



The Bank of New York Mellon Corporation 401(k) Savings Plan HARDSHIP WITHDRAWAL FORM

INSTRUCTIONS

Attached please find an application for a hardship withdrawal from The Bank of New York Mellon Corporation 401(k) Savings Plan (the "Plan").

- Review the application and review the Hardship Withdrawal Instructions.
- Sign and date the application form. Please include your phone number in the space provided.
- If your application is approved, Voya Financial will mail an IRS Form 1099R to you early next year.
- Mail your Hardship application and supporting documentation to the following address:

BY REGULAR MAIL:

Voya
The Bank of New York Mellon Corporation 401(k) Savings Plan
Plan Administration Unit
P.O. Box 24747
Jacksonville, FL 32241-4747

BY OVERNIGHT MAIL:

Voya
The Bank of New York Mellon Corporation 401(k) Savings Plan
8900 Prominence Parkway
Jacksonville, FL 32256-8264

Hardship withdrawal applicants must send supporting documentation such as an eviction notice, copies of medical bills with an explanation of benefits, college tuition bills, or executed contract of sale. Please see attached Hardship Withdrawal Instructions for more details.

Voya will process the transaction and send the check directly to you. If your request is not approved because of missing documentation or ineligible hardship reasons, you will be notified in writing. Your application will be denied if you have received all of the hardship distributions that you are eligible to receive during the same calendar year you are requesting the payment of this hardship.

Documentation must be complete and in good order to process your request. An incomplete application will cause a delay in receiving your check or a rejection of your application. Please see the next page for a guide to the documentation needed to complete your request.

PART 1 PARTICIPANT INFORMATION

Name _____
FIRST MIDDLE INITIAL LAST

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____ Birth Date _____

Daytime Phone () _____ Evening Phone () _____

(continued)

PART 2 HARDSHIP WITHDRAWAL ELECTION

The Plan allows hardships for immediate and heavy financial needs. The Plan follows the safe harbor regulations described below when determining qualification of need. *Please choose the one applicable to your circumstance:*

REASON	REQUIRED DOCUMENTATION	INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION
<input type="checkbox"/> Unreimbursed medical expenses for medical care described in IRC section 213(d) previously incurred or necessary to obtain medical care described in section 213(d) for: You, or Your spouse, or Your parent, or Your dependent or beneficiary ¹	<ul style="list-style-type: none"> Explanation of Benefits (EOB) - Must be dated with in past 2 years and reflect amount paid by the insurance company Corresponding bill from the provider 	<ul style="list-style-type: none"> EOB Be dated within last 2 years, and Reflect the amount paid by the insurance company, and Reflect the amount owed by the insured Corresponding bill <ul style="list-style-type: none"> Be dated within the past 90 days, and Indicate the amount still due by the insured
<input type="checkbox"/> Tuition, related educational fees, room and board for the next 12 months of post-secondary education for: You, or Your spouse, or Your parent, or Your dependent or beneficiary ¹	<ul style="list-style-type: none"> Itemized tuition bill, and/or room and board statement provided by the school 	<ul style="list-style-type: none"> Be dated within 4 months of the beginning of the quarter or semester.
<input type="checkbox"/> Purchase of your principal residence	<ul style="list-style-type: none"> Signed purchase contract, or Intent-to-purchase agreement, or If building, copy of builder's contract 	<ul style="list-style-type: none"> Be dated within last 30 days, and Reflect your name as the buyer, and Reflect the address of the residence being purchased, and Reflect the purchase price, and Reflect a closing date no later than 6 months in the future, and Reflect signatures of both buyer and seller
<input type="checkbox"/> Repair of principal residence. Expenses for repair of damage to your principal residence that qualifies for the casualty deduction under section 165 of the Internal Revenue Service Code.	<ul style="list-style-type: none"> Billing statement Documentation from a licensed contractor containing a description of damage with estimated cost of repairs. 	<ul style="list-style-type: none"> Be dated within last 4 months, and Reflect the amount necessary to repair principal residence
<input type="checkbox"/> Prevention of mortgage foreclosure or eviction from your principal residence	<ul style="list-style-type: none"> Bank/mortgage statement, or Letter from bank/mortgage company, or Letter from landlord, or Copy of the court document substantiating the eviction or foreclosure legal proceedings 	<ul style="list-style-type: none"> Be dated within last 4 months, and Reflect the amount necessary to prevent foreclosure or eviction, and If statement or letter, must threaten eviction or foreclosure and Document must contain eviction/foreclosure date. This date must be in the future.
<input type="checkbox"/> Funeral/Burial expenses for: You, or Your spouse, or Your parent, or Your dependent or beneficiary ¹	<ul style="list-style-type: none"> Funeral/burial billing statement 	<ul style="list-style-type: none"> Reflect name of deceased, and Reflect date of services provided within the past 90 days, and Reflect your name as the individual billed; and Include itemized funeral/burial expenses

If you selected an immediate and heavy financial need for your dependent or your beneficiary:

¹ A dependent is anyone who meets the definition of a Qualifying Child or Qualifying Relative as described in Section 152 of the Internal Revenue Code, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof. Your beneficiary is your Spouse, Domestic Partner (as defined under the Plan) or the other individual who is named as your primary beneficiary under the Plan.

I hereby certify that the person(s) I am requesting funding for would be considered as a dependent or beneficiary as stated above. If not, I understand this Hardship withdrawal request does meet the criteria and that I am not entitled to this distribution.

In addition:

- The distribution cannot exceed the amount of your immediate and heavy financial need. The amount of your immediate and heavy financial need may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution.
- You may receive no more than one hardship withdrawal derived from your Roth 401(k) contributions and one hardship withdrawal based on your non-Roth 401(k) contributions in any calendar year (total two hardship withdrawals in any calendar year).
- You must have exhausted all other loan and withdrawal options available to you under the Plan.
- In order to receive a hardship distribution, your dividend option on the Company Stock Fund must be set up as a direct payment. As a result, if your hardship is approved and you are not currently set up to receive your Company Stock dividend in cash, this election will automatically be set up on your account.
- Hardship distributions are includible in gross income unless they consist entirely of designated Roth 401(k) contributions.

If you complete and return this form, you are certifying that you acknowledge and meet the Plan requirements.

Withdrawal Amount Requested

You may request the hardship distribution to be taken from your Pre-tax and Roth 401(k) contribution types.

I do not elect to receive a hardship withdrawal from my Roth 401(k) contributions.

OR

I elect to receive a hardship withdrawal from my Roth 401(k) contributions. I understand that my financial need will be satisfied by first liquidating my Pre-tax contributions and then my Roth 401(k) contributions.

I elect to receive a hardship withdrawal from my Roth 401(k) contributions. I understand that my financial need will be satisfied by first liquidating my Roth 401(k) contributions and then my Pre-tax contributions.

Amount of Withdrawal: \$ _____

Note: If your available hardship withdrawal amount based on your current account balance attributable to Pre-tax and/or Roth 401(k) contributions is less than the financial need specified above, the hardship will be processed up to the amount available.

Federal and State Withholding Election (*Please check only one*)

I elect 10% federal income tax withholding and any applicable state tax withholding. (or)

I elect to have no federal income tax or applicable state tax withheld. (or)

I elect _____% federal income tax withheld and _____% state tax withholding (if applicable). (or)

I elect \$_____ federal income tax withholding and \$_____ state tax withholding (if applicable).

If no election is indicated above, 10% federal income tax and applicable state tax will be withheld.

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

Note: Notwithstanding the above election, state income tax will be withheld if required.

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Distribution “Gross-Up” Option

- I elect to have my distribution grossed-up to reflect the federal and state income tax requested. I understand this amount will be automatically deducted from the taxable portion of this distribution.

Note: Failure to make an election will result in waiving the gross-up option.

Expedited Delivery

- I elect expedited delivery for a fee of \$20.00.

PART 3 PARTICIPANT AUTHORIZATION

I certify that I have read and understand the contents of this form. Furthermore, I certify, under penalty of perjury, that to the best of my knowledge and belief the information contained on or submitted with this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete. I certify that I have exhausted all other means available and meet the Plan requirements. I also certify I have received and read the Special Tax Information Notice within the last 90 days and waive my right to wait 30 days prior to requesting this withdrawal. I authorize a distribution from my Plan account as a hardship withdrawal in accordance with the elections I have indicated above.

Participant Signature _____ Date: ____/____/____

If you have any questions, please call The Bank of New York Mellon Corporation 401(k) Savings Plan Information Line directly at 1-877-269-8758 or 1-800-947-4748, option 1, sub-option 3, or to obtain additional plan or account information, please access your account at www.bnymellon401k.com. Customer Service Representatives are available Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (exclusive of stock market holidays).