

Login to account at  
**empowermyretirement.com**

Click on Upload Documents to submit

We will not accept hand delivered forms at Express Mail addresses.

**OR Faxed to:**

Empower Retirement  
1-866-633-5212

**OR Sent Regular Mail to:**

Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

**OR Sent Express Mail to:**

Empower Retirement  
8515 E. Orchard Road  
Greenwood Village, CO 80111

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## Participant Hardship Withdrawal Guide - 401(k)

### The Hardship Withdrawal Request

#### Before completing the form, please note the following information:

- All pages of the Hardship Withdrawal Request form ("Withdrawal Form") must be returned.
- Neither this Guide nor this Withdrawal Form are intended to provide tax or legal advice. In the preparation of this Withdrawal Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- **I must attach all supporting documentation to my request.**
- **I must complete a separate Withdrawal Form for each account or plan number.**
- **If I am eligible to request an in-service withdrawal from my Plan or if I am 59½ or older, I should use the In-Service Withdrawal Request.**
- **If I am a Beneficiary, I need to complete and submit a Death Benefit Claim Request form rather than this Withdrawal Form.**
- **If I am an Alternate Payee, I need to complete and submit an Alternate Payee QDRO Distribution Request rather than this Withdrawal Form.**

#### Changes to My Request

- Any changes to this Withdrawal Form must be crossed-out and initialed. If I do not initial all changes, this Withdrawal Form may be returned to me for verification.

#### Incomplete or Inaccurate Information

- In the event that any section of this Withdrawal Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Withdrawal Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

### Section A: What is my personal information?

- All information in this section must be completed.
- The name provided MUST match the name on file with Service Provider.
- Personal information will be kept confidential.
- If I am a Non-Resident Alien, refer to the 'Non-Resident Alien or Other Certification' section of this Guide.
- I have confirmed the address on my account by accessing my account online at [empowermyretirement.com](http://empowermyretirement.com). If the address on my account does not match the address provided in this section, there will be processing delays.
- If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.
- Once the address is updated, I may submit this form with my new address entered in this section.

### Section B: What is my reason for this Hardship withdrawal?

- I must choose the reason for my hardship withdrawal in this section and attach the corresponding required documentation in order for my request to be processed.
- I am required to receive all withdrawals (other than hardship withdrawals), from this and all other plans maintained by the employer (including a related employer).

### Section C: What amount am I requesting for my Hardship withdrawal?

#### Available contribution source(s) for my Hardship withdrawal:

- RTH1 ROTH CONTRIBUTION
- ERO1 EMPLOYER PROFIT SHARING
- BTK1 EMPLOYEE BEFORE TAX
- REE1 IN PLAN ROTH EMPLOYEE ROLLOVER
- REM1 IN PLAN ROTH EMPLOYER MATCH
- EER1 EMPLOYEE ROLLOVER BEFORE TAX
- ERM1 EMPLOYER MATCH
- RBT1 IN PLAN ROTH EMPLOYEE PRETAX
- RPS1 IN PLAN ROTH PROFIT SHARING
- RRO1 ROTH 401K ROLLOVER

#### Restrictions for taking a Hardship withdrawal:

- For the ERO1 EMPLOYER PROFIT SHARING contribution source, I must be 100% vested.
- For the ERM1 EMPLOYER MATCH contribution source, I must be 100% vested.
- The amount I request for hardship may not exceed the amount of my financial need.
- Unless the Net Amount box has been selected, the amount I request will be a gross amount; that is, Federal and/or State Income tax will be withheld from my requested amount.

#### **Hardship Withdrawal Approval and Effective Date**

- Before processing my hardship withdrawal request, Service Provider must first receive all required documentation.
- This request cannot be approved without proof of financial hardship.
- If any documentation is missing, my request will be rejected and will not be processed until I have submitted the required documentation with a copy of this Withdrawal form.
- The effective date of my hardship withdrawal request will not be until after the hardship approval.

### Section D: How do I want my withdrawal delivered?

- Once complete request is received in good order with applicable documentation, delivery of payment is based on completion of the withdrawal process and the timing of approval.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- Below is a description of each delivery option.

#### **Check by USPS Regular Mail**

- Estimated delivery time is up to 5 business days.
- No additional charge.

#### Check by Express Delivery

- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday-Friday, with no signature required upon delivery.
- If the address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas.

#### Direct Deposit via New Automated Clearing House ("ACH")

- I would elect this option if I want my payment to be electronically deposited into my personal checking or savings account.
- Estimated delivery time is 2-3 business days.
- A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees.
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- For deposit into my **checking account**, I **MUST** attach a copy of a **preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, checking account number and the ABA routing number.
- For deposit into my **savings account**, I **MUST** attach a **letter on financial institution letterhead, signed by a representative** from the receiving institution, which indicates my name, savings account number and the ABA routing number.
- **An ACH request can not be sent to a prepaid debit card, an IRA, or a business account.**
- Any missing, incomplete, or inaccurate information will delay my withdrawal request.
- ACH credit can only be made into a United States financial institution.
- Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

#### General ACH Information

- I authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.
- In addition, I authorize my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- Service Provider will make payment in accordance with the direction I have specified on this Withdrawal Form.
- If my financial institution rejects the ACH credit, Service Provider will make every attempt to fix the error and process the request. However, if Service Provider is still unable to send the ACH credit, a check will be mailed to the address that is on file with Service Provider.
- By selecting the ACH method of delivery, I acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Withdrawal Form.
- I am authorizing and directing my financial institution not to hold any overpayments made by Service Provider on my behalf, or on behalf of my estate or any current or future joint account holder, if applicable.
- ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution.
- Any requests received containing foreign financial institution instructions will be rejected and require new ACH or check delivery instructions.
- It is my obligation to notify Service Provider of any address or other changes affecting my electronic fund transfers during my lifetime.
- I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.

#### Direct Deposit via Existing Automated Clearing House ("ACH")

- I have an existing ACH that has been on file for at least fifteen (15) days and I wish to use it for this Withdrawal request. If my ACH has not been established on my account for at least 15 days, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Plan Administrator Witnessing' section of this form.
- Estimated delivery time is 2-3 business days.
- A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees.
- Not available for Direct Rollovers.

#### Wire Transfer

- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees.
- Additional fees may apply at the receiving financial institution.
- I **MUST** verify the wire transfer information provided with the financial institution receiving these funds. **Service Provider is not responsible for inaccurate wire transfer instructions.**
- I also **MUST** attach a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.

#### Section E: Non-Resident Alien or Other Certification

- If I am a non-resident alien, I must complete the 'Non-Resident Alien or Other Certification' section on this form.
- The withholding rate applicable to my payment is the thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields, tax treaty section, if applicable and provide a U.S. Taxpayer Identification Number. I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> for further information. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

#### Section F: How will my income taxes be withheld?

- If I do not have sufficient Federal or State Income Tax withheld from the taxable amount of my withdrawal, I will be responsible for payment of estimated tax and/or may incur penalties under estimated tax rules.
- If applicable, I have attached IRS Form W-4P and/or my State's Income Tax withholding form with my elections, if required. If these forms are required for my withdrawal, and are not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

#### Federal Income Tax Withholding

- Federal Income Tax will be withheld from the taxable amount of my withdrawal at the rate of ten percent (10%) unless I elect to not withhold Federal Income Tax by marking the box in the "How will my taxes be withheld?" section of the form.
- I may elect to withhold an amount greater than 10% and may do so by indicating the additional amount on the line provided.



### **Income Tax Withholding Applicable to Payments Delivered Outside the U.S.**

- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding from the taxable amount of my withdrawal.

### **Income Tax Withholding for a Non-U.S. Person**

- If I am a non-resident alien, I must complete the 'Non-Resident Alien or Other Certification' section on this form.
- The withholding rate applicable to the taxable amount of my payment is thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields, tax treaty section, if applicable and provide a U.S. Taxpayer Identification Number. I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> for further information. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

### **State Income Tax Withholding**

- If applicable, I will attach my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable state regulations.
- If I live in the state that mandates State Income Tax withholding, State Income Tax will be withheld. If I wish to have additional State Income Tax withheld, I may elect so by entering a percentage or dollar amount on the line provided.
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I properly elect otherwise on the form.
- Certain states do not require mandatory withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected. If I elect this, State Income Tax will be withheld based on a default rate/rules provided by the state of my residence. I may elect to have an additional State Income Tax withheld by entering a percentage or a dollar amount on the line provided.
- **For more information and applicable forms or documentation that may be required for my state**, refer to the appropriate state tax authority.

## **Section G: Signatures and Consent**

- **Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.**

### **My Consent**

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Withdrawal Form Request and the Participant Hardship Withdrawal Guide.

### **My Signature Notarization**

Direct Deposit via New ACH or Wire Transfer

- If I have requested for my withdrawal to be delivered Direct Deposit via New ACH or as a Wire Transfer or if I have an existing ACH that was established less than 15 days ago, I must have my signature notarized or witnessed by my authorized Plan Administrator. If my signature is not notarized or witnessed by my authorized Plan Administrator or if the required documentation is missing, a check will be sent to address of record.

### **My Plan Administrator Witnessing My Signature**

- By signing this section, my Plan Administrator signature is certifying that they have witnessed my signature.
- If my Plan Administrator will not sign that they are witnessing a signature, I must obtain the applicable notarization.

## **Section H: Where should I send this form?**

- Once I have completed this Withdrawal Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to upload or fax my documents, which includes the Withdrawal Form and required supporting documentation, I need to allow 2-4 hours for confirmation of receipt before I check on the status and confirm that all pages have been received.
- We will not accept hand delivered forms at Express Mail addresses.

## **Important Note**

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at [empowermyretirement.com](http://empowermyretirement.com) or call Client Service at 1-800-338-4015.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.