

Step 1: Participant Information

Employer/Plan Name _____

Employer/Plan Number _____

□ □ □ - □ □ - □ □ □ □

Participant Name (print full name) _____

Social Security Number or Taxpayer Identifying Number

□ □ □ - □ □ □ - □ □ □ □

Home Address _____

Daytime Telephone Number

□ □ / □ □ / □ □ □ □

City State Zip Code

Date of Birth (MM/DD/YYYY)

US citizen: Yes No

Step 2: Amount Requested

Please complete Steps 1 and 2: (Redemptions will be liquidated from all available Plan investment options.)

1. My financial hardship expense is \$ _____.
2. I request a distribution due to financial hardship in the amount of \$ _____.

*** If you need help completing any of the steps on this form, please refer to the attached Form Instructions for a detailed explanation. For additional assistance, see your Plan Administrator.**



**Submit this form to your Employer/Human Resources Department (not CitiStreet).
CitiStreet will not process this request unless your employer has completed and signed Step 7.**

Step 3: Tax Withholding Allowances

Select Federal *and* State income tax withholding election below. (Please read the Notice below. If you do not state your instruction, we will withhold the amount required by applicable law.)

- ◆ I **DO** **DO NOT** want *Federal* income tax withheld from my distribution.

If your State requires State income tax withholding on your distribution, CitiStreet will withhold the amount required by your State. You may elect to have CitiStreet withhold from your distribution more than your State requires. If you elect State income tax withholding and your State doesn't apply a State income tax, CitiStreet won't withhold State income tax.

- ◆ I elect to have CitiStreet withhold % in addition to my State's required withholding - *OR* -
- ◆ I elect to have CitiStreet withhold \$ _____ in addition to my State's required withholding

Notice: Before you decide whether to choose withholding, please understand that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. If you elect not to have Federal or State income tax withheld, you are still liable for payment of Federal and State income tax on the taxable portion of your distribution. Also, regardless of your election, you are still responsible for estimated tax payments if any tax withheld is not sufficient to meet your Federal and State income tax obligations. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your retirement plan distribution. For more information, read IRS Publication 505 and consult your tax lawyer or accountant.

Step 4: Hardship Reason

I need a hardship distribution because of an immediate and heavy financial need that arises out of:

- Expenses for medical care for myself, my Spouse, my dependent or primary beneficiary(ies).
- Purchase (excluding mortgage payments) of principal residence for myself.
- Payment of tuition, related educational fees, room and board expenses for the next twelve months of post-secondary education for myself, my Spouse, my dependent or primary beneficiary(ies).
- The need to prevent my eviction from my principal residence.
- The need to prevent foreclosure of the mortgage on my principal residence.
- Expenses for the payment of burial or funeral expenses for my deceased parent, spouse, child, dependent, my dependents or primary beneficiary(ies).
- Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under IRC §165 (determined without regard to whether the loss exceeds 10% of my adjusted gross income).

**Submit this form to your Employer/Human Resources Department (not CitiStreet).
CitiStreet will not process this request unless your employer has completed and signed Step 7.**

Step 5: Participant's Election to Waive a Qualified Joint and Survivor Annuity

Complete this section only if your Plan Account is held under a plan for which your Spouse's Consent is required.

I certify that:

- I do not have a Spouse. (If your divorce is final and you have not married again, whether by ceremonial, proxy, informal, or common-law marriage, you do not have a Spouse. If you are separated, but your divorce is not final, you do have a Spouse.)
- I have a Spouse. *The Participant's election is valid only if the Spouse's notarized consent is completed.*
- My Spouse cannot be located. I must inform the Plan Administrator if the location of my Spouse becomes known. *I understand the Plan Administrator may make an investigation as to the whereabouts of my Spouse.*
- A court has determined that my Spouse and I are legally separated. *You must attach certified copies of all court orders.*
- A court has determined that my Spouse has abandoned me. *You must attach certified copies of all court orders.*

I received the *Explanation of Qualified Joint & Survivor Annuity (QJSA)* and elect the form of distribution indicated on the attached distribution form.

I certify that everything I said on this form is true, correct and complete. I understand that I may be subject to civil and criminal penalties and punishment for any knowingly false statement on this form. If the Plan Administrator approves any Benefit in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

Participant Signature

Date

If the Participant checked "I have a Spouse," the Spouse's notarized consent must be completed.

Spouse's Notarized Consent

I am the Spouse of the Participant. I received the Plan's *Explanation of the Qualified Joint & Survivor Annuity (QJSA)* and consent to the distribution indicated on this form. I understand that I have the right to have the Participant's retirement benefit paid in the QJSA payment form, and I consent to give up those rights. I understand that by signing this consent, I may receive less money than I would have received under the QJSA payment form and I may receive nothing after the Participant dies depending on the payment form or beneficiary that the Participant chooses. I understand that I may limit my consent to a particular payment form and a particular beneficiary.

Spouse's Signature

Date

This form will not be accepted unless it bears the Notary's official seal. This form will NOT be accepted if the Notary is an employee of CitiStreet or any of its affiliates.

CERTIFICATE OF NOTARY PUBLIC

I certify to the Plan Administrator that on the date written below before me personally appeared the above-named Spouse, personally known to me or satisfactorily identified to me, and s/he signed this document in my presence for the purposes stated by it, without any undue influence. My commission has not expired. In addition to any civil and criminal punishment that may apply under the laws of the state that appointed me as a Notary Public, I understand that under federal law if I made a false statement I can be fined \$10,000 or imprisoned for up to 5 years or both.

Signature and Seal of Notary Public

Date

**Submit this form to your Employer/Human Resources Department (not CitiStreet).
CitiStreet will not process this request unless your employer has completed and signed Step 7.**

Step 6: Participant Certification

I obtained all other distributions and Plan loans that are currently available to me under all Plans maintained by my Employer. This financial hardship cannot be reasonably relieved through reimbursement or compensation by insurance, liquidation of my assets, stopping elective deferrals or employee contributions under the Plan or borrowing from commercial sources on reasonable commercial terms. The amount of the distribution I am requesting is not greater than the amount I need to satisfy my immediate and heavy financial need, including any amounts necessary to pay taxes and penalties that result from the distribution.

I received the explanation of the *Qualified Joint & Survivor Annuity (QJSA)* and elect the form of distribution indicated on this form.

I certify, under penalties of perjury, that:

- Everything I stated on this form is true, correct and complete.
- My Social Security Number or other Taxpayer Identification Number indicated on this form is correct.
- I am *not* a resident of any nation, state, or locality other than as shown on this form.

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan.

If the Plan pays or fails to pay any benefit in reliance on my false statement, I will be liable for the Plan's damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

To the extent required by the Plan, I understand that I will not be able to make elective deferrals into my retirement savings account for 6 months after I receive this Hardship Distribution.

□ □ / □ □ / □ □ □ □

Participant's Signature

Date

Step 7: Employer/Plan Sponsor Instructions and Approval

You, the employer/plan sponsor, **are the plan administrator** and must authorize transactions. *CitiStreet cannot process and will return forms missing your authorization or vital participant information.*

Checklist:

- Verify that all participant information is complete and accurate.
- Fill in all applicable fields on this page.
- Sign and date the form to authorize CitiStreet to process the transaction.
- Your Plan might require that you suspend the participant's contributions for 6 months beginning with the payroll following the date you approved this hardship distribution.
- Keep the original** form for your Plan's records.
- Fax - **OR** - mail **a copy** of the form to CitiStreet. **Please Do Not Do Both.**

Mail a copy to:

— OR —

Fax a copy to:

CitiStreet
Attn: Distributions Department
PO Box 6723
Somerset, NJ 08875

CitiStreet
Attn: Distributions Department
732-514-8799

All Employer Source(s) will be distributed in accordance with the vested percentage on file at CitiStreet, unless you specify the vested percentage of the participant's Employer Source.

Distribution Information

The Plan Administrator approves the distribution as specified in this Hardship Distribution Claim, and I instruct CitiStreet to pay and report the distribution using the information on this form. The money type(s) available for Distribution is/are:

- Employee Elective Deferrals excluding earnings (regular)
- Grandfathered pre-1987 Earnings on employee Elective Deferrals in the amount of \$ _____
- Employee Elective Deferrals excluding earnings (Roth)
- Employer Matching Contributions
- Non-matching (Profit Sharing) Contributions

Vesting

All Employer Contribution(s) will be distributed in accordance with the vested percentage on file at CitiStreet, unless you specify the vested percentage of the participant's Employer Contribution.

Employer Match	_____	%
Profit Sharing, Discretionary	_____	%
Money Purchase	_____	%

Approval

I approve the distribution as specified in this Hardship Distribution Request.

Employer's Name (print full name)

Employer's Signature

□ □ / □ □ / □ □ □ □

Participant's Date of Hire or Adjusted Date of Hire

□ □ / □ □ / □ □ □ □

Date

Participant Checklist:

- Enter your Social Security Number at the top of each page.
- Complete and sign all applicable sections.
- Submit this form to your Employer/Plan Administrator (not CitiStreet).
For many employers this form may be submitted to your Human Resources Department on behalf of your employer which generally is the Plan Administrator and must authorize Plan transactions.

Step 1: Participant Information

This Step asks you to provide some personal information. Please fill it in completely. If you do not know your Plan Name, your employer's Plan Administrator will be able to provide it for you. If you are requesting a distribution from more than one plan, you must complete a separate form for each plan.

Step 2: Amount Requested

You may choose a distribution amount that lets you set aside money to pay your federal, state, and local income taxes and the additional 10% penalty tax and still have enough left over to meet your hardship expense. The distribution amount cannot be greater than 160% of your hardship expense.

The distribution can't be greater than your employee elective deferrals to date without earnings, unless permitted by your Plan. If the requested amount is more than the Plan allows, you will receive the maximum amount permitted by your Plan. Because of market fluctuation, the withdrawal amount requested might not be available at the time your form is processed. If the value of your Plan Account declines, so that the amount available for a withdrawal is less than the amount requested, we will process your distribution for the maximum amount available.

Step 3: Tax Withholding Allowances

This Step asks you to choose your withholding. If you do not state your instruction, the amount required by applicable law will be withheld.

Step 4: Hardship Reason

This Step asks you to select from a list of hardship reasons why you have an immediate and heavy financial need for a hardship distribution.

Step 5: Participant's Election to Waive a Qualified Joint and Survivor Annuity and Spouse's Consent

Complete this Step if your plan requires your Spouse's Consent.

Step 6: Participant Certification

Read the certification in this Step. Complete and review all the information. Sign and date the form.

Step 7: Submit the Form to Your Employer

Submit to your employer/plan sponsor for authorization (not CitiStreet). CitiStreet will NOT process this request unless your employer has completed and signed this Step.

GENERAL INFORMATION FOR COMPLETING THIS DISTRIBUTION REQUEST

- If you are requesting a distribution from more than one plan, you must complete a separate form for each plan.
- This form CANNOT be used to request an age 70 ½ required minimum distribution (RMD).
- This form CANNOT be used to request an Involuntary Distribution.
- All partial distributions will be pro-rata (distributed equally) from all available investments.
- Annuity (if permitted by the Plan) – This option requires additional paperwork. Please call the toll-free VoiceConnect number on your quarterly statement, and speak with a Participant Service Representative for more information.

Submit this form to your Employer/Human Resources Department (not CitiStreet).

CitiStreet will not process this request unless your employer has completed and signed Step 7.