

The terms and availability of hardship distributions are contained in your plan document.

Please check with your employer to discuss restrictions and determine eligibility before submitting this form. You must also provide supporting documentation to your employer for review and approval. Additional paperwork may be required. Your hardship withdrawal cannot be processed until approved by your employer.

If you have questions about this form, call us at (800) 421-4120.

1 Plan and participant information

Please type or print clearly.

Important: Distribution requests are subject to a 10-day hold after an address change unless your signature is guaranteed in Section 7.

Plan name _____ Plan ID number _____

First name of participant (print) _____ MI _____ Last _____

SSN (provide the last four digits) - -

Address _____ City _____ State _____ ZIP _____

() _____

Daytime phone _____

Citizenship: U.S. citizen U.S. resident alien Nonresident alien (Submit an IRS Form W-8BEN.)

2 Amount of withdrawal

Check with your employer to confirm the amount available for your hardship withdrawal. **We will deduct a \$25 processing fee for this distribution.** Additional fees from your plan's Third-Party Administrator may apply. See your Participant Fee Disclosure document or employer for more information. Distribution amounts are taken proportionately from all investment options in applicable contribution types.

Total gross (pre-withholding) amount requested \$ _____

3 Delivery instructions

Select one of the three options below. If no selection is made, a distribution check will be sent via regular mail.

- A. Send the distribution electronically (via ACH) to the bank information provided in Section 4. (This option is not available for nonresident alien distributions.)

Note: Electronic payments are subject to a 10-day hold, unless your signature is guaranteed in Section 7. Once processed, the distribution will be delivered to your bank within three business days following the transaction.
- B. Send a check to the address of record via regular mail. Proceed to Section 5.
- C. Send a check to the address of record and expedite delivery. Estimated delivery time is two business days from the date the request is processed. Proceed to Section 5. (A \$25 delivery fee will be deducted. Physical address is required — **no P.O. boxes.**)

