

Hardship Distribution Request Form

for active employees who have a qualifying hardship event

TRUSTED
200
YEARS
THE HARTFORD



Use this form if you want to:

- request a distribution due to financial hardship

Do not use this form to:

- request any other distribution option that may be available to an active employee. See your Plan Administrator for details.

Please refer to your *Summary Plan Description* to determine what Hardship options (if any) are available under your Plan. Your Plan Administrator must determine whether or not you are entitled to a hardship distribution based on the terms of the Plan, and may require additional information from you in order to make this determination. Until such determination is made, and a signed form is provided to Hartford, no distribution can occur.

Note: If the plan requires spousal consent for a distribution, please contact your Plan Administrator who will provide you with additional paperwork.

Participants must submit this form to their Plan Administrator for authorization. The Hartford will not process this form until it is received by The Hartford in good order, and must, among other things, include the Plan Administrator's signature and sufficient information to enable The Hartford to process that requested transaction.

Questions?

Call
The Hartford's Customer
Service Center
1-800-854-0647

Fax
1-800-220-2913

Online
[thehartford.com/
retirementplans/access](http://thehartford.com/retirementplans/access)

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Section A - Plan Information (Plan Administrator completes)

Plan ID	Plan Name
Plan Contact	Daytime Phone Number

Section B - Participant Information (Participant completes)

SSN	Participant Name	Date of Birth	
* Legal Address			
City	State	Zip Code	Daytime Phone Number

*We will change your account information to reflect the Legal Address above and all future mailings will be sent to this address unless changed by you or your Plan Administrator as described under "Stale Address" in the Important Information section.

Section C - Vesting Verification (Plan Administrator or Third Party Administrator Completes)

Vesting: Employer Match		%	Vesting: Employer Profit Sharing		%	Vesting: Other (Specify)		%
Current Year Hours								

TPA or Authorized Plan Representative's Signature

Date

TPA or Authorized Representative's Name (please print)

Phone Number

E-Mail

Section D - Hardship Distribution Amount (Participant Completes)

I am requesting a Hardship Distribution in the amount of: \$ _____

Note: If the amount you request is greater than the amount available for hardship distribution on the date your request is processed, The Hartford will process for the maximum amount available to you under the terms of your Plan.

- Gross Up Distribution for Withholding:** (This option can only be selected if you have sufficient funds in your account that are available for hardship.) Check this box if you wish to increase the amount processed from your account for federal and, if applicable, state income tax withholding. For example: If you want gross up for federal withholding, for a \$9,000 net check amount, \$10,000.00 will be processed from your account. ($\$9,000 \div 90\% = \$10,000.00$; $\$10,000.00 \times 10\% = \$1,000.00$ federal income tax withholding. $\$10,000.00 - \$1,000.00 = \$9,000$ net check amount). A similar computation will occur for state income tax withholding, if applicable.)

Section E - Cash Payment Instructions (Participant completes)

Please send my Cash Payment by: (Select 1 or 2 below)

- 1. **Check:** (Select one below- checks will be sent via First Class mail) (Default if no election is made.)

- to the Legal Address in Section B above. (Default if no selection is made.)

- to the address below:

Mailing Address		
City	State	Zip Code

- 2. **Direct Deposit Into My Bank Account** (Select one below)

Please contact your financial institution for the appropriate information required below and to determine if they require any special deposit instructions.

Note: ACH and wire routing numbers may be different.

- ACH** - Payment will generally be deposited into your Bank account within 2-3 days after withdrawal from your Plan account. You may attach a voided check.

- Wire** - Payment will generally be deposited into your Bank account within 1 day after withdrawal from your Plan account; fees may apply.

Deposit into my: (select one) Checking Savings

Name of Financial Institution	Transit Routing Number (9 digits)
Account Name	Account Number

Section F - Source of Payment (Participant completes if applicable)

Payment Instructions for my Cash Distribution:

- Please process my distribution pro-rata across all of my current contribution types and investments. Your distribution will be taken from each contribution type and investment based on its proportion of your total vested account balance. (Default if no election is made.) For example, if an account balance of \$1,200 (\$600 pre-tax and \$600 match) was invested evenly among four funds (A, B, C and D) and a distribution of \$600 was requested, then \$150 (\$75 pre-tax and \$75 match) would come from each of funds A, B, C and D.

- Please process my withdrawal based on the selections below. Enter "ALL" to prorate across investments within the same contribution type.

Contribution Type	Investment Name	Amount
	Total	

Note: Total must equal the distribution amount requested in Section E.

Section G - Federal Income Tax Withholding (Participant completes)

This section applies to any distribution on account of hardship. (Please read **Federal and State Tax Withholding** in the **Important Information Section**.) This distribution is subject to voluntary federal income tax withholding. If you do not make an election below, 10% federal income taxes will be taken from the taxable portion of your distribution. If federal income taxes are not withheld, you are liable for payment of federal income tax on your distribution. Please note that you may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.)

- Do not withhold federal taxes.
- Withhold the mandatory 10%, plus an additional \$ _____ in federal income tax from the taxable amount of the distribution.

Section H - State Income Tax Withholding

Recipients who are residents of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, Virginia or any state for which mandatory state tax withholding applies will have state taxes withheld if federal taxes are withheld.

Section I - Participant Certification and Authorization

I hereby instruct the Plan to distribute my vested account balance in the manner indicated on this form and understand that my election is irrevocable once processed. I certify that all the information I provided in this form is true and accurate to the best of my knowledge and belief. I understand that providing false or misleading information on this form may constitute fraud and be subject to severe penalties. I acknowledge that:

- I have consulted with my Plan Administrator and am aware of any fees that may apply to this distribution. Please see the Important Information Section for more information about fees.
- I have received and read the *Summary Plan Description*, was able to ask and receive answers to my questions from the Plan Administrator and agree to be bound by the Plan's provisions.
- If any part of my hardship distribution contains salary deferrals (i.e., Pre-Tax or Roth) no employee contributions may be made by me to this or any other Plan of the employer for a period of 6 months, if my Plan requires.
- I have provided the Plan Administrator with the required documentation that evidences my financial need. If my Plan requires spousal consent for a distribution, I have provided the Plan Administrator with a properly executed spousal consent for distribution form and, if applicable, that I have received and read the *Qualified Joint and Survivor Annuity Notice and Waiver*.
- I have reviewed the state income tax withholding rules in Section K, as applicable to my state.
- I consent to an immediate distribution and affirmatively waive the minimum 30-day notice waiting period.

Note: If the check associated with this request is returned to The Hartford by the U.S. Postal Service as undeliverable, we are unlikely to resend it until you provide us with your updated address. Failure to provide us with your current and valid address may result in the check being considered abandoned property under the laws of the State where the check was mailed (unless preempted by ERISA).

Participant's Signature _____ Date _____

IMPORTANT - If participant's signature is not provided on this form, the Plan Administrator acknowledgement and initials below must be provided or this form will not be processed. By initialing this box, I certify as Plan Administrator that I have obtained the participant's consent and authorization for the distribution requested on this form on a separate document signed by the participant. I further certify that the participant has been advised of his or her rights under the Plan, any fees applicable to the distribution, and applicable law including, but not limited to, disclosures and notices described in this section. I agree that the Plan Administrator, and not The Hartford, is solely responsible for any consequences that result from this distribution.

Plan Administrator Initials _____

Section J - Plan Representative Certification and Authorization (required)

As Plan Administrator or an authorized representative of the Plan, I hereby direct The Hartford to distribute from the Plan as a withdrawal from the participant's vested account the amount necessary to pay the benefit in the manner indicated in this form in accordance with the terms of the Plan and participant election. I have verified the Participant Information, Distribution Reason and Vesting and certify that it is true and accurate to the best of my knowledge and that I have obtained any spousal consent for distribution forms (and, if applicable, provided the *Qualified Joint and Survivor Annuity Notice and Waiver* to the participant) that may be required by the Plan and/or ERISA and the Internal Revenue Code. I acknowledge that this form does not constitute a delegation by the Plan Administrator of, and the Plan Administrator has not otherwise delegated, its income tax withholding duties and liabilities under §3405 of the Internal Revenue Code of 1986, as amended, to the Recordkeeper and that the Recordkeeper is acting as independent contractor of the Plan Administrator or Service Provider in making payments in accordance with these instructions. I understand that I am responsible to ensure that voluntary withholding has been taken from the distribution based on current state law. The Plan Administrator acknowledges and agrees that this form reflects distributable events that may not be available under all plans. As a result, the Plan Administrator confirms that it has reviewed its plan document to confirm that the requested distribution is in fact permitted and assumes all responsibility for any consequences that result from such distribution, including any correction or disqualification that results from an impermissible distribution. I have reviewed the plan document and I, and not Hartford, have made the determination that the participant is eligible under the terms of the plan to receive this distribution. In the event that the distribution is at any time determined to have been impermissible under the terms of the plan and applicable qualified plan rules, I agree that The Hartford and its affiliates shall have no responsibility, financially or otherwise, for any associated correction, costs, taxes, fees, expenses, charges, fines, penalties, charges, excise taxes or any other related amount. I, as authorized Plan representative and fiduciary and not Hartford, made any and all fiduciary determinations with respect to this hardship withdrawal.

Reminder: If required, you must suspend elective contributions for this participant for a period of six months and continue to remit payments on any outstanding loan.

Please be sure the authorized signer for your plan is on record at The Hartford.

Authorized Plan Administrator's Signature

Date

Authorized Plan Administrator's Name (please print)

Completed and signed forms in "good order" may be Faxed to 800-220-2913; or mailed to (required if Signature Guarantee is affixed below):

Regular Mail Address:
The Hartford
P.O. Box 55274
Boston, MA 02205-5274

Overnight Mail Address:
The Hartford
31 St. James Avenue, Suite 600
Boston, MA 02116-4190

Note: Duplicate requests for distribution, such as a fax followed by a mailed original, may result in multiple distributions. The Hartford will not be responsible for any increase or decrease in account value based on investment performance or charges that arise from multiple submissions.

A Signature Guarantee is required in Section K if the redemption is larger than \$250,000. Please make sure the signature guarantee covers the amount of the distribution being requested.

Section K - Signature Guarantee for Plan Administrator

Signature(s) **must be guaranteed** by an eligible bank, broker, dealer, credit union, national securities exchange, registered securities association, clearing agency or savings association. The signature guarantee recorded on this form must be an original copy (faxed copies **will not** be accepted) and will otherwise be accepted in accordance with policies established by The Hartford and its affiliates from time to time.

Guarantor please note the proper form for execution is:

SIGNATURE GUARANTEED

Name of eligible Guarantor Institution

Signature of Authorized Person

AFFIX GUARANTEE HERE

Section L - Important Information

Hardship Distributions - Please refer to your Summary Plan Description for information regarding under what circumstances hardship withdrawals are permitted and for any restrictions on the amount available for distribution. Your Plan Administrator may require supporting documentation for the hardship reason and amount necessary to satisfy your hardship. If your hardship request is approved, the Plan may require that you be suspended from making contributions for a period of six months. However, if you have an outstanding loan, loan repayments will continue based on the amortization schedule.

Federal and State Tax Withholding - The distributions you receive from the plan are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or distribution that is included in your income subject to federal income tax. If you elect not to have withholding apply to your distribution, or if you do not have enough federal or state income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

The Hartford - "The Hartford" is Hartford Retirement Services, LLC and its affiliates.

Fees - The Hartford may charge a transaction processing fee in accordance with its Service Agreement with the Plan Sponsor in an amount up to \$40. Please contact The Hartford's Customer Service Center at 1-800-854-0647 for details of any such fee.

Stale Address - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our website at thehartford.com/retirement-plans/access and select the change address link under your personal settings.