

Unforeseen Emergency - Explanation of Hardship and Supporting Documentation

Definition of “Dependent” as defined by Sections 152 (c) & 152(d) of the Internal Revenue Code shall mean with respect to a participant:

A qualifying child: An individual who (i) is a child of the participant (or a descendant of such a child), a brother, sister, half-brother, half-sister, stepbrother, or stepsister of the participant or any such descendant of any such relative; (ii) who has not attained age 19 as of the close of the calendar year in which the taxable year of the participant (taxpayer) begins or is a student who has not attained age 24 as of the close of such calendar year; (iii) who has lived with the participant for more than half of the year; (iv) who has not provided more than half of his or her own support; and (v) who is not filing a joint return for the year with a spouse (other than only for a claim for refund). The age requirement in (ii) shall be treated as met in the case of a dependent who is permanently and totally disabled at any time during such calendar year.

A qualifying relative: An individual (i) who is (A) a child, stepchild, foster child (or a descendant of a child), brother, sister, half-brother, half-sister, stepbrother, stepsister, father, mother (or ancestor of father or mother), stepfather, stepmother, son or daughter of a brother or sister of the participant, brother or sister of the father or mother of the taxpayer, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, or any of the above (without regard to whether each individual lived with the participant for more than half the year); or (B) an individual other than a relative mentioned in (A) above, who, for the taxable year of the participant, has the same principal place of the abode as the participant and is a member of the participant’s household; (ii) with respect to whom the taxpayer provides over one-half of the individual’s support for the calendar year taxable year begins; and (iii) who is not a qualifying child of such participant or of any other taxpayer for any taxable year beginning in the calendar year in which such taxable year begins.

I. Medical Care

A. You may receive a hardship distribution for amounts not covered by insurance for the following medical care expenses permitted under section 213(d) of the Internal Revenue Code:

- Operations/treatment affecting any part of the body (not for surgery solely for cosmetic reasons)
- Obstetrical expenses
- In vitro fertilization
- Vasectomy
- Therapy
- X-ray treatments
- Hospital services
- Nursing services
- Medical services
- Laboratory services
- Surgical services
- Laparoscopic surgery (if deemed medically necessary by a doctor)

- Dental services
- Diagnostic services
- Gastric by-pass surgery (if medically necessary as evidenced by a doctor)
- Healing services
- Prescribed drugs. Forecasting is allowed based on quantity of specified refills, up to six months. Cost of medication and number of refills must be provided.
- Artificial teeth
- Artificial limbs
- Ambulance hire
- Lodging (while away from home primarily for and essential to medical care, limited to \$50 per night)
- Transportation for and essential to receipt of medical care
- Hearing aids (cost of hearing aid and batteries to operate device). Forecasting is allowed, for a six month period, in cases where the device is being rented.
- Reconstructive surgery as a result of mastectomy
- Breast reduction (if deemed medically necessary by a doctor)
- Eyeglasses
- Laser eye surgery
- Seeing eye dog
- Wheelchair
- Crutches
- Inclinator
- Capital expenditures, operation and maintenance for permanent improvement or betterment of the property advised by a physician (example, an elevator for an afflicted individual), limited to the difference between the increase in property value due to the improvement and the cost of installing the improvement.
- Qualified long-term care services defined as: necessary diagnostic, preventative, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, that are required by a chronically ill person as certified by a healthcare practitioner. An individual is “chronically ill” if he/she is as unable to perform at least 2 activities of daily living (e.g., eating, toileting, transferring, bathing, dressing, and continence); or requires substantial supervision to protect the individual’s health and safety due to severe cognitive impairment as indicated in writing by a health care professional stating that it is necessary for long term care.
- Costs (tuition, meals and lodging) of attending a school that furnishes special education to help a child to overcome learning disabilities caused by mental or physical impairments. A doctor must recommend that the child attend the school. Overcoming the learning disability must be a principal reason for attending the school, and any ordinary education received must be incidental to the special education provided. Special education includes but is not necessarily limited to:
 - Teaching Braille to a visually impaired person,
 - Teaching lip reading to a hearing-impaired person, or
 - Giving remedial language training to correct a condition caused by a birth defect.
- Medical insurance premiums
- Premium payments under a qualified long-term care insurance contract.

Note that the payment of qualified long-term care premiums is limited to the following amounts:

Age before the Close of the Taxable Year	The limitation is:
40 or less	\$340
More than 40 but not more than 50	\$640
More than 50 but not more than 60	\$1,270
More than 60 but not more than 70	\$3,390
More than 70	\$4,240

Note: Each of the above dollar amounts may be increased by the medical care cost adjustment (as prescribed by the Treasury Secretary) each calendar year. Any increase that is not a multiple of 10, shall be rounded to the nearest multiple of 10.

B. You cannot receive a hardship distribution for the following Medical Care expenses:

- Babysitting, childcare and nursing services for a normal, healthy baby
- Contributions to, or expenses that would be covered by, your flexible spending account or health savings account or medical savings account
- Controlled substances (such as marijuana, laetrile, etc.)
- Cosmetic surgery (amount you pay for unnecessary surgery)
- Dancing lessons
- Diaper service
- Electrolysis or hair removal
- Funeral expenses (cannot include in medical expenses amounts you pay for funerals)
- Future medical care (to be provided substantially beyond the end of the year)
- Hair transplant
- Health club dues
- Health coverage tax credit
- Household help (not including nursing-type services)
- Illegal operations and treatments
- Insurance policies providing indemnity against loss of income or for loss or life, limb, sight
- Maternity clothes
- Medicines and drugs from other countries
- Nonprescription drugs and medicines (except insulin)
- Nutritional supplements
- Personal use items (toiletries, cosmetics, or sundry items)
- Swimming lessons
- Teeth whitening
- Veterinary fees
- Weight-loss program

Please see Internal Revenue Service Publication 502 for additional details regarding what will, and what will not, constitute a medical expense that is eligible to be covered by a hardship distribution.

C. If you request a hardship distribution for medical expenses, you must have documentation to support your request. If you cannot produce the documentation to substantiate your hardship request, your application will be denied. The following documentation is acceptable:

1. Some Medical Care expenses are paid for by the insurance company. Others are not. For the portion of those Medical Care expenses that the insurance company will not pay (unreimbursed qualifying Medical Care expenses):

- Current bill for service, and
- Explanation of Benefits* for each bill submitted indicating:
 - Service rendered that qualifies as a Medical Care expense;
 - Date of such service;
 - Amount of coverage paid; and
 - Amount currently owed.
 - If you cannot produce an Explanation of Benefits, you must obtain a copy from the insurance company. If the company cannot provide a copy, you may submit a copy of the medical history with respect to the service rendered, including any amount paid by the insurance company.

*If the Bill for service outlines the services rendered, you do not need to provide the Explanation of Benefits documentation.

2. Some Medical Care expenses will not be covered at all by the insurance company. For qualifying Medical Care expenses for treatment not covered by the insurance policy:

- A current bill for service that lists the information noted in item #1 above;
- Explanation of Benefits evidencing a denial of coverage; or
- A letter from the insurance company stating that no Explanation of Benefits is available.

3. If prepayment of certain Medical Care expenses is required on or before the time of treatment:

- Estimate of the cost for the procedure from the insurance company and/or medical professional
- Letter from the medical professional stating that payment is required either in advance or at the time of the procedure

An example of this would be were a dentist requires pre-payment for a treatment plan.

Generally, you cannot include in medical expenses current payments for medical care (including medical insurance) to be provided substantially beyond the end of the year. This rule does not apply in situations where the future care is purchased in connection with obtaining lifetime care or long-term care.

4. If Medical Care expenses will be paid in installments:

- Explanation of Benefits evidencing the service rendered and that the lifetime maximum permitted by the insurance company has been reached for the applicable medical expense
- A current bill showing the remaining amount to be paid. If the current bill does not show the details of the specific service provided, please also provide the original bill that provides that information.

D. Examples:

Past-due medical expenses: Past-due medical expenses may be eligible for hardship treatment if the participant can produce bills for service dating back from the original date of services to the current date that the participant is requesting the hardship. For example, a participant incurs eligible medical care expenses on January 1st and has been unable to pay them. On April 1st, the participant requests a hardship distribution to pay the medical expenses. The participant will be required to produce documentation indicating that the services were rendered and the amount is past due. Past due medical expenses without proof that they are still owed will not be considered an immediate and heavy financial need.

Important note: A bill shall be considered current if issued within 60 days from the date of the hardship request.

Medical Credit Cards: Amounts owed on medical credit cards used to pay eligible medical expenses are eligible for a hardship distribution. The amount of hardship shall be limited to the amount necessary to satisfy payment of the eligible medical expenses charged to the credit card.

Note: An Explanation of Benefits must be provided along with a copy of the medical credit card bill.

Other Credit Cards: Balances for eligible medical expenses charged to all other credits cards shall NOT be eligible for a hardship distribution.

II. Prevention of Eviction or Foreclosure

A. You may receive a hardship if the distribution is necessary for the following:

- To prevent eviction from the employee's principal residence
- To prevent foreclosure on the mortgage on that residence.
- The amount of the hardship may be in an amount sufficient to bring all payments current as of the date such funds are received.

B. If you request a hardship distribution to prevent eviction or foreclosure, you must have documentation to support your request. If you cannot produce the documentation to substantiate your hardship request, your application will be denied. The following documentation is acceptable:

1. Eviction from the principal residence:

- Eviction notice issued by the landlord, apartment complex, court, or any other authorized entity which states the amount to be paid to prevent eviction and that such amount is past due.

If the eviction notice is issued by an individual rather than a rental organization, you must also supply Empower Retirement with a copy of the lease agreement and a signed statement from the landlord confirming the pending eviction. If there is no written lease agreement involved, a signed statement from the landlord confirming the pending eviction will be required, and such statement must also specify the residential address of the property, the monthly rental amount and that there is no lease agreement.

2. Foreclosure on the principal residence:

- Notice of foreclosure (stating that proceedings have commenced or will commence either immediately or on a specified date), which must:
 - Be issued by a bank, mortgage company, or other qualified lending institution
 - State the amount due to bring the mortgage current, and
 - State that foreclosure proceedings will commence immediately if the amounts owed are not paid.

C. Examples:

Eviction from Land: Evicted from the lot upon which your trailer is located and the trailer is your primary residence.

Timely Hardship Application: The eviction or foreclosure notice must not be past the eviction/foreclosure date. The eviction deadline must allow time for review and processing – Empower Retirement requests that requests are submitted at least five business days before the eviction date on the notice.

Cure of Foreclosure: If foreclosure proceedings have begun, a letter from the mortgage company stating the amount that is required to cure the foreclosure shall be considered to be evidence of an immediate and heavy financial need. A hardship distribution will not be permitted beyond the amount necessary to cure the foreclosure.

If foreclosure or the immediate threat of foreclosure is due to non-payment of property taxes then a hardship distribution will be permitted if the required supporting documentation is provided.

Note: If the mortgage is not in the participant's name but the deed is and has the same address or if the mortgage and the deed are in the spouse's name and the address is the participant's address then a hardship distribution will be permitted if the required supporting documentation is provided.

Credit Card Expenses: A hardship distribution will NOT be allowed for expenses that are charged to a credit card.

III. Burial and/or Funeral Expenses

A. You may receive a hardship distribution for the following items:

- Purchase of grave
- Burial fees
- Monument fees (headstone)
- Crematory fees
- Casket
- Casket fittings
- Burial containers
- Urn
- Nameplates
- Memorial plaque
- Book of remembrance
- Memorial cards
- Church fees
- Press notices
- Cemetery fees
- Services for funeral director, staff and overhead
- Hearse and funeral vehicle rentals necessary to transport the deceased (does not include transportation of family members)
- Collection of the body and transference to hospital, funeral home/mortuary or other location
- Preparation of the body
- Embalming
- Memorial service
- Graveside service
- Funeral service

B. You cannot receive a hardship distribution for the following burial and/or funeral expenses:

- Reception
- Flowers
- Donations
- Pre-payment of a (future) funeral
- Transportation (other than the modes of transportation not included in Section A above).

C. If you request a hardship distribution for the payment of funeral or burial expenses, you must have documentation to support your request. If you cannot produce the documentation to substantiate your hardship request, your application will be denied. The following documentation is acceptable:

- A current bill for burial and/or funeral expenses indicating:
 - Name of the funeral home, mortuary, crematorium, cemetery, monument company and/or religious establishment (church, synagogue, chapel or other place of worship)
 - Name of the parent, spouse, child or other dependent on whose behalf the services were furnished. If the decedent's name is not included in the bill for service, additionally, the participant must provide a death certificate indicating the decedent's name. Unless the person is a dependent (as described at the beginning of this document), the following relationships would not qualify for reimbursement: brother or sister in-law, mother or father in-law.
 - List of expenses incurred

D. Examples:

Credit Card Expenses: A hardship distribution will NOT be allowed to pay for burial or funeral expenses that are charged to a credit card.

IV. Expenses for the Repair of Damage to the Employee's Principal Residence that would qualify for the Casualty Deduction

A. You may receive a hardship distribution to repair damage to your principal residence that arose from any of the following sudden, unexpected or unusual events arising from a federally declared disaster:

- Electrical storms
- Tree damage (ex. Limb punctures roof)
- Earthquakes
- Fires
- Floods (such as riverbanks overflowing or floods that impact a community)
- Government-ordered demolition or relocation of a home that is unsafe to use because of a disaster
- Hail
- Landslides
- Mine cave-ins
- Shipwrecks
- Sonic booms
- Hurricanes and tornadoes

- Terrorist attacks
- Vandalism
- Volcanic eruptions
- Disasters occurring in an area subsequently determined by the President of the United States to warrant assistance by the Federal Government

Note: Your insurance deductible amount may qualify for a hardship.

This list contains examples of casualties that qualify for a hardship, but this list is not all-inclusive of every casualty that may be covered.

B. The following items do not qualify for hardship treatment:

Progressive deterioration:

- The steady weakening of a building due to normal wind and weather conditions;
- A burst water heater (however, the rust and water damage to rugs and drapes caused by the bursting of a water heater does qualify as a casualty)
- Losses caused by droughts
- Termite or moth damage
- The damage or destruction of trees, shrubs and other plants by a fungus, disease, insects, worms or similar pests

C. If you request a hardship distribution for the repair or construction of your principal residence due to damage caused by a qualifying casualty arising from a federally declared disaster, you must have documentation to support your request. If you cannot produce the documentation to substantiate your hardship request, your application will be denied. The following documentation is acceptable:

1. For the payment of unreimbursed costs of qualifying casualties arising from a federally declared disaster to repair a damaged principal residence:
 - Bill for services from the contractor. The contractor should state the cause of the casualty and provide a breakdown of the cost on the bill
 - Statement from the insurance carrier evidencing a denial of coverage* of the cost of repairs
2. If you are required to prepay certain repairs/construction:
 - Estimate from the contractor. The contractor should state the cause of the casualty on the estimate.
 - Statement from the insurance carrier evidencing the coverage* or the denial of coverage of the costs of repair
3. For the building of a principal residence destroyed by the casualty:
 - Executed contract between you and the contractor (which may include dates and amounts of periodic disbursements to the contractor). The contractor should state the cause of the casualty on the contract.

- Statement from the insurance carrier evidencing the coverage or the denial of coverage* of the cost of construction

*Insurance claims that are denied because the insurance carrier has labeled the loss due to “normal wear and tear” or because it deems the loss to be the result of an incident outside the definition of casualty as defined in Section A. above will not qualify as a hardship.

Credit Card Expenses: A hardship distribution will NOT be allowed for expenses that are charged to a credit card.

RS-45223-00

APPLICATION FOR HARDSHIP WITHDRAWAL (UNFORSEEABLE EMERGENCY)

Questions? Contact Empower Retirement’s Participant Service Center at 1-800-743-5274.

To be Completed by the Participant:

Participant's Name: _____
first middle last

Social Security No.: _____

Address: _____
street

city state zip

Legal State of Residence: _____

If the Legal State of Residence is not provided, Empower Retirement will use the state provided in the Mailing Address for state tax purposes.

Marital Status: Married Not Married or Legally Separated

If there is a question about my request, I prefer to be contacted by:

E-mail Address: _____

Phone Number: _____

Account Number: 62079-1-1

Sponsor Name: City of Memphis, Tennessee

Plan Name: City of Memphis 457(b) Deferred Compensation Plan

Statement of Need

Check all that apply	Approvable Circumstances	Required Documentation
<input type="checkbox"/>	<p>Sudden and Unexpected Illness or Accident of the Participant, Spouse, Dependent or, if permitted by the Plan, Primary Beneficiary resulting in non-elective medical/dental expenses including non-refundable deductibles, as well as cost of prescription drug medication not reimbursed or compensated by insurance or otherwise</p>	<ul style="list-style-type: none"> Outstanding medical bills dated within last 60 days with amount due, including the date of services; copies of prescription drug bills and other medical expense statement(s). Insurer’s Explanation of Benefits showing the services provided, the amount covered by insurance and the amount due from the participant. Collection notices that do not contain this information are not eligible for review. <p>Important: If you do not have insurance, you are required to check off this box as certification that you do not have insurance. <input type="checkbox"/></p>
<input type="checkbox"/>	<p>Major Property Loss due to Casualty or severe weather</p> <p>Note: General house maintenance and repairs due to “wear and tear” are not covered.</p>	<ul style="list-style-type: none"> Contractor’s estimate dated within last 60 days for repair due to damages with the amount due. Statement from appropriate government agency or contractor attesting to the cause of damage. Documentation of insurance payments received or copy of claim denial letter. Repairs or rebuilding must be made within one year from the date of the unforeseen emergency distribution. <p>Must check one of the following:</p> <p><input type="checkbox"/> Owner of Property <input type="checkbox"/> Renter</p> <p>Important: If you do not have insurance, you are required to check off this box as certification that you do not have insurance. <input type="checkbox"/></p>

<input type="checkbox"/>	Funeral Expenses of the Participant's Spouse, Dependent or, if permitted by the Plan, Primary Beneficiary	<ul style="list-style-type: none"> Itemized Funeral Home and or Cemetery bill dated within last 60 days with the amount due billed to the name of the Participant.
<input type="checkbox"/>	Prevention of Eviction or Foreclosure on Primary residence for the Participant or, if permitted by the Plan, their Primary Beneficiary	<ul style="list-style-type: none"> Notice from Landlord/Mortgage Company dated within the last 60 days indicating: <ul style="list-style-type: none"> Property address Future eviction/foreclosure date The amount required to avoid eviction/foreclosure Eviction notice must be signed by the landlord
<input type="checkbox"/>	Other similar extraordinary and unforeseen circumstances arising as a result of events beyond the control of you or, if permitted by the Plan, your Primary Beneficiary	<ul style="list-style-type: none"> Examples of other <i>allowable</i> events constituting a financial hardship arising from an unforeseeable emergency: <ul style="list-style-type: none"> Involuntary loss of income due to medical condition or procedure Involuntary loss of income due to employment layoff Legal expenses arising out of legal complications associated with an adoption <p>Note: The documentation must clearly support that this financial hardship was:</p> <ul style="list-style-type: none"> Unforeseen and extraordinary Caused by circumstances beyond your control <p>The documentation must specifically indicate the amount of need.</p>

WITHDRAWAL AMOUNT

I request a withdrawal due to hardship in the following amount:

- Gross Amount:** The total amount I want taken from my account, including applicable taxes and fees, is \$ _____. I understand that the amount I receive may be less than what is requested here due to the possible deductions.
- Net Amount:** The amount I wish to receive after applicable taxes and fees is \$ _____.

I understand that:

- My distribution will be limited to the lesser of the amount available or the amount that can be approved based on the documentation provided, and
- If I do not elect a Gross or Net amount, I will receive the distribution as a Net amount, and
- If I do not specify an amount, the distribution will be processed for the lesser of the approved amount or the amount available.

INCOME TAX WITHHOLDING

You may elect to have federal and state taxes withheld from your hardship distribution. The amount that you elect to withdraw may not exceed the amount of federal and state taxes that would apply as a result of the hardship distribution. If you do not make any tax withholding election for Federal or State taxes related to your hardship distribution, 10% will automatically be withheld for Federal taxes and the amount of State taxes that will be withheld will be based on the applicable withholding requirements of your State.

To elect federal tax withholding in excess of 30%, you must provide evidence that the hardship distribution will be subject to a higher marginal tax rate; such as the first two pages of your last filed 1040 tax return or most recent W-2(s). To avoid delays in distributing the funds to help you to satisfy your hardship need, if you elect to withhold federal taxes of more than 30% without providing the necessary documentation when submitting your request, Empower Retirement will process your hardship request with federal withholding of 30%.

FEDERAL INCOME TAX WITHHOLDING (Participant completes)

Distributions of pre-tax contributions plus earnings on all contributions (except earnings with respect to qualified distributions from a Roth account) are subject to federal income tax. Hardship withdrawals are not eligible to be rolled over, and you have the option whether or not to have federal income tax withheld. If you elect to have withholding, 10% will automatically be withheld for federal income tax.

I elect to have federal income tax: withheld not withheld.

In addition to this federal income tax withholding, I want an additional amount withheld of \$ _____.

Note: If you are a U.S. citizen residing outside of the U.S., you cannot elect out of federal withholding. If you are a non-resident alien or beneficiary for a Puerto Rican resident special, withholding rules may apply. Please read the *Special Tax Notice*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

STATE INCOME TAX WITHHOLDING

Skip this Section if you reside in a state with no income tax or withholding requirement on retirement income.

The taxable portion of your payment may be subject to state income tax withholding requirements. While Empower Retirement will withhold based on your state's income tax rules and your election, if applicable, you are responsible for ensuring you satisfy your individual state income tax liability. If you make an election that is not compliant with your state's income tax withholding rules, then Empower Retirement will default to your state's income tax withholding requirements.

State Income Tax Withholding rules are subject to change at any time. For current state specific tax information pertaining to your resident state, you should contact your tax advisor or your state income tax department. Also note, state tax rules may apply differently depending on your type of distribution (i.e., lump sum, periodic, non-periodic, etc.). In addition, some states allow for an exclusion from income distributions from certain retirement plans - to confirm whether you may qualify to exclude all or a portion of your distribution from income for state taxation purposes, you should consult your plan sponsor or state income tax department.

If your state's income taxes are determined based on wage tables, Empower Retirement is unable to calculate a net amount, you will need to ensure that you have grossed up accordingly. There may be a delay if you request a net amount.

If you do not see your state listed below, it is a result of your state not permitting state income tax withholding.

Any tax information included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

Your state income tax withholding options are:

<p>AR, DE, KS, MD, MA, NC, NE, VT, VA</p>	<p>These states require mandatory state income tax withholding on taxable distributions. Empower Retirement is required to withhold state income taxes based on state law. You may not elect out of state income tax withholding.</p> <p>Given this withdrawal request is not eligible to be rolled over, if you choose to opt out of federal income tax withholding, Empower Retirement will automatically opt you out of state income tax withholding unless you indicate below to withdraw taxes. If you did not opt out of federal income tax withholding, then Empower Retirement will withhold based on state law.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$_____ (whole dollar amount) or ____%</p>
<p>CA, DC, IA, ME, OK, OR</p>	<p>These states require mandatory state income tax withholding. Empower Retirement is required to withhold state income taxes based on state law unless you elect out of withholding. <input type="checkbox"/> I elect no state income tax withholding.</p> <p>Note: The District of Columbia only requires mandatory withholding on a “lump sum” distribution that brings your account balance to zero. If you are requesting a “lump sum” distribution, then you may not opt out of withholding.</p>
<p>AL, AZ, CO, ID, IL, IN, KY, LA, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, UT, WV, WI</p>	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax withholding by providing a dollar amount or percentage below. If no election is made for these voluntary states identified, then Empower Retirement will not apply any withholding.</p> <p><input type="checkbox"/> I voluntarily elect to withhold an amount of \$_____ (whole dollar amount) or ____%.</p> <p>Note: AZ and IL only permit voluntary state income tax withholding <u>on periodic payments</u>. If a tax election is requested on periodic payments and no amount or % is provided, Empower Retirement will default based on state rules. Lump sum distributions do not allow for state income tax withholding. If a tax election is requested on a lump sum distribution, Empower Retirement will not apply any withholding.</p> <p>If the additional amount is requested for periodic payments, please complete section below.</p>

GA, MN, SC	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax withholding by selecting the box below. If no election is made for these voluntary states identified, then Empower Retirement will not apply any withholding. Please note only Gross Distribution requests are permitted when applying state income tax withholding.</p> <p><input type="checkbox"/> Withhold based on my state's tax table formula, if applicable (Empower Retirement will apply the default tax allowance.)</p>
CT, MI	<p>These states require mandatory state income tax withholding. Empower Retirement is required to withhold state income taxes based on state law unless you provide an alternate dollar amount or percentage withholding instruction below, along with completing your state specific W-4P withholding certificate and submitting it with this form. If a W-4P is not provided, Empower Retirement will default to your state's mandatory max withholding amount. Note: CT residents, W-4P is only allowed for partial distributions.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$_____ (whole dollar amount) or ____%</p>
Additional State Income Tax Withholding	<p>I elect to have an additional ____% or \$_____ (whole dollar amount) if state income tax withheld from my payments. This amount will be in ADDITION to any withholding selected above.</p>

DELIVERY INSTRUCTIONS (complete if applicable)

- Direct deposit to a bank account of which I am an authorized account holder - Deposited within 3 business days from date of processing.**

To elect Direct Deposit, you must select either Checking or Savings and you must provide a voided check or a bank specification sheet from your bank for validation.

To help protect our customers' assets, Empower Retirement or MassMutual may independently validate bank and customer account information before processing Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks. If the account cannot be validated, a check will be mailed even if a voided check or financial instrument is submitted with distribution request.

- Checking Savings

Bank Name _____ Bank ABA/Routing (9 digits) _____ Bank Account No. _____

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.

- Send my payment by check - Allow up to 10 business days for postal service delivery.**

Your cash payment will be mailed to the address contained in our files.

- Send my check express mail delivery to the address specified according to plan provisions. A special mailing fee will be applied to each check issued.**

I understand that if I do not fully complete this section or the bank account information I have provided is invalid, a check will be mailed to the address indicated above. I understand that a reprocessing fee may be charged to my account if the direct deposit is declined by my financial institution. Subsequent withdrawals will be processed in the same manner (up to 180 days from the date of the original distribution) unless I notify Empower Retirement or MassMutual in writing to distribute the money differently. I also authorize Empower Retirement or MassMutual to initiate a debit to my account for any overpayment or payments made in error.

To receive the hardship withdrawal requested above, I certify that the following requirements have been or will be satisfied:

1. The withdrawal amount requested will not be in excess of the amount of the financial need.
2. I have exhausted all other resources prior to requesting this unforeseeable emergency withdrawal. I previously have obtained all distributions and nontaxable loans from this Plan and all other plans maintained by my employer that are reasonably available to me (i.e., the loan(s) will not increase my level of need). A loan is considered "reasonably available" so long as it does not have the effect of increasing your need, such as:
 - Taking out a loan in order to purchase a principal residence that would disqualify you from obtaining other financing; or
 - The amount of the loan repayments would cause you to default on the loan.

3. I have exhausted all other resources prior to requesting this unforeseeable emergency withdrawal, including: The hardship cannot be relieved through liquidation of assets including assets of my spouse and minor, if any, that are reasonably available to me (or the liquidation would itself cause a severe financial hardship).
 - The hardship cannot be relieved by canceling my contributions to the Deferred Compensation Plan.
 - The hardship cannot be relieved by reimbursement or compensation by insurance or otherwise.
 - The hardship cannot be relieved by borrowing funds from commercial sources on reasonable commercial terms (or the borrowing would itself cause a severe financial hardship).
 - I applied for and have been denied a commercial loan to meet the financial need.
4. I understand that my ability to make any contributions to any qualified or non-qualified plan maintained by my employer, including a cash or deferred arrangement that is part of a cafeteria plan within the meaning of Section 125 (but excluding a health or welfare benefit plan) may be restricted under the terms of the Plan for at least 6 months after I receive the hardship withdrawal; and
5. Failure to produce the substantiating documentation will mean denial of my hardship request. (For a list of approved forms of documentation, please see the “Explanation of Hardship and Supporting Documentation for Unforeseeable Emergency Withdrawal” included with this application.)

SIGNATURE

I understand there may be a charge deducted from my account for each submission processed in the hardship review service, whether my request is approved or not. If all required items are not completed on this form along with proper supporting documentation, payment will be delayed. For more information about fees, visit the retirement web portal at www.RetireSmart.com. Select the Current Retirement Statement at the top of the Statements/Required Disclosures page. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

By signing this form, I further certify that:

- The information I have provided and the representations that have been made herein is accurate, to the best of my knowledge. I understand that providing false or misleading information on this form or for documentation may constitute fraud and be subject to severe penalties.
- I have read and understand the Explanation of Hardship and Supporting Documentation for Unforeseeable Emergency Withdrawal document, the definition of an eligible person and acknowledge that my election is irrevocable once processed.
- I have exhausted all other resources available to me prior to requesting this distribution. If the Plan(s) provide for participant loans, I have obtained all available loans under this Plan and any other plan of the employer I participate in to the extent that any additional plan loan would be counterproductive to the relief of the financial need. I have also obtained all currently available distribution amounts under this plan and any other plan of the employer that I participate in other than withdrawals due to financial hardship, and acknowledge that those amounts must be paid to me first.
- I have obtained, and will provide upon request by Empower Retirement, the documentation necessary to support my hardship withdrawal request, including a completed Waiver of Preretirement Survivor Annuity form if the Plan requires spousal consent and I am married.

Participant Signature

Date

GWFS Equities, Inc., is the distributor of the MassMutual insurance products sold on Empower’s platform. Empower Retirement refers to the products and services offered by GWLA and its subsidiaries. GWFS Equities is a subsidiary of GWLA and an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment advisers Advised Assets Group, LLC and Personal Capital. Empower is not affiliated with MassMutual or its affiliates.

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