



Capital Health Retirement Savings & Investment Plan

95812-01

When would I use this form?

When I am requesting a withdrawal due to a Hardship.

I should not use this form:

- If I have separated from employment with the employer/company sponsoring this Plan, instead, I should use the Separation from Employment Withdrawal Request.
If I am eligible to request a loan from my Plan, I should use the Account Reduction Loan Application.
If I am eligible to request an in-service withdrawal from my Plan, I should use the In-Service Withdrawal Request.
If this account was transferred to me due to death, instead, I should use the Death Benefit Claim Request.
If this account was transferred to me due to divorce, instead, I should use the Alternate Payee QDRO Distribution Request.

Additional Information

- By logging into my account on the website at www.empower-retirement.com/participant, I may confirm the address that is on file and track the status of this withdrawal request.
For questions regarding this form, refer to the attached Participant Hardship Withdrawal Guide ("Guide"), visit the website at www.empower-retirement.com/participant or contact Service Provider at 1-866-467-7756.
Return Instructions for this form are in Section G.
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

Grid for Social Security Number (Must provide all 9 digits)

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy)

Email Address - By providing an email address above, I am consenting to receive emails related to this request.

Select One:

U.S. Citizen U.S. Resident Alien

Non-Resident Alien or Other

Country of Residence (Required)

Married Unmarried

Daytime Phone Number

Alternate Phone Number

(Optional) I authorize Service Provider to leave detailed account information on my voice mail at my: (Select One)

Daytime Phone Number

Alternate Phone Number

Confirm number selected is entered above.

B What is my reason for this Hardship withdrawal?

(Continue to the next section after completing.)

Choose all that apply and attach the required documentation to this request.

Medical Care

Expenses for or necessary to obtain medical care deductible under Internal Revenue Code ("IRC") §213(d) for myself, spouse or dependents without regard to whether the expenses exceed 7.5% of adjusted gross income.

Required Documentation: Copies of bills or pre-determination of cost indicating the amount payable to doctors, hospitals, etc., after taking into account any insurance reimbursement. Include a copy of the Explanation of Benefits from the insurance company. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

I do not have any applicable insurance.

Principal Residence

Costs directly related to the purchase of my principal residence (not including mortgage payments).

Required Documentation: Copy of signed purchase contract or agreement of sale including an estimate of closing costs. The amount cannot exceed the total of the down payment, closing costs and any additional tax liability.

Eviction or Foreclosure

To prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence. By checking this box, I certify that there are no legal proceedings that can prevent foreclosure or eviction.

Required Documentation: Letter from my mortgage company or landlord, a copy of an eviction or mortgage foreclosure notice, or other documentation showing the amount of rent or mortgage payment required to prevent eviction or foreclosure. The documentation must show that by paying the requested amount, I will be allowed to stay in the property. My name and address must be on the documentation I am submitting.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Number \_\_\_\_\_

**B What is my reason for this Hardship withdrawal?***(Continue to the next section after completing.)* **Tuition**

Payment of tuition, related educational fees, and room and board expenses for the next twelve months of post secondary school education for myself, spouse, children, or dependents as defined in IRC §152.

**Required Documentation:** A bill or letter from the school showing the amount due for up to the next 12 months of tuition, related educational fees, and room and board. My name and/or spouse, children, dependent's or named primary beneficiary's name must appear on the bill. I may request a hardship withdrawal for the estimated tuition in advance with a written estimate of costs. The estimate needs to be on the school's letterhead and signed by an official representative of the school. The amount of bills submitted for this withdrawal must be reduced by any scholarships, school loans and grants.

 **Funeral Expenses**

Payments for burial or funeral expenses for my deceased parent, spouse, children, or dependent as defined in IRC §152 if permitted by the Plan.

**Required Documentation:** Copies of invoices and/or receipts indicating the cost of such burial or funeral expenses after taking into account any insurance reimbursement. Include a statement from the insurance company. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

I am not entitled to any insurance proceeds or reimbursement to cover the expenses above.

 **Principal Residence Repair**

Expenses for repair of damage to my principal residence that would qualify for the casualty deduction as defined in IRC §165 if permitted by the Plan.

**Required Documentation:** Copies of invoices and/or receipts showing the cost of repair after taking into account any reimbursement from the insurance company. For the insurance information, include a statement from the insurance company showing the date of loss, cause and amount covered by insurance. Qualifying documentation with dates exceeding 12 months may be rejected and I may forward my request to the Plan Administrator for additional review.

I am not entitled to any insurance proceeds or reimbursement to cover the expenses above.

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

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, which will not include Self-Directed Brokerage Account assets.** (*See Guide for details.*)
- **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 1-866-467-7756.**

**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 7-10 business days
- No additional charge

 **Check by Express Delivery**

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees, for each transaction.
- Available for delivery, Monday - Friday, with no signature required upon delivery
- If address is a P.O. Box, check will be sent by USPS Express and estimated delivery time is 2-3 business days.

 **Direct Deposit via Automated Clearing House ("ACH")**

- 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, for each transaction.
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- **Failure to provide mandatory supporting documentation will result in a significant delay in my request.**

Last Name

First Name

M.I.

Social Security Number

Number

<b>D</b>	<p><b>How do I want my Hardship withdrawal delivered?</b> <span style="float: right;"><i>(Continue to the next section after completing.)</i></span></p> <p><i>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.</i></p>	
	<p><input type="checkbox"/> Checking Account - <b>MUST include a copy of a preprinted voided check</b> for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, checking account number and ABA routing number.</p> <p><input type="checkbox"/> Savings Account - <b>MUST include a letter on financial institution letterhead, signed by a representative</b> from the receiving institution, which includes my name, savings account number and ABA routing number.</p> <p>An ACH request <b>cannot</b> be sent to a prepaid debit card, business account or other retirement Plan. If the ACH information outlined above is missing, incomplete or inaccurate, this request may be rejected and my withdrawal may be delayed. By requesting my withdrawal via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of my ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.</p> <p><input type="checkbox"/> <b>Wire Transfer</b></p> <ul style="list-style-type: none"> <li>• Estimated delivery time is 1-2 business days</li> <li>• A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees, for each transaction.</li> <li>• <b>MUST Include a letter on financial institution letterhead, signed by a representative from the receiving institution, which provides the wire transfer instructions.</b> The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.</li> <li>• Additional fees may apply at the receiving financial institution.</li> <li>• <b>Service Provider is not responsible for inaccurate wire transfer instructions.</b></li> </ul>	
<b>E</b>	<p><b>How will my income taxes be withheld?</b> <span style="float: right;"><i>(Continue to the next section after completing.)</i></span></p>	
	<p><b>Federal Income Tax</b></p> <ul style="list-style-type: none"> <li>• 10% of the total taxable amount of my withdrawal will be withheld for Federal Income Tax, unless I check the box below:</li> </ul> <p><input type="checkbox"/> Do not withhold 10% Federal Income Tax from my Hardship withdrawal.</p> <p>I would like <b>additional</b> Federal Income Tax withholding <i>(Optional)</i>:          _____ % or \$ _____  <i>(This is in addition to any mandatory Federal Income Tax withheld.)</i></p>	<p><b>State Income Tax</b></p> <p>I should refer to information from the Department of Revenue for my state of residence. If applicable, <b>I must attach my State Income Tax withholding form to make tax elections when required.</b> In the event the withholding form is required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.</p> <ul style="list-style-type: none"> <li>• State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below.              I would like <b>additional</b> State Income Tax withholding:              _____ % or \$ _____  <i>(This is in addition to any mandatory State Income Tax withheld.)</i></li> <li>• 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 <b>additional</b> State Income Tax withholding:              _____ % or \$ _____  <i>(This is in addition to any elective State Income Tax withheld.)</i></li> </ul> <p><input type="checkbox"/> Do not withhold State Income Tax <i>(if election is permitted and I have attached the proper election form if required by my state).</i></p> <ul style="list-style-type: none"> <li>• Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding.</li> </ul> <p><input type="checkbox"/> I would like State Income Tax withheld - <b>Optional</b> State Income Tax withholding:          _____ % or \$ _____  <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></p>

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

**F Signatures and Consent**

*(After receiving ALL required signatures, continue to the next section.)*

**My Consent**

I acknowledge that I have received, read, understand and agree to all pages of this Hardship Withdrawal Request form and affirm that all information that I have provided is true and correct. I understand the following:

- Any election on this Hardship Withdrawal form is effective for 180 days.
- I have taken all withdrawals other than hardship withdrawals and all nontaxable loans *(to the extent such loans do not cause a hardship to me)* under the Plan and all other qualified plans of the employer.
- If my hardship withdrawal is approved, my deferrals *(payroll contributions)* under the Plan must cease for a period of at least 6 months.
- I agree and elect my salary deferral *(contribution)* to be set to 0% at the same time that this withdrawal is processed. I understand I must request for my deferrals *(contributions)* to begin again once the suspension period is over in accordance with the Plan rules.
- 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 Social Security Number shown in Section A on this form is correct. I am a U.S. person if I marked U.S. citizen or U.S. resident alien box in Section A on this form.
- The Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

**Before signing this form: I must sign this form in the presence of a Notary Public if my withdrawal request will include a change of address or check delivery to an alternate mailing address. The date that I sign this form must match the date of the Notary Public signature.**

**My Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**My Change of Address/Alternate Address Notarization**

If I am requesting a new permanent address, I must also update my primary address with my employer. A current address is essential for correspondence and tax purposes.

**Permanent Address Change** - I would like the address on my account to be updated with this address. If I am requesting a check, I understand that it will be mailed to this address.

Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

**Alternate Mailing Address** - I would like my withdrawal check to be sent to the following alternate mailing address. I understand that this address will be used for this withdrawal only.

Alternate Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

**For Residents of all states (except California)**, please have your notary complete the section below.

**Notice to California Notaries using the California Affidavit and Jurat Form** the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and the participant's name. The notary forms not containing this information will be rejected and it will delay this request.

**The date I sign this form must match the date on which my signature in 'My Consent' section was notarized.**

**Statement of Notary**

**NOTE: Notary seal must be visible.**

This request was subscribed and sworn *(or affirmed)* to before me

State of \_\_\_\_\_ ) on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_

**SEAL**

)ss. **(name of participant)** \_\_\_\_\_

County of \_\_\_\_\_ ) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

<b>G</b>	<b>Where should I send this form?</b>							
	<p><b>After all signatures have been obtained, this form can be sent by</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>Fax to:</b>  Empower Retirement  <b>1-866-745-5766</b> </td> <td style="width: 33%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 33%; vertical-align: top;"> <b>Regular Mail to:</b>  Empower Retirement  PO Box 173764  Denver, CO 80217-3764 </td> </tr> <tr> <td style="width: 33%; vertical-align: top;"> <b>Express Mail to:</b>  Empower Retirement  8515 E. Orchard Road  Greenwood Village, CO 80111 </td> <td style="width: 33%; text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="width: 33%;"></td> </tr> </table>			<b>Fax to:</b> Empower Retirement <b>1-866-745-5766</b>	<b>OR</b>	<b>Regular Mail to:</b> Empower Retirement PO Box 173764 Denver, CO 80217-3764	<b>Express Mail to:</b> Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111	<b>OR</b>
<b>Fax to:</b> Empower Retirement <b>1-866-745-5766</b>	<b>OR</b>	<b>Regular Mail to:</b> Empower Retirement PO Box 173764 Denver, CO 80217-3764						
<b>Express Mail to:</b> Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111	<b>OR</b>							

**Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.**

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.

## Participant Hardship Withdrawal Guide - 403(b)

### 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 a loan from my Plan, I should use the Account Reduction Loan Application.**
- **If I am eligible to request an in-service withdrawal from my Plan, 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.
- Personal information will be kept confidential.

### Section B: What is my reason for this Hardship withdrawal?

#### Safe Harbor - My Plan allows for a hardship distribution based on a Safe Harbor provision.

- A distribution is deemed to be for an immediate and heavy financial need if it is made for any one or a combination of the reasons specified in the "What is my reason for this Hardship withdrawal?" section of this form. In addition, a Safe Harbor hardship distribution is subject to the following additional rules:
- I am required to receive all withdrawals (other than hardship withdrawals), and all available nontaxable loans, from this and all other plans maintained by the employer (including a related employer) and I cannot make any elective deferrals or after-tax contributions for at least 6 months (or longer if required by my Plan) after the hardship withdrawal to all Plans maintained by the employer.

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

#### Available contribution source(s) for my Hardship withdrawal:

- PTR1 PRE-TAX OTHER ROLLOVER
- BEF1 EMPLOYEE BEFORE TAX
- IRR1 IRA ROLLOVER
- ERB1 EMPLOYER MATCH
- Pursuant to the Internal Revenue Code ("IRC"), the amount distributable upon hardship is limited to my total elective deferrals as of the date of withdrawal, reduced by any previous withdrawals. Further, if the Plan allows, the distributable amount may be increased by 1) employer contributions; and 2) the earnings allocable to the elective deferrals that were credited to my account no later than December 31, 1988 or the end of the last Plan year ending before July 1, 1989, whichever is later.
- The amount I request for hardship may not exceed the amount of my financial need. The amount withdrawn for hardship may include amounts necessary to pay Federal and/or State income taxes, or any applicable premature distribution penalty tax.
- 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.
- Amounts transferred from my prior record keeper will not be available for hardship withdrawals unless Service Provider has received a report from the prior record keeper or the Plan Administrator showing the amounts available for hardship withdrawal. If regular payroll contributions have not been received, the amount available for hardship withdrawal may be zero.

#### Hardship 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 7-10 business days
- No additional charge
- The check will be sent to the address on file unless an address change or alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized.

#### Check by Express Delivery

- Estimated delivery time is 1-2 business days

- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees, for each transaction.
- Available for delivery, Monday-Friday, with no signature required upon delivery
- The check will be sent to the address on file unless an address change or alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized.
- If the address is a P.O. Box, the check will be sent by USPS Express and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

#### Direct Deposit via Automated Clearing House ("ACH")

- I would elect this option if I want my payment to be electronically deposited into my personal checking or savings account.
- 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, for each transaction.
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- For deposit into my **checking account, I MUST attach a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, checking account number and the ABA routing number.
- For deposit into my **savings account, I MUST attach a letter on financial institution letterhead, signed by a representative** from the receiving institution, which indicates my name, savings account number and the ABA routing number.
- **An ACH request can not be sent to a prepaid debit card, an IRA, or a business account.**
- Any missing, incomplete, or inaccurate information will delay my withdrawal request.
- ACH credit can only be made into a United States financial institution.
- Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

#### General ACH Information

- I authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.
- In addition, I authorize my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- Service Provider will make payment in accordance with the direction I have specified on this Withdrawal Form.
- If my financial institution rejects the ACH credit, Service Provider will make every attempt to fix the error and process the request. However, if Service Provider is still unable to send the ACH credit, a check will be mailed to the address that is on file with the Service Provider.
- By selecting the ACH method of delivery, I acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Withdrawal Form.
- I am authorizing and directing my financial institution not to hold any overpayments made by Service Provider on my behalf, or on behalf of my estate or any current or future joint account holder, if applicable.
- ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution.
- Any requests received containing foreign financial institution instructions will be rejected and require new ACH or check delivery instructions.
- It is my obligation to notify Service Provider of any address or other changes affecting my electronic fund transfers during my lifetime.
- I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.

#### Wire Transfer

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees, for each transaction.
- Additional fees may apply at the receiving financial institution.
- **I MUST verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.**
- **I also MUST attach** a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.

### Section E: 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.
- If applicable, I have attached IRS Form W-4P 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

- Federal Income Tax will be withheld from the taxable amount of my withdrawal at the rate of ten percent (10%) unless I elect to not withhold Federal Income Tax by marking the box in the "How will my taxes be withheld?" section of the form.
- I may elect to withhold an amount greater than 10% and may do so by indicating the additional amount on the line provided.

#### 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 attach IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- The withholding rate applicable to the taxable amount of my payment is 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 and provide a U.S. Taxpayer Identification Number on Form W-8BEN. I may call 1-800-TAX-FORM (829-3676) to obtain IRS Form W-8BEN. 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 F: Signatures and Consent

### 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.

### My Change of Address/Alternate Address Notarization

#### Permanent Address Change

- I would check this box if I would like for Service Provider to update the address on file to this new permanent address. If I am requesting a check, I understand that it will be mailed to this address.
- **I must notify my employer of my address change.**
- Any changes to my address must be notarized.

#### Alternate Mailing Address

- I would check this box if I would like Service Provider to mail my withdrawal check to this alternate address but I am not making this alternate address my new permanent address. I understand that this alternate address will be used for this withdrawal only.
- Any request for an alternate mailing address must be notarized.

## Section G: 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 fax my documents, which includes the Withdrawal Form and required supporting documentation, I need to allow 2-4 hours for confirmation of fax receipt before I check on the fax status and confirm that all pages have been received.

## 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 [www.empower-retirement.com/participant](http://www.empower-retirement.com/participant) or call Client Service at 1-866-467-7756.
- Access to KeyTalk® 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 from my registered representative. Read them carefully before investing.