

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	D	Daytime Phone		
	E-mail					
	☐ Not married ☐ Married	d Your spouse may need to s	sign this form. Ask your	olan sponsor or Fi	delity.	
If the address we	nave for you is correct, skip	to Section 2.				
Providing a new	Address					
address may delay your check unless you get a signature guar- antee (see Section 8).						
	City	State/Province	Zip/Postal Code	Country		

Z. Pian involved

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

lame of Plan Sponsor	Plan N	Numb	er	

Form continues on next page.



3. Reason for Distribution

Required by federal t	ax law and your plan.		
Check ONLY one.	401(a), 401(k), 403(b)		
Some plans do not	☐ Purchase of primary residence Ca	nnot be used for mortgage payme	nts.
accept all of the hardship distribution	Prevent primary residence foreclo	sure or eviction	
reasons listed here,	Repairs to primary residence ONI	Y for repairs that would have quali	ied for the IRS casualty deduction.
and others offer addi- tional reasons.		ost-secondary education during	the next 12 months ONLY for you, your spouse, your
Contact your plan			n allows, your already-designated primary beneficiary.
sponsor to confirm which reasons your			ouse, your dependent, or if your plan allows, your
plan accepts, what	already-designated primary beneficiary.		
documentation it equires, and whether	Other Not available for most plans. Re	equires approval of the plan sponsor	if available from your plan.
you qualify.	457(b) ONLY		
	Unforeseen emergency Requires ap	proval of the plan sponsor.	
4. Distribut If your request excee		ount your plan approves for you	ur hardship, we will send the allowed/available
amount minus any ap	plicable tax withholding. Your available for any taxes or penalties due when ca	plan assets may be less than y	our plan value. Tax withholding may apply. Use
	Amount		
	\$		
	☐ Draw proportionally from ALL ava	ilable plan assets > Default if n	o 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		
If you list more than			
one fund, your distri- bution will be drawn	Fund Name or Number		
proportionally from each fund listed.			
5. Tax With	nolding		
The IRS does not requ to withholding taxes. I law, direct otherwise.	re us to withhold taxes on a hardship dis ach state sets its own withholding rates a	tribution. However, if you do not nd requirements on taxable dist	indicate a selection below, we will default ributions. We apply these rates unless you, or state
For residents of NY , N otherwise no amount N		a dollar amount for state withho	ding if you would like it withheld (\$10 minimum),
	efault withholding rate of 10% will apply. revailing tax treaty rate applies because y		imum federal mandatory withholding rate of 30% EN on file with Fidelity.
	of tax withheld will be calculated on, and actually owe in taxes. To review the Spe		your distribution. Amounts withheld may be less fidelity.com/atwork.
	Federal	State	Withholding
A /- /	\square Withhold federal taxes at the rate	of: \square \underline{W}	ithhold state taxes at the applicable rate
Account's legal/ residential address determines which	ing, certain	f there is federal withhold- states require that there te withholding.	In addition to the applicable rate, withhold a dollar amount of: Withhold (\$10 minimum)
tate's tax rules apply.	☐ Do NOT withhold federal taxes		\$
			sidents of NY, NM, NJ, ND, PA and RI ONLY.
			nhold state taxes in the amount of:
		9	
			NOT withhold state taxes unless required by law
			Form continues on next page

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6. Delivery Method

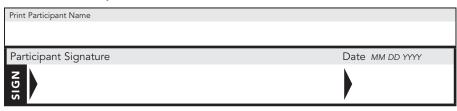
Choose ONLY one delivery method and provide any required information. ansaction timings start m when your distribunce estimates, not guarantees. Ask your bank for the routing number. Your name must be exactly the same on your plan and this account. This option not available for PO Box	Checking or Savings Account Number Checking or Sa Check Check Check sent to mailing address ▷ Default if no choice indice	nsaction processing). check. p. avings Account Owner Name cated. Allow 7 business days.
or foreign addresses.	Check Selft by Of 3 delivery A fee of \$25 will be deducted not	m your account. Allow 2 business days.
7. Spouse's	Consent Complete if you are married AND	if required by your plan.
• Agree that if the dis	your spouse's waiver of a qualified joint and survivor annuity, if stribution described in this form is not processed within 180 days ou cannot take back your consent unless your spouse allows you to	s of the date you sign this form, your consent expires.
Spouse Signature	Date MM DD	YYYY
(Notary only.) State of	, in the County of	, subscribed and sworn to before me b
	lividual who is personally known to me or who has produced .	
	were true and accurate and made of his/her own free act and	
Print Notary/Plan Represer		
		▼ NOTARY SEAL/STAMP ▼
Notary/Plan Repres	entative Signature Date MM DD	YYYY
SIGN		
(Notary only.) My com	mission 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 all information you provided is correct to the best of your knowledge.
- 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.

 Certify that no other funds are reasonably available to address the hardship, including potential insurance payments or any other distributions or nontaxable loans currently available under all plans maintained by your employer.



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 loan. 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

Medallion Level Fidelity Use Only.

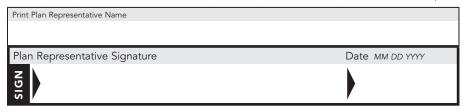
9. Plan Sponsor Approval

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.



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

Questions? Go to fidelity.com/atwork or call 1-800-343-0860 (TTY, 1-800-259-9743), business days (except NYSE holidays) from 8 AM to midnight (ET).

Unless otherwise directed, deliver to:

Regular mail Fidelity Investments PO Box 770002 Cincinnati, OH 45277-0090 Overnight mail
Fidelity Investments
100 Crosby Parkway KC1E
Covington, KY 41015

Fax 1-877-330-2476 (ONLY if your request doesn't require a signature guarantee)

On this form, "Fidelity" means Fidelity Investments Institutional Operations Company, Inc. 585063.4.0 (08/2013)

