EMPOWER

Hardship Withdrawal Request
401(k) Plan

Pipe Fitters' Individual Account and 401(k) Plan, Local 597 **780155-01**

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 redirect 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 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 service with the plan sponsor sponsoring this Plan, 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, I should use the Death Benefit Claim Request.*
- *If this account was transferred to me due to divorce, I should use the Alternate Payee QDRO Distribution Request.*

Additional Information

- *By logging into my account on the website at empowermyretirement.com, I may track the status of this withdrawal request.*
- *For assistance completing this hardship form, call us at 1-866-442-3888.*
- *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

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

____
Last Name First Name M.I.
(The name provided MUST match the name on file with Service Provider.)

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

❑ Married ❑ Unmarried

____
Mailing Address on My Account

( ) ______________________
Daytime Phone Number

____
City State Zip Code

( ) ______________________
Alternate Phone Number

- I have confirmed the address on my account by accessing my account online at empowermyretirement.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 need to obtain and submit a Personal Information Change form found on the above website or I need to contact Service Provider at 1-833-378-5971.
- It is my responsibility to also update my address with the plan sponsor.
- Once the address is updated, I may submit this form with my new address entered above.

❑ *(Optional)* I authorize Service Provider to leave detailed account information on my voicemail at my: *(Select One)*

❑ Daytime Phone Number

❑ Alternate Phone Number

Confirm number selected is entered above.

____
Location

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

STOP

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: ______________________

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.

C What amount am I requesting for my Hardship withdrawal?

(Continue to the next section after completing.)

Total cost of the event(s) causing hardship: $______________ ❑ Net Amount

- Amount of the withdrawal request cannot exceed the amount of the hardship.

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.**

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

- **My withdrawal may be subject to 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 1-833-378-5971.**

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 $30.00 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.

E **Non-Resident Alien or Other Certification** *(Continue to the next section after completing.)*

Complete only 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 is 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.)
- 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 plan sponsor.
- I confirm that I have taken all eligible withdrawals under the plan.
- I represent that I have insufficient cash or other liquid assets reasonably available 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 I have provided 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.
- **Additional authentication may be necessary before my withdrawal is processed and/or payment released.**

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

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.

G **Signatures and Consent** *(Signatures must be on the lines provided.)* *(After receiving ALL required signatures, continue to the next section.)*

My Spouse's Consent *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*
Not Applicable if I am unmarried

If I am legally married, I must obtain my spouse's consent to request this withdrawal.

Spouse to complete: I *(name of spouse)*, ______________________________, the Participant's spouse, have read and understand the withdrawal request. I understand that I can refuse to consent to the withdrawal request and that my consent cannot be revoked or withdrawn once given. I further understand and voluntarily consent that the withdrawal to be made will reduce any future benefit I may be entitled to. Being fully apprised of these facts, I hereby voluntarily consent to this withdrawal request.

Spouse's Signature ______________________________ **Date *(Required)*** ____________

The spouse's signature must be notarized by a Notary Public or witnessed by the participant's authorized Plan Administrator. If a Notary Public is used, the date of the spouse's signature on this form in the 'My Spouse's Consent' section must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. ***Consent must be obtained no more than 180 days prior to the effective date of the original request in order to be effective. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.***

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary

State of ____________)
)ss.
County/Parish/Borough
of ______________)

NOTE: Notary seal must be visible.

The consent to this request was subscribed and sworn *(or affirmed)* to before me on this______ day of ________, year ______, by ***(name of spouse)*** ______________________________ proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

SEAL

Notary Public's signature ______________________________ 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.

Notary Public's full name ______________________________ Telephone number ______________

My Plan Administrator Witnessing Spousal Consent *(Please sign on the 'Plan Administrator Signature' line below.)*
Only necessary if Notary signature is NOT obtained where indicated above.

If Spousal Consent notarization is not obtained, I have personal knowledge and hereby certify that this request was submitted and signed by the participant's spouse.

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:	**OR**	**Sent Regular Mail to:**	**OR**	**Sent Express Mail to:**
Login to account at **empowermyretirement.com** Click on Upload Documents to submit		Empower PO Box 56025 Boston, MA 02205-6025		Empower 8515 E. Orchard Road Greenwood Village, CO 80111

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

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.

Participant Hardship Withdrawal Guide - 401(k)

The Hardship Withdrawal Request

<u>**Before completing the form, please note the following information**</u>:

- 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. 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 need to obtain and submit a Personal Information Change form found on the above website or I need to contact Service Provider at 1-833-378-5971.
- It is my responsibility to also update my address with the plan sponsor.
- 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 plan sponsor (including a related employer).

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

<u>Available contribution source(s) for my Hardship withdrawal</u>:

- ERO1 Reciprocal Contributions
- RTH1 Roth Salary Deferral
- ERM1 Local 501 transferred acct.
- EER1 Employee Rollover
- ERO3 Earnings Recovered by Trustee
- RRO1 Roth Unrelated Rollover
- ATR1 Rollover (MassMutual)
- BTK1 Deferred Salary
- REE1 Roth Related Rollover (MassMutual)

- 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 $30.00 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.

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 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 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 Spouse's Consent *(if applicable)*
- If my marital status in Section A is married and my Plan is subject to the spousal consent requirements of ERISA or otherwise requires spousal consent, I must have my spouse sign in this section of this Withdrawal Form, and my spouse's signature must be notarized in this section or witnessed by my authorized Plan Administrator.
- My spouse's consent must be obtained no more than 180 days prior to my withdrawal date.

My Plan Administrator Witnessing Spousal Consent
- By signing this section, my Plan Administrator signature is certifying that they have witnessed my spouse's signature for the spousal consent.
- 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 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 or call Client Service at 1-833-378-5971.
- 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.