

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

- Do not send copies of documents unless required (e.g., in the event you have already received 2 hardship distributions during the year). Copies of documents provided with this request will not be reviewed or considered unless required by the plan's administrative procedures. We may retain copies of documents in the plan's file, but you should continue to retain copies of documents indefinitely and to make them available at any time, upon request, to the Plan Administrator.
- By logging into my account on the website at empowemyretirement.com, I may track the status of this withdrawal request.
- 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.

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

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

()

Daytime Phone Number

()

Alternate Phone Number

City

State

Zip Code

- 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 the plan sponsor 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.

(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

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 _____

Number _____

B What is my reason for this Hardship withdrawal?

(Continue to the next section after completing.)

Read the following important disclosures before completing your hardship withdrawal request.

- I must respond to all questions in order to accurately summarize the selected hardship event. Incomplete information will not be processed and may result in a delay in receiving your funds.
- The hardship withdrawal is taxable and additional taxes could apply.
- The amount of the withdrawal cannot exceed the immediate and heavy financial need.
- The terms of the Plan determine the contribution sources available for hardship withdrawals, including whether hardship withdrawals may be made from earnings on elective contributions or QNEC or QMAC accounts, if applicable.
- As the recipient of this hardship withdrawal, I agree to preserve source documents substantiating the hardship summary information I have provided and to make them available at any time, upon request, to the plan administrator.
- This hardship request requires your certification that the information provided is true and accurate. Read and review section G, of this form, before signing your signature and consent.
- **Do not send copies of documents unless required** (e.g., in the event you have already received 2 hardship distributions during the year). **Copies of documents provided with this request will not be reviewed or considered unless required by the plan's administrative procedures.**
- You must enter the total amount of your hardship request in section C. If section C is not complete, you acknowledge and certify under penalty of perjury that the gross amount of the hardship need is equal the total expense amount(s) you specified for the qualifying event(s) below.

Medical Expenses

Total expense amount not covered by insurance \$ _____

- Payment of medical expenses not otherwise covered by insurance and which are deductible as eligible expenses under Internal Revenue Code §213(d) (e.g., diagnosis, treatment, disease prevention, associated transportation, or long term care), which are incurred by me, my spouse, or my dependents.
- Examples of documentation that I must retain to substantiate my financial need may include an explanation of benefits or other documentation from the insurance company detailing insurance coverage and the medical expense costs not covered. In addition, a bill/invoice from a hospital, doctor, dentist or other healthcare provider, issued within the past year and itemized to include services for qualifying medical expenses as defined under Internal Revenue Code ("RC") §213(d) (e.g., for diagnosis, treatment, disease prevention, associated transportation, or long term care).

What is the name of the person receiving the care (first and last)? _____

What is the patient's relationship to me? self spouse dependent

What is the purpose of the medical care? diagnosis treatment disease prevention transportation long-term

Name and address of service provider (hospital, doctor/dentist/chiropractor/other, pharmacy). If more than one provider, please attach the name and address of each provider on a separate sheet of paper, and submit with the request form.

Purchase of your Principal Residence

Total expense amount \$ _____

- The purchase must be used as your principal residence (not a vacation home or income property.)
- The principal residence can be a new or existing home, and the hardship may be incurred due to the cost of construction or land if building a principal residence, but the hardship may not be on account of mortgage or home equity loan payments.
- Examples of documentation that I must retain to substantiate my financial need may include a signed purchase & sales contract or other agreement of sale contract including cost and expenses directly related with the purchase of your principal residence.
- Date of the purchase/sales agreement _____
- Expected closing date _____
- Purchase price of the principal residence \$ _____
- Total expenses incurred \$ _____

Select the types of fees incurred: down-payment closing cost title fees other expenses associated with the purchase

Address of residence: _____

Name and address of the lender- _____

Prevention of Eviction/Foreclosure from your Principal Residence

Total expense amount \$ _____

- I certify that this hardship withdrawal request is to prevent an eviction or foreclosure from your principal residence
- Examples of documentation that I must retain to substantiate my financial need may include an eviction or foreclosure notice from the bank or credit union lender/servicer of the mortgage or landlord which references the address of your principal residence and reflects the due date of the payment necessary to avoid the eviction or foreclosure.

Address of principal residence: _____

Date of the notice and reason: foreclosure notice date _____ eviction notice date: _____

Due date to avoid foreclosure or eviction: _____

Name and address of the party that issued the foreclosure or eviction notice: _____

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.)* **Tuition or Other Educational Payments**

Total expense amount \$ _____

- I certify that this hardship withdrawal request is due to the payment of tuition, related education fees, and/or room and board expenses for up to the next 12 months of post-secondary education for me, my spouse, or dependents as defined in IRC §152 (without regard to IRC 152(b)(1), (b)(2) and (d)(1)(B)).
- Examples of documentation that I must retain to substantiate my financial need may include: A bill from the educational institution with the student's name and the categories of educational payments involved with respect to the student's registration or enrollment. The bill must show the amount due (or an estimate of the amount due) for up to the next 12 months of tuition, related educational fees, and/or room and board expenses for which I am claiming the hardship. The bill and/or estimate for education expenses should reflect the educational institution authorized it (e.g. issued by an authorized representative of the school).

Select the relationship of person with the expense: self spouse child dependent

Name of person with the educational expense (first and last) _____

Type of expense: post high-school tuition related fees room and board

Provide the name and address of the educational institution _____

Period covered by the educational payments (beginning/end dates up to the next 12 months): ____ / ____ / ____ to ____ / ____ / ____ (mm/dd/yyyy)

 Funeral and Burial Expenses

Total expense amount \$ _____

- I certify that this hardship withdrawal is due to funeral or burial expenses for my deceased parent, spouse, child, or dependent as defined in IRC §152 (without regard to IRC 152(d)(1)(B)).
- Examples of documentation that I must retain to substantiate my financial need may include a copy of the Death Certificate or other documentation that reflects the deceased's date of death, copies of invoices and/or receipts issued by the funeral home, cemetery, etc. which references the name of the deceased and indicates the nature and amount of the burial or funeral expenses you incurred as well as the date.

Relationship of the deceased: parent spouse child dependent

Name of deceased (first and last): _____

Date of death: _____

Name and address of the service provider (e.g., cemetery, funeral home, etc.) If more than one provider, please attach the name and address of each provider on a separate sheet of paper, and submit with this request form.
_____ **Repair for Damage to Principal Residence**

Total expense amount \$ _____

- I certify that this hardship withdrawal is due to expenses to repair damage to your 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 your adjusted gross income).
- Generally, this includes damage due to fire, storm or other destruction resulting from an identifiable event of sudden and unusual nature, not reimbursable by insurance.
- Damage does not include expenses due to normal wear and tear or damage to a vacation home or income property.
- Examples of documentation that I must retain to substantiate my financial need may include copies of invoices and/or receipts showing the costs to repair your principal residence and insurance claim estimates or a statement from the insurance company showing the date of loss, cause and amount of the repair costs covered (and/or reimbursed) and not covered.

Address of your principal residence that sustained damage: _____

Date of the casualty loss and cause of the casualty loss: _____ fire flood other weather-related damage

Amount not covered by insurance? _____

A brief description of the repairs, including the date(s) of repair (in process or completed):
_____**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.
- You must enter the total amount of your hardship request above. If you do not complete the amount in the line above, you acknowledge and certify under penalty of perjury that the gross amount of the hardship need is equal the total expense amount(s) you specified for the qualifying event(s) in section B.

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.

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.)*

- 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.**
- **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.

Electronic Deposit (ACH) to the bank account on file

- 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, a check will be sent to my address on file.
- Estimated delivery time is 2-3 business days.
- No additional charge.
- Not available for Direct Rollovers.
- Complete the information below in order to properly identify the ACH account.
- **If the bank 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 <i>(Optional)</i>		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

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

- For your federal income tax withholding election, unless you elect out of withholding below, or otherwise complete the IRS Form W-4R (please go to irs.gov and enter *Form W-4R* into the search bar or call 1-800-TAX-FORM (829-3676)), federal income tax will be withheld at a rate of 10%. If you choose to make an alternate income tax withholding election, then you must complete and attach Form W-4R to this Withdrawal Form.
 - I elect not to have federal income tax withheld (must have U.S. residence address on file).
- I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

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).

Last Name

First Name

M.I.

U.S. Social Security Number

F	<p>How will my income taxes be withheld? <i>(Continue to the next section after completing.)</i></p> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> • Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding. <input type="checkbox"/> I would like State Income Tax withheld - Optional State Income Tax withholding: <div style="text-align: right; margin-right: 50px;">_____ % or \$ _____</div> <i>(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.)</i> </div>										
G	<p>My Consent <i>(Please sign on the 'My Signature' line below.)</i></p> <p>I acknowledge that I have received, read, understand and agree to all pages of this Hardship Withdrawal Request form.</p> <ul style="list-style-type: none"> • I certify that all information that I have provided on this form, including the summary information I have provided concerning my hardship request is true and accurate. • As a condition of this hardship withdrawal, I agree to preserve indefinitely the source documents which substantiate my hardship request and to make them available at any time, upon request, to the administrator. <p>I acknowledge and I agree:</p> <ul style="list-style-type: none"> • 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. <p>I understand the following:</p> <ul style="list-style-type: none"> • 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. <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>My Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>										
H	<p>Where should I send this form?</p> <p>After all signatures have been obtained, this form can be</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Uploaded Electronically:</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%;">Sent Regular Mail to:</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%;">Sent Express Mail to:</td> </tr> <tr> <td>Login to account at empowermyretirement.com Click on Upload Documents to submit</td> <td></td> <td>Empower PO Box 56025 Boston, MA 02205-6025</td> <td></td> <td>Empower 8515 E. Orchard Road Greenwood Village, CO 80111</td> </tr> </table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>	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
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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

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. 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 the plan sponsor 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 plan sponsor (including a related employer).

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

Available contribution source(s) for my Hardship withdrawal:

- REE1 Roth Related Rollover (MassMutual)
- RTH1 Roth Salary Deferral
- RPS3 IN PLAN ROTH Earnings Recovered by Trustee
- ERO3 Earnings Recovered by Trustee
- ATR1 Rollover (MassMutual)
- RAR1 IN PLAN ROTH Rollover (MassMutual)
- ERM1 Local 501 transferred acct.
- REM1 IN PLAN ROTH Local 501 transferred acct.
- RRO1 Roth Unrelated Rollover
- RBT1 IN PLAN ROTH Deferred Salary
- REE2 IN PLAN ROTH Employee Rollover
- BTK1 Deferred Salary
- EER1 Employee Rollover
- ERO1 Reciprocal Contributions
- RPS1 IN PLAN ROTH Reciprocal Contributions
- 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.

Electronic deposit (ACH) to the bank account on file

- 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, a check will be sent to my address on file.
- Estimated delivery time is 2-3 business days.
- No additional charge.
- Not available for Direct Rollovers.

Important Information about electronic delivery

- If requested, your funds can be delivered electronically to your bank account through the Automated Clearing House (ACH) network. By choosing electronic delivery, you are authorizing us to deposit and withdraw funds to and from your account as necessary, including any adjustments that may be needed. Also, you are authorizing your bank to receive deposits and allow withdrawals, including adjustments, in the same manner.
- Your electronic deposit (ACH) banking information must have been previously submitted to us and verified for your protection; otherwise, we will send a check to your address on file.
- You authorize and direct your financial institution not to hold any overpayments on your behalf, or on behalf of your estate or any current or future joint account holder, if applicable.

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.
- I have attached IRS Form W-4R 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

- For your federal income tax withholding election, unless you elect out of withholding, or otherwise complete the IRS Form W-4R (please go to irs.gov and enter *Form W-4R* into the search bar or call 1-800-TAX-FORM (829-3676)), federal income tax will be withheld at a rate of 10%. If you choose to make an alternate income tax withholding election, then you must complete and attach Form W-4R to this Withdrawal Form.
- I understand that I am still liable for the payment of federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

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: My 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.

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.