Distribution — Financial Hardship

Use this form to request a one-time cash distribution for hardship reasons from your 401(a), 401(k), 403(b), or 457(b) governmental employer plan. Available for current employees only. Fill in by hand using CAPITAL letters and black ink, or on screen (if PDF). If you need more room for information, use a copy of the relevant page.

Helpful To Know

- You can only take a distribution if you meet one of the criteria for eligibility (see Section 3).
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- Hardship withdrawals may require documentation and plan sponsor approval.
- To get your plan number(s), log into your workplace retirement savings plan at www.NetBenefits.com and under *Quick Links*, select *Summary*
- To validate your profile, go to netbenefits.com/profile. To change your address, call your plan sponsor or go to netbenefits.com/profile.
- For most other types of distributions (such as cash or roll-over) find the appropriate forms at fidelity.com/atwork.
- Non-resident aliens must provide IRS form W-8BEN and a U.S. taxpayer ID number to claim any tax treaty benefits.
- Be sure to keep the documentation you provide in connection with your hardship request for at least six years after your distribution check arrives.
- Before you submit this form, be sure to find out whether your plan requires plan sponsor approval of distribution requests. If your plan does, and there is no plan sponsor signature in Section 9, your request will be denied.
- Plan rules and requirements apply to your hardship.

1. Account Owner / Participant

Name		Social Security or Taxpayer ID Number
Date of Birth *mm – dd – yyyy*	Evening Phone	Daytime Phone
E-mail		

☐ Not married ☐ Married *your spouse may need to sign this form. Ask your plan sponsor or Fidelity.*

If the address we have for you is correct, skip to Section 2.

Providing a new address may delay your check unless you get a signature guarantee (see Section 8).

Address			
City	State/Province	Zip/Postal Code	Country

2. Plan Involved

To get your plan number, go to mysavings atwork.com or call your plan sponsor.

Name of Plan Sponsor	Plan Number

Form continues on next page. ▶▶

3. Reason for Distribution

Required by federal tax law and your plan.

Some plans do not accept all of the hardship distribution reasons listed here, and others offer additional reasons.

Contact your plan sponsor to confirm which reasons your plan accepts, what documentation it requires, and whether you qualify.

401(a), 401(k), 403(b)

- ☐ Purchase of your principal residence *Cannot be used for mortgage payments.*
- ☐ Prevent foreclosure on or eviction from your principal residence
- ☐ Repairs to your principal residence *Only for repairs that would qualify for the casualty deduction under IRS Code Section 165 (determined without regard to whether your residence is located in a Federal Emergency Management Agency (FEMA) declared disaster area as described section 165(h)(5) and whether the loss exceeds 10% of adjusted gross income).*
- ☐ Pay for tuition or related fees for post-secondary education during the next 12 months *Only for you, your spouse, your dependent, or if your plan allows, your already-designated primary beneficiary.*
- ☐ Funeral expenses *Only for your spouse, your dependent, or, if your plan allows, your already-designated primary beneficiary.*
- ☐ Medical expenses not covered by insurance *Only for you, your spouse, your dependent, or if your plan allows, your already-designated primary beneficiary.*
- ☐ Federal Emergency Management Agency (FEMA) declared disaster *Expenses and losses (including loss of income) incurred by you on account of a disaster declared by FEMA, provided that your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.*
- ☐ Other *Not available for most plans. Requires approval of the plan sponsor if available from your plan.*

457(b) *Only*

- ☐ Unforeseeable emergency *Requires approval of the plan sponsor.*

4. Distribution Amount

If your request exceeds your available plan assets or the amount your plan approves for your hardship, we will send the allowed/available amount minus any applicable tax withholding. Your available plan assets may be less than your plan value. Tax withholding may apply. Use reasonable estimates for any taxes or penalties due when calculating the amount below.

Amount
$

- ☐ Draw proportionally from ALL available plan assets ▷ *default if no choice indicated.*
- ☐ Draw ONLY from these assets:
  distribution amount will be limited by available plan assets in the fund(s) listed below and by market fluctuation.

If you list more than one fund, your distribution will be drawn proportionally from each fund listed. ▶

Fund Name or Number

Fund Name or Number

5. Tax Withholding

The IRS does not require us to withhold taxes on a hardship distribution. However, if you do not indicate a selection below, we will default to withholding taxes. Each state sets its own withholding rates and requirements on taxable distributions. We apply these rates unless you, or state law, direct otherwise.

For residents of **NY, NM, NJ, ND, PA** and **RI,** you must provide a dollar amount for state withholding if you would like it withheld ($10 minimum), otherwise no amount will be withheld. For residents of CT, distributions from retirement plan accounts are subject to state tax withholding at the highest marginal rate (6.99%) unless you have submitted a properly completed Form CT-W4P.

For U.S. Persons the default withholding rate of 10% will apply. To request a change to your federal withholding from your required minimum distribution payment please download, complete, print, and sign a copy of the IRS Form "W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions" found here: https://www.irs.gov/pub/irs-pdf/fw4r.pdf. For non-resident aliens, the minimum federal mandatory withholding rate of 30% will apply, unless the prevailing tax treaty rate applies because you have a valid IRS Form W-8BEN on file with Fidelity.

Note that the amount of tax withheld will be calculated on, and subtracted from, the amount of your distribution. Amounts withheld may be less or more than what you actually owe in taxes. To review the Special Tax Notice for details, go to fidelity.com/atwork.

State Withholding

- ☐ Withhold state taxes at the applicable rate
  - ☐ In addition to the applicable rate, withhold a dollar amount of:

Withhold ($10 minimum)
$

- ☐ Residents of **NY, NM, NJ, ND, PA** and **RI** ONLY. Withhold state taxes in the amount of:

Withhold ($10 minimum)
$

- ☐ Do NOT withhold state taxes unless required by law

6. Delivery Method

Choose Only one delivery method and provide any required information.

Electronic Funds Transfer (EFT)

☐ EFT is already set up on account *Allow 3 business days. Skip to Section 7.*
To confirm or add new EFT information to your retirement plan account, login to NetBenefits.

Check

☐ Check sent to mailing address ▷ *default if no choice indicated. Allow 7 business days.*

This option not available for PO Box or foreign addresses. ▶ ☐ Check sent by UPS delivery *A fee of $25 will be deducted from your account. Allow 2 business days.*

7. Spouse's Consent *Complete if you are married and if required by your plan.*

The spouse's signature MUST either be notarized or be witnessed by a plan representative. A signature guarantee is NOT a notary seal.
By signing below, you:

- Voluntarily consent to the distribution(s) indicated on this form, knowing that your spouse's request is not valid without your consent.
- Acknowledge that you may be giving up your right to receive assets that would otherwise go to you upon your spouse's death.
- Acknowledge that your spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.
- Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expires.
- Acknowledge that you cannot take back your consent unless your spouse allows you to, and files a new form with Fidelity.

Print Spouse Name

Spouse Signature | Date *mm dd yyyy*

SIGN ▶ ▶

(Notary only.) State of_____, in the County of_____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced_____as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on_____/____/_____.

Print Notary/Plan Representative Name

Notary/Plan Representative Signature | Date *mm dd yyyy*

SIGN ▶ ▶

NOTARY SEAL / STAMP

(Notary only.) My commission expires_____/____/_____

Form continues on next page. ▶▶

8. Signature and Date *Employee must sign and date.*

By signing below, you:

- Authorize Fidelity to act on all instructions given on this form.
- Accept all terms and conditions described in this form.
- Certify that the hardship represents an immediate and heavy financial need and the amount requested is necessary to satisfy that financial need.
- Certify that all information you have provided, including all attached documentation, is true, authentic and correct to the best of your knowledge, that you have not previously requested and received a hardship withdrawal for the expense(s) submitted as part of this request, and that you have satisfied all the requirements for a hardship withdrawal under the terms of your plan.
- Acknowledge that you have received, if applicable, the Forms of Benefit Notice and the Notice of the Waiver of the Qualified Joint and Survivor Annuity.
- Represent that you have obtained all other currently available distributions (including distributions of ESOP dividends under Internal Revenue Code section 404(k), but not hardship distributions) and nontaxable loans (if required by the plan) under this plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer; and that you have insufficient cash or other liquid assets reasonably available to satisfy the financial need.
- Certify that this withdrawal is being taken for you or for a family member or dependent as defined by the IRS (in the Internal Revenue Code section 152) or your primary beneficiary(ies) as designated under the plan and as allowed by your plan.
- Certify that for a FEMA disaster-related hardship withdrawal your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

Print Participant Name	
Participant Signature	Date *mm dd yyyy*
SIGN	

If the retirement plan requires a signature from the plan sponsor in Section 9, you do not need a signature guarantee. If the retirement plan does NOT require a plan sponsor signature, you will need a signature guarantee if either of two cases applies:

- Your distribution is more than $10,000, it is not being sent using EFT already set up on your account, you are providing a new address, AND it's important that your transaction not be delayed by 10 days.
- Your distribution is more than $100,000.

You can get a signature guarantee from most banks, credit unions, and other financial institutions. A Medallion signature guarantee must guarantee at least the amount of your distribution. A notary seal/stamp is NOT a signature guarantee.

SIGNATURE GUARANTEE

☐ NOT a Medallion signature guarantee *Complete if applicable.*

Financial Institution Representative Name	
Phone	Extension

Important: You can provide notarization in lieu of a signature guarantee using this same section of the form.

Medallion Level *Fidelity Use Only*

9. Plan Sponsor Approval

Consult your plan sponsor or Fidelity to determine whether plan sponsor approval is required. You may need plan sponsor approval even if you no longer work for the sponsor.

Participant's Date of Hire *mm – dd – yyyy*	Employer-Source Vesting
	%

By signing below, you:

- Acknowledge that the distribution as requested on this form is permitted by the employer's plan.
- Certify that you are on record with Fidelity as being authorized to sign on behalf of the plan sponsor.

Print Plan Representative Name	
Plan Representative Signature	Date *mm dd yyyy*
SIGN	

Did you print and sign the form, and attach any necessary documents? Did ALL required individuals sign? Send ENTIRE form and any necessary documents to Fidelity.

Questions? Go to fidelity.com/atwork or call 1-800-343-0860, or for the hearing impaired dial 711, business days (except NYSE hoildays) from 8 AM to midnight (ET)

Unless otherwise directed, return this completed form:

Digitally Using the NetBenefits® Mobile App

Download the NetBenefits® app through the App Store® or Google Play™ store.
Tap: Actions > Send a Document

Or use one of these alternate methods:

Regular Mail
Fidelity Investments
PO Box 770002
Cincinnati, OH 45277-0090

Overnight Mail
Fidelity Investments
100 Crosby Parkway, KC1E
Covington, KY 41015

On this form, "Fidelity" means Fidelity Investments Institutional Operations Company LLC.

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