ROTH HARDSHIP WITHDRAWAL FORM

INSTRUCTIONS

All sections must be completed in full for your request to be processed. When all sections are complete, read the acknowledgment, sign and date the form, and return it to your plan administrator.

Section I: Complete your personal information.

Section II: Identify the withdrawal amount requested or check the box for all available funds. The actual withdrawal amount processed will not exceed your available account balance. The minimum withdrawal amount is $500.00. The reason for the Hardship must be identified by checking (✓) the appropriate box. Please note that Hardship Withdrawals may be subject to a 10% excise tax on premature distributions.

Section III: Check (✓) the appropriate box indicating whether (and at what rate) you would like federal income tax withholding to apply to your distribution. Please read Section III carefully.

(form continues on back ➔)

ROTH HARDSHIP WITHDRAWAL FORM

* 9 9 0 7 5 9 *

Phone #

Social Security #

Employee Name (Last, First, Middle)

Address (Street)

(Apt. # / PO Box#)

(City)

(State)

(Zip Code)

II AMOUNT OF WITHDRAWAL

Withdrawal Amount Requested: $. OR

☐ **All Available Funds** (this amount could include any Roth Elective Deferral account balances).

You may not request a hardship withdrawal after reaching age 59½ if your plan permits in-service withdrawals at that age. Consult your Summary Plan Description for details. In addition, your contributions, including your Roth contributions, if applicable, will be suspended for the next six months. At the end of your suspension period your contributions will be reinstated.

Identify Reason for Hardship:

- ☐ Purchase Participant's Primary Residence
- ☐ Pay College Tuition, Room and Board, and Related Educational Fees
- ☐ Pay for Funeral Expenses
- ☐ Repairs for damage to Participant's Primary Residence which qualifies for a casualty loss deduction.
- ☐ Avoid Foreclosure/Eviction
- ☐ Pay Medical Expenses

III FEDERAL INCOME TAX WITHHOLDING

Under the Internal Revenue Code, your hardship distribution is subject to federal income tax withholding unless you elect not to have withholding apply. **UNLESS YOU ELECT BELOW NOT TO HAVE FEDERAL INCOME TAX WITHHOLDING APPLY OR CHOOSE A DIFFERENT WITHHOLDING RATE, FEDERAL INCOME TAX WILL BE WITHHELD AT A RATE OF 10% FROM YOUR DISTRIBUTION.** If you elect not to have withholding apply, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. If state income withholding applies to your distribution, it will be automatically withheld from your distribution if you have elected federal income tax withholding. You should consider discussing this election with your tax advisor.

☐ Yes, withhold 10% ☐ Yes, withhold at a rate of % ☐ No, do not withhold

IV ACKNOWLEDGMENT AND SIGNATURE

I certify that I cannot satisfy my need by (1) reasonable liquidation of my assets or those of my spouse or children to the extent that such liquidation does not itself cause a hardship, or (2) through reimbursement or compensation by insurance or any other source, or (3) taking all in-service withdrawals available under the Plan, including withdrawals of my After-Tax Contribution Account and/or Rollover and Roth Rollover Contribution Accounts, or withdrawals available under any other plan maintained by my employer, or (4) taking a loan from the Plan or any other plan maintained by my employer or from a commercial lender to the extent that this does not itself cause a hardship, or (5) ceasing to make pre-tax or (if applicable) after-tax and Roth contributions to the Plan. The documentation I have provided to support my hardship withdrawal is true and accurate, and accurately reflects the amount of need (other than the estimated amount of tax and penalties that I have added to the requested amount).

Signature of Employee/Participant

Date

NOTE: Only actively employed participants may request a hardship withdrawal.

NOTE: Plan Administrator must not approve a participant's hardship withdrawal request unless the participant has first requested all loans (to the extent loans do not increase the participant's hardship), in-service withdrawals available under the Plan, including his or her after-tax contribution account and/or rollover and Roth rollover contribution accounts, if any.

FOR PLAN ADMINISTRATOR USE ONLY - THIS SECTION MUST BE COMPLETED OR THE FORM WILL BE REJECTED.

Recordkeeping Plan #

Company Code

Date Received:

Plan Administrator Approval:

PA to fax completed and approved form to:

1-973-712-7489