



Hardship Withdrawal Request 401(k) Plan

Issues Management, Inc. 401K Plan

517828-01

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 employment with the employer/company 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 required unless directed by this form. You should retain copies indefinitely to make them available at any time, upon request, to the employer or Plan Administrator.
- By logging into my account on the website at empowemyretirement.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

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

Last Name

First Name

M.I.

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

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

()

Daytime Phone Number

Mailing Address on My Account

()

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 my employer 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.

Division

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 employer or 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 required unless directed by this form.** You should retain copies indefinitely to make them available at any time, upon request, to the employer or Plan Administrator.
- 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.

**Complete all questions for the hardship reason(s) you are requesting.**

If this is your 3rd hardship or more in a plan year, you must provide the documentation to Service Provider for review that supports the hardship reason you are requesting below.

 Medical Expenses

- Withdrawal is intended for medical expenses incurred by you, your spouse, or dependents not covered by your insurance. Eligible expenses include diagnosis, treatment, disease prevention, associated transportation, or long term care.
- You must retain the following document(s) to substantiate your financial hardship:
 - An itemized bill/invoice from a health care provider issued within the last year detailing qualifying medical expenses such as diagnosis, treatment, or long-term care.
 - An explanation of benefits from your insurance company detailing coverage and medical expenses not covered.

Total expense amount not covered by insurance \$ _____

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

What is the patient's relationship to me? self spouse dependentWhat is the purpose of the medical care? diagnosis treatment disease prevention transportation long-term

Enter the name of service provider (hospital, doctor/dentist/chiropractor/other, pharmacy) on the line above.

Enter the address (including street address, city, state and ZIP code) of service provider on the line above.

If more than one provider, please attach the name and address of each provider on a separate sheet of paper, and submit with the requested form.

 Purchase of your Principal Residence

- Withdrawal is intended for the purchase and/or cost of building a principal residence. Withdrawal can not be used for mortgage payments, home equity loan payments, and properties such as vacation homes or income properties.
- You must retain the following document(s) to substantiate your financial hardship:
 - A signed purchase and sales contract that includes costs associated with the purchase of your principal residence.
 - Invoices/receipts for materials associated with building costs, if applicable.

Total expense amount \$ _____

Date of the purchase/sales agreement (mm/dd/yyyy; date must be in the past) ____/____/____

Expected closing date (mm/dd/yyyy; date must be in the future) ____/____/____

Purchase price of the principal residence \$ _____

Select the types of fees incurred: down-payment closing cost title fees

Enter the address (including street address, city, state and ZIP code) of the principal residence you are purchasing (not your current address) on the line above.

Do you have a mortgage lender? Yes or No

Enter the name of the lender on the line above.

Enter the address of the lender (including street address, city, state and ZIP code) on the line above.

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.)* **Prevention of Eviction/Foreclosure from your Principal Residence**

- Withdrawal is intended to prevent an eviction or foreclosure from your principal residence.
- You must retain the following document(s) to substantiate your financial hardship:
 - An eviction or foreclosure notice from the bank, credit union, lender, landlord, or servicer of the mortgage which references the address of your principal residence and reflects the amount and date due to avoid eviction or foreclosure so you will be allowed to stay in the property.

Total expense amount \$ _____

Enter the address (including street address, city, state and ZIP code) of principal residence on the line provided above.

Reason and date of the notice:

 eviction notice date (mm/dd/yyyy): _____ / _____ / _____ foreclosure notice date (mm/dd/yyyy): _____ / _____ / _____

Due date of the payment to avoid eviction or foreclosure (mm/dd/yyyy): _____ / _____ / _____

Enter the name of the party that issued the eviction or foreclosure notice on the line above.

Enter the address (including street address, city, state and ZIP code) of the party that issued the eviction or foreclosure notice on the line above.

 Tuition or Other Educational Payments

- Withdrawal is intended for post-secondary education expenses for you, your spouse, children, or dependents. Educational expenses include tuition, room and board, or other education-related expenses, for up to the next 12 months.
- You must retain the following document(s) to substantiate your financial hardship:
 - A bill from the educational institution with the student's name and payments related to student's enrollment and registration. The bill must include expenses for the next 12 months of tuition, room and board, and related educational expenses such as schoolbooks.

Total expense amount \$ _____

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

Enter the name of the educational institution on the line above.

Enter the address (including street address, city, state and ZIP code) of the educational institution on the line above.

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

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.)

Funeral and Burial Expenses

- Withdrawal is intended for funeral or burial expenses for deceased parent(s), spouse(s), child, or dependent(s).
- You must retain the following document(s) to substantiate your financial hardship:
 - A death certificate or other documentation detailing the deceased's date of passing.
 - Copies of invoices or receipts from a funeral home or cemetery referring to the deceased's funeral and burial expenses with the date after taking into account any insurance reimbursement.

Total expense amount \$ _____

Relationship of the deceased: parent spouse child dependent

Name of deceased (first and last): _____

Date of death (mm/dd/yyyy): ____/____/____

Enter the name of service provider (funeral home, cemetery, etc.) on the line above.

Enter the address (including street address, city, state and ZIP code) of service provider on the line above.

If more than one provider, please attach the name and address of each provider on a separate sheet of paper, and submit with the requested form.

Repair for Damage to Principal Residence

- Withdrawal is intended for expenses to repair damage to your principal residence from an identifiable event. This includes fire, storms, or other destruction of a sudden and unusual nature not covered by insurance. This withdrawal is not intended to cover damages from normal wear and tear on a principal residence.
- You must retain the following document(s) to substantiate your financial hardship:
 - Copies of invoices and/or receipts showing the costs to repair your principal residence.
 - Insurance claim estimates/statements showing the date of loss, cause and amount of the repair costs covered, reimbursed and not covered.

Total expense amount not covered by insurance \$ _____

Address of your principal residence that sustained damage: _____

Date of the casualty loss (mm/dd/yyyy): ____/____/____

Cause of the casualty loss: fire flood earthquake other weather-related damage

Date of repair (mm/dd/yyyy): ____/____/____

For multiple repair dates, please include them on a separate sheet of paper and submit with the request form.

Repairs needed?

- Roof Foundation Plumbing Carpet/floor
 Structural Siding Electrical Wall/window

Expenses and Losses Incurred on Account of a Federally Declared Disaster

- Withdrawal is intended for expenses and losses (including loss of income) caused by a federally declared disaster. To qualify for this withdrawal, your principal residence or principal place of employment must have been in the disaster area designated by FEMA at the time of loss for individual assistance.
- You must retain the following document(s) to substantiate your financial hardship:
 - Copies of receipts for living expenses incurred due to a federally declared disaster such as hotel costs, storage expenses, or rental cars.
 - Copies of invoices and/or receipts showing the cost of repairs to damaged or lost property with a statement from your insurance company of reimbursement that was denied.
 - Loss of Income Certification Form must be completed by your plan sponsor.

Total expense amount \$ _____

Name of Federally Declared Disaster: _____

Date of disaster (mm/dd/yyyy): ____/____/____

On the lines provided above, briefly describe the disaster losses and expenses, including any expenses for the repair of damage to the principal residence, and any loss of income.

If needed, please attach the description, and expenses on a separate sheet of paper, and submit with the request form.

Last Name

First Name

M.I.

U.S. Social Security Number

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



Complete total cost of the event(s) causing hardship amount below. The amount (entered below) must be equal to or less than the amount of hardship(s) entered in Section B above.

Total cost of the event(s) causing hardship: \$ _____ Net Amount Contribution Source: _____

- 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.

- 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.**
- **I understand that a \$190.00 withdrawal fee will be deducted from my withdrawal amount.**
- **My withdrawal may be subject to additional 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 1-800-338-4015. If my Plan is using a third party administrator ("TPA"), fees associated with the TPA may not be included in the quote. I may contact my Plan's TPA for additional information.**

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, 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 \$50.00 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. Please login to your account and verify banking information.
- Estimated delivery time is 2-3 business days.
- A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees.
- 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 (Optional)		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*Complete only if I indicated I am a non-resident alien or other under Section A of this form.**(Continue to the next section after completing.)***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.)***I must attach IRS Form W-4R and/or my State Income Tax withholding form to make tax elections when required.** In the event these forms are required for my withdrawal and not submitted, or in the event my withholding election(s) below are left blank or do not comply with the applicable Federal and State Regulations, Service Provider will withhold in accordance with applicable Federal and State regulations.**Federal Income Tax**

- For your federal income tax withholding election, **the default withholding rate is 10%**. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you cannot choose less than 10% for payments to be delivered outside the United States and its possessions.
 - 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.
- Complete the line below if you would like a rate of withholding that is different from the default withholding rate. See instructions on page 2 of the IRS Form W-4R found on irs.gov and the Marginal Rate Tables below for additional information.
- Enter the rate as a whole number (no decimals).

_____ %

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.

Last Name _____

First Name _____

M.I. _____

U.S. Social Security Number _____

Number _____

F How will my income taxes be withheld?*(Continue to the next section after completing.)***2025 Marginal Rate Tables** (<https://www.irs.gov/pub/irs-pdf/fw4r.pdf>)

You may use these tables to help you select the appropriate withholding rate for this withdrawal. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

*If married filing separately, use \$390,800 instead for this 37% rate.

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 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.

- 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 employer or administrator.

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 employer.
- 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.

Last Name _____

First Name _____

M.I. _____

U.S. Social Security Number _____

Number _____

My Consent *(Please sign on the 'My Signature' line below.)*

- 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.

H **Where should I send this form?**

After all signatures have been obtained, this form can be

Uploaded Electronically:

Login to account at

empowermyretirement.com

Click on Upload Documents to submit

OR**Sent Regular Mail to:**

Empower

PO Box 173764

Denver, CO 80217-3764

OR**Sent Express Mail to:**

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

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

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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.
- Empower ("Service Provider") cannot release the funds until my Plan Administrator approves the withdrawal from the Plan.
- **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 my employer 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 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 employer (including a related employer).

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

Available contribution source(s) for my Hardship withdrawal:

- ERM1 EMPLOYER MATCH
- SHM1 SAFE HARBOR MATCH
- QNE1 QUALIFIED NON-ELECTIVE CONTRIBUTIONS
- BTK1 EMPLOYEE BEFORE TAX
- ERO1 EMPLOYER PROFIT SHARING

Restrictions for taking a Hardship withdrawal:

- For the ERM1 EMPLOYER MATCH contribution source, I must be 100% vested.
- For the ERO1 EMPLOYER PROFIT SHARING contribution source, I must be 100% vested.
- 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.

Section D: How do I want my withdrawal delivered?

- Once complete request is received in good order, 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 \$50.00 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. Please login to your account and verify banking information.
- Estimated delivery time is 2-3 business days.

- A non-refundable charge of up to \$15.00 will be deducted, in addition to any withdrawal fees.
- 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 this Withdrawal Form, 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 1-800-338-4015.
- 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.