



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), call your plan sponsor (the employer that provides the plan) or go to mysavingsatwork.com.
- 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 rollover) 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.

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 mysavingsatwork.com or call your plan sponsor.

Name of Plan Sponsor	Plan Number
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3. Reason for Distribution

Required by federal tax law and your plan.

Check ONLY one. 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 primary residence *Cannot be used for mortgage payments.*
- Prevent primary residence foreclosure or eviction
- Repairs to primary residence *ONLY for repairs that would have qualified for the IRS casualty deduction.*
- 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.*
- Other *Not available for most plans. Requires approval of the plan sponsor if available from your plan.*

457(b) ONLY

- Unforeseen 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.

Fund Name or Number

Fund Name or Number

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

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 U.S. Persons the default withholding rate of 10% will apply. 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.

Federal

- Withhold federal taxes at the rate of:

Percentage (10% minimum)
.0%

Note that if there is federal withholding, certain states require that there also be state withholding.

- Do NOT withhold federal taxes

Account's legal/residential address determines which state's tax rules apply.

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

Form continues on next page. ▶▶

6. Delivery Method

Choose **ONLY** one delivery method and provide any required information.

Transaction timings start from when your distribution request is approved, and are estimates, not guarantees.

Ask your bank for the routing number. ▶

Your name must be exactly the same on your plan and this account.

This option not available for PO Box or foreign addresses. ▶

Electronic Funds Transfer (EFT)

- EFT is already set up on account. Allow 3 business days. Skip to Section 7.
- Set up EFT to bank or credit union account: Allow 13-16 business days (includes verification, set-up and transaction processing).
- Checking ▶ Provide account information or attach voided check.
- Savings ▶ Provide account information or attach deposit slip.

Bank Routing Number <small>Nine digits, starts 0, 1, 2, 3, or 4.</small>	Bank Name
Checking or Savings Account Number	Checking or Savings Account Owner Name

Check

- Check sent to mailing address ▶ Default if no choice indicated. Allow 7 business days.
- 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 <small>MM DD YYYY</small>
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 <small>MM DD YYYY</small>
SIGN ▶	▶

▼ NOTARY SEAL / STAMP ▼

(Notary only.) My commission expires ____/____/____

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