



Hardship Withdrawal Request Form

TEAMSTER-UPS NATIONAL 401K TAX DEFERRED SAVINGS PLAN

Instructions

1. Complete all sections in this form.
2. Sign the page titled "**Certification of Financial Hardship and Authorization**".
3. Obtain and submit all required documentation that pertains to the reason for your request.

Note: The documents you need to attach to your Hardship Withdrawal Request Form to substantiate the nature of your hardship request are detailed on the **Hardship Withdrawal Request Required Documentation Instructions** (located at the end of this document).

Important: Requests received with documentation that is incomplete or does not meet the requirements described will not be processed until they are in good order, which could cause a substantial delay in receiving your funds.

It is your responsibility to obtain and verify the documents you submit meet the stated requirements.
4. Please be sure to update your 'Notification Preference' in the **About You** section, to be notified of the status of your request (if applicable).
5. Mail or fax all forms and documentation, including the **About You** page, to:

Prudential Retirement

Teamsters-UPS National 401(k) Tax Deferred Savings Plan
PO Box 5640
Scranton, PA 18505

OR

Fax it to **1-866-439-8602**

Approval/ Denial of Hardship Request

Upon receipt of your hardship request, all documents will be reviewed by Prudential.

- If your paperwork is not in good order, the hardship distribution request will be denied. We will notify you of our findings. Please note that the documents submitted will not be returned to you, therefore, please make copies for your records.
- If it is determined that you qualify for a hardship based on current Internal Revenue Code regulations and Plan provisions, Prudential will process your request.
 - All hardship distributions are reported to the Internal Revenue Service on Form 1099-R.
 - In the event of an audit, you must retain documentation to support your claim of financial hardship and to demonstrate compliance. Tax or legal counsel should be consulted regarding the permissibility of any distribution.

To understand your withdrawal process, refer to the page titled "**Important Notice to Participants Taking a Hardship Withdrawal.**" In taking this withdrawal, it is extremely important that you review this in order to complete this form appropriately and expedite your request.

Customer Service representatives are available to help you complete the forms, or answer general questions you may have about your distribution or about your Plan. Call **1-800-537-0189** for assistance.

Personal assistance with a Customer Service representative is available Monday through Friday, 8 a.m. to 9 p.m. Eastern Time, except on holidays.

Our representatives look forward to providing you with information in English, Spanish, or many other languages through an interpreter service.

Account information is available for the hearing impaired by calling us at **1-877-760-5166**. On the website, you are able to review your account information. You may access information on your account at **www.teamsterups401kplan.com** which is generally available 24/7.



Hardship Withdrawal Request Form

TEAMSTER-UPS NATIONAL 401K TAX DEFERRED SAVINGS PLAN

About You

Plan number Sub Plan number Teamster-UPS National 401k

Social Security number - -

First name MI Last name

Address

City State ZIP code -

Date of birth - - Gender M F Fax Number - -
month day year area code

Preferred Email address (how Prudential Retirement will contact you, if needed)

Daytime telephone number - - Mobile telephone number - -
area code area code

Notification Preference (how you prefer Prudential to contact you for this request, choose one): ___ Email ___SMS Text
 Please note: If neither email or text are selected (or both), we will default to email if provided.

Please review all the enclosed information before proceeding.

Reason for Hardship Withdrawal

(Check all that apply)

I hereby request a Hardship Withdrawal for the following reason(s). I agree to provide the applicable documentation as described in the **Hardship Withdrawal Request Required Documentation Instructions**.

Please refer to **Important Notice to Participants Taking a Hardship Withdrawal for a definition of dependent in IRC Section 152

- Medical/Dental expenses incurred by me, my spouse, or any of my dependents.
- Purchase (excluding mortgage payments) of my principal residence.
- Payment of tuition for the next 12 months of post-secondary education for me, my spouse, or any of my children or dependents. You are certifying the schools' accreditation by submitting this request.
- Payments needed to prevent eviction or imminent foreclosure from my principal residence.
- Payment of burial or funeral expenses for my deceased parent, spouse, child or dependent.
- Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction.
- Expenses and losses as a result of a federally declared disaster as allowed by your plan.

Important: Documentation requirements for your Hardship withdrawal are located in the **Hardship Withdrawal Request Required Documentation Instructions** at the end of this document. The documents listed must be included with your request.

Withdrawal Request Amount

(You will only be approved for up to the documented financial need)

The disbursement amount will be taken from your account according to the hierarchy determined by your Plan/Program. If the amount requested exceeds your maximum hardship withdrawal amount, you will be paid the maximum amount available.

Amount: \$ _____ (A SPECIFIC AMOUNT IS REQUIRED)

If you would like your hardship withdrawal to include additional amounts necessary to pay anticipated taxes, penalties and applicable fees (this is called a gross-up), check the following box:

I would like to gross-up my hardship withdrawal

By checking this box, I would like to increase the withdrawal amount to cover any federal and state income taxes, penalties & applicable fees that may be reasonably anticipated as a result of this withdrawal.

- Your election for Federal & State Income Tax in the following tax sections will be used as the amount of reasonably anticipated taxes in the gross-up calculation
- If applicable, the 10% penalty amount will be added to your withdrawal
- The total maximum allowed to gross-up for federal and state tax is 35%. If you elect more than 35%, we will:
 - Gross-up your withdrawal using a default of 35% for federal and state taxes
 - Withhold the Federal & State Income Tax amount(s) you elect in the following tax sections (even if greater than 35%)

I certify that I have obtained all funds currently available to me from this and any other plan of the Employer. If I have not taken all available in-service withdrawals, Prudential will automatically pay those dollars to me if my plan requires.

- The in-service portion that is automatically paid will be deducted from the amount requested above
- The in-service withdrawal is subject to 20% federal tax withholding, and any applicable state tax and fees, if applicable
- The in-service withdrawal is eligible for rollover

Election for Withholding of Federal Income Tax

Federal tax laws require us to withhold income taxes from the taxable portion of a qualified retirement plan distribution. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. Hardship disbursements are subject to 10% federal income tax withholding, unless you elect otherwise. You can elect to have no federal income taxes withheld by checking the box below. **If you elect out of withholding, you are still responsible for payment of any taxes due, and you may incur penalties if your withholding and/or estimated tax payments are not sufficient.** If you do not check one of the options below, 10% federal income tax withholding will be automatically deducted from your payment.

1. I elect **to have** federal income tax withheld at 10% from the taxable amount of my distribution.
2. I elect **not** to have federal income tax withheld from my distribution.
3. I elect **to have** federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount. The federal withholding calculated from your election below must be at least 10% of the taxable amount of my distribution amount.

_____ % or \$ _____ .00

It is our understanding a hardship disbursement is not eligible to be rolled over. All or part of the taxable portion of your hardship disbursement may be subject to an *additional* 10% federal income tax **penalty** on early distributions, unless you qualify for an exception. Since neither Prudential Retirement nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of your Plan, you are urged to consult your own personal legal, tax and/or financial advisor with any questions on allowances, deductions, or tax credits that may apply to your particular situation before you take any action.

Fees

- The processing fee is \$10.00 and will be automatically charged to your account. The processing fee is non-refundable and will be deducted from your account even if your distribution is not processed. Please note: A separate form will be required for each reason. If you submit more than one request for additional hardship reasons, you will be charged a fee for each request.

**Election for
Withholding
of State
Income
Taxes**

*(For Single
Sum
Payments
and Rollovers
of non-Roth
money to a
Roth IRA)*

A. Mandatory State Withholding: If you reside in a state where state income tax withholding is mandatory **AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), CT, ME, MI (see below), NC, NE, OK*, OR*, VA or VT*** applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

If you are a resident of **IA**, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, **IA** income taxes are required to be deducted for the amount over \$6,000.

- My resident state is **AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only)** and I do not want state income tax withholding deducted from my distribution. (An election out of **AR, DE, KS, ME, NC, or VA** state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) **Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.**
- *My resident state is one of the following: **CA, OK, OR, **VT** and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. **An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.
- My resident state is **CT** and Prudential will withhold 6.99% on your taxable distribution. Please note that if you are not requesting a distribution of your entire account balance and if Form CT-W4P, *Withholding Certificate for Pension or Annuity Payments*, applies to you, please return Form CT-W4P as part of this distribution form. Form CT-W4P is available on the Department of Revenue Services (DRS) website, at www.ct.gov/DRS.

My resident state is **MI** and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

- My resident state is **MI** and I would like to opt out of **MI** withholding. Note: Opting out may result in a balance due on your **MI 1040** as well as penalty and/or interest.
- My resident state is **MI** and if my payments are taxable, I wish to have **MI** state withholding based on the number of exceptions selected. I have entered the number of exemptions below.

_____ Enter the number of personal exemptions allowed on your Michigan Income Tax Return (MI-1040). The total number of exemptions you claim may not exceed the number of exemptions you are entitled to claim when you file your **MI-1040**. Withholding will be computed at the percentage determined by the state after subtracting your personal exemption allowances.

- My resident state is **MI** and I am requesting _____% additional **MI** state tax withheld from my payment. This amount must be a whole percentage.

B. Voluntary State Withholding: Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.

- I reside in one of the following voluntary withholding states: **AL, CO, DC (voluntary for partial and systematic distributions), GA, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS (voluntary except for early distributions), MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only)** and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)
_____ % or \$ _____

- I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

C. No State Withholding: Some states do not have state income tax withholding.

- My resident state is one of the following: **AK, FL, HI, NV, NH, SD, TN, TX, WA, WY** and there is no state income tax withholding.
- My resident state is **AZ** and there is no state income tax withholding on non-periodic (single sum) payments.

**Certification
of Financial
Hardship and
Authorization**

I certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge. I authorize representatives of my plan to verify any or all of the information submitted. I acknowledge and agree that any false or misleading information submitted on this form or any attached form may subject me to personal liability. Furthermore, my employer may exercise its rights against me if damaged by false or misleading information I submit, i.e. termination or suspension. I also certify that I am eligible for distribution of funds from the Plan. I am aware this distribution will increase my taxable income for the year. I further certify that this withdrawal is necessary to satisfy the hardship described, that the amount requested is not in excess of the amount necessary to relieve the financial need, and that I have insufficient cash or other liquid assets to satisfy the need. I have read the entire Hardship Withdrawal Request Form and application.

As a Participant of the above-named plan, I hereby request a distribution in the form indicated above, subject to the terms of my plan. I hereby certify and represent that:

I have obtained all currently available distribution amounts under this and any other plan of the Employer, including all in-service withdrawals from rollover and/or after tax employee contributions, and ESOP dividends (if applicable and in accordance with the Plan document). If there are additional amounts available for withdrawal under this plan other than withdrawals due to financial hardship, I acknowledge that those amounts must be paid to me first. I have read the attached **Special Tax Notice Regarding Plan Payments** and I understand the tax implications regarding this disbursement.

I certify that I have reviewed all the information contained in the Attachment to the Hardship Withdrawal Request and believe, in good faith, that I qualify for this hardship withdrawal. I further certify that I have insufficient cash or other liquid assets to satisfy the need.

I have included in this submission the requested documentation that evidences my financial need.

By signing the **Consent** section of this form, I am certifying that this request is for me or a qualified dependent as defined on the following page titled "**Important Notice to Participants Taking a Hardship Withdrawal.**"

I understand that my request for a hardship withdrawal from the Plan may generally not be revoked once processed.

Generally, forms expire after 90 days. I understand that I may be required to complete a new form if all required information and documentation is not received before the expiration date.

Privacy Act Notice:

If your employer engages the services of Prudential Retirement to qualify hardships on their behalf, this information is to be used by Prudential Retirement in determining whether you qualify for a financial hardship under your retirement Plan. It will not be disclosed outside Prudential Retirement except as required by your Plan and permitted by law for regulatory audits. You do not have to provide this information, but if you do not, your application for a hardship may be delayed or rejected.

Consent:

By signing below, I consent to allow Prudential Retirement to request and obtain information for the purposes of verifying my eligibility for a financial hardship under this Plan.

The plan will assess a 2 percent short-term trading fee for money transferred out of the International Index Fund and/or paid as a distribution within 30 days of the investment in the Fund.

X _____ Date _____
Participant's signature (REQUIRED)

**Important
Notice to
Participants
Taking a
Hardship
Withdrawal**

Hardship Withdrawals and other Plan Withdrawal Options

If your plan allows for other in-service withdrawals (e.g. age 59 1/2, after-tax withdrawal, rollover withdrawals, etc.), these must be used before a hardship withdrawal can be made. Hardship withdrawals on your pre-tax account are generally limited to your pre-tax contributions only. You may not request a withdrawal amount in excess of the need detailed in your hardship documentation enclosed. Hardship disbursements may not include earnings on post December 31, 1988 elective deferrals.

Brokerage Accounts

If you have any of your account balance invested in brokerage accounts, then you are responsible for transferring the proceeds of funds from your brokerage account to your Prudential participant account before you request a distribution. Prudential Retirement will not automatically perform the transfer.

Federal and State Tax Withholding

The withdrawals you receive from your 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 withdrawal that is included in your income subject to Federal Income Tax. If you elect not to have withholding apply to your withdrawal, or if you do not have enough Federal Income Tax withheld from your withdrawal, 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.

Note that a voluntary withholding election cannot be made involving accounts for which a name and/or taxpayer identification number (TIN) is incorrect or missing. See IRS Publication 1586 for information about mandatory withholding when a participant's (or beneficiary's) TIN is missing or incorrect.

For specific state tax withholding information, refer to the section of the form titled "**Election for Withholding of State Income Taxes.**"

Dependent

The definition of "dependent" is important in the application of the "deemed hardship" withdrawal standards that pertain to plans/programs. Unless a specific exception applies, a dependent must either be a "qualifying child" or a "qualifying relative". These terms are defined as follows:

Qualifying Child

A qualifying child is a child or descendant of a child of the taxpayer. A child is a son, daughter, stepson, stepdaughter, adopted child or eligible foster child of the taxpayer. A qualifying child also includes a brother, sister, stepbrother or stepsister of the taxpayer or a descendant of any such relative. In addition, the individual must have the same primary place of abode as the participant for more than half of the taxable year, the individual must not have provided over half of his own support for the calendar year, and the individual must not have attained age 19 by the end of the calendar year. An individual who has attained age 19 but is a student who will not be 24 as of the end of the calendar year and otherwise meets the requirements above is also considered a qualifying child. Special rules apply to situations such as divorced parents, disabled individuals, citizens or nationals of other countries, etc. Please see your tax advisor for further details regarding special situations.

Qualifying Relative

A qualifying relative is an individual who is not the participant's "qualifying child", but is the participant's: child, descendant of a child, brother, sister, stepbrother, stepsister, father, mother, ancestor of the father or mother, stepfather, stepmother, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law. An individual who is not the participant's spouse but who shares the same primary place of abode and is a member of the participant's household may also be considered a qualifying relative. Regardless of the participant's relationship to the individual, the participant must provide over half of the individual's support for the calendar year for that individual to be considered the participant's qualifying relative. There are special rules for situations such as multiple support agreements, divorced or legally separated parents, custodial and non-custodial parents, etc. Please see your tax advisor for further details regarding special situations.

HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS MEDICAL AND DENTAL EXPENSES

DEFINITION

Expenses for (or necessary to obtain) medical and dental care- would be deductible under IRC section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income).

- I am requesting this amount due to my (please check one, complete as necessary):
- Own medical/dental expenses
 - Spouse's medical/dental expenses
 - Dependent's medical/dental expenses
 - Child's medical/dental expenses

Documentation Requirements		
You must submit copies of ALL documentation requirements below or your request will not be approved		
<p>Medical / Dental Expenses:</p> <p><input type="checkbox"/> Copy of unpaid medical/dental bill that includes ALL of the following:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Name of the medical/dental provider • Patient name • Date(s) of service • Total charges • Total amount due after insurance is applied <p><input type="checkbox"/> Proof of insurance by one of the following:</p> <ul style="list-style-type: none"> • Insurance information listed on the itemized medical/dental bill • Explanation of Benefits (EOB) • If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons <p>Note:</p> <ul style="list-style-type: none"> ➤ An Explanation of Benefits (EOB) is not considered a bill ➤ A "balance forward" does not qualify without an itemization of charges 	<p>Collection Bill / Court Order:</p> <p><input type="checkbox"/> Copy of the unpaid collection bill/ court order that includes the following:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Medical/dental provider's name • Total amount due <p><input type="checkbox"/> Itemized bill from the medical/dental provider that includes the following:</p> <ul style="list-style-type: none"> • Patient name • Date(s) of service • Total charges <p><input type="checkbox"/> Proof of insurance by one of the following:</p> <ul style="list-style-type: none"> • Insurance information listed on the itemized medical/dental bill • Explanation of Benefits (EOB) • If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons <p>Note:</p> <ul style="list-style-type: none"> ➤ Must be able to match the itemized bill with the collection bill/court order 	<p>Future Treatment Plan:</p> <p><input type="checkbox"/> Copy of a treatment plan on the medical/dental provider's letterhead that includes ALL of the following:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Name of the medical/dental provider • Patient name • Total amount of the procedure • Estimated amount insurance will cover • Amount due by patient after insurance portion is paid • A statement specifying "<u>the payment is due at time of service</u>" • Signature and title from a medical/dental provider representative
<p>Long Term Care Services: Services which include necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services & maintenance of personal care services. To qualify, these services must be required by a chronically ill individual & provided under a plan prescribed by a licensed health care practitioner.</p> <p><input type="checkbox"/> Copy of the unpaid bill on the medical provider's letterhead that must include:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Patient name • Total amount due after insurance is applied • By submission of these documents I am certifying that these long term care services qualify under IRC section 7702(B)(b) <p><input type="checkbox"/> Copy of the contract referring to long term care services</p>	<p>Insurance Premiums for Medical Expenses or Premiums for Long Term Care Services:</p> <p><input type="checkbox"/> Copy of the unpaid bill for premiums on the insurance company's letterhead, that must include:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Your name listed as the policy holder • Premium amount (Ex: monthly, quarterly, etc.) • The period the premium will cover • Total amount due now • By submission of these documents I am certifying that these insurance premiums qualify under IRC section 213(d)(1)(D) <p><input type="checkbox"/> Documentation from the insurance company identifying the individuals covered. (Ex: Policy coverage sheet, health card, etc.)</p>	

Proof of Hardship: Medical or Dental (example)

Emergency Physicians 123 Hospital Lane Medicine, OH 32145 ADDRESS SERVICE REQUEST TO		Provide the name of the patient PATIENT NAME John Doe	ACCT # E54 1234	
Provider Information		STATEMENT DATE 03/02/16		
ADDRESS John Doe 456 Circle Lane Medicine, OH 32145		PAY THIS AMOUNT 20.99	PAST DUE DATE 03/20/16	
ADDRESS Emergency Physicians 123 Hospital Lane Medicine, OH 32145		Current dated (within 60 days)		
<input type="checkbox"/> Please <input checked="" type="checkbox"/> if address or insurance information has changed. Make changes on reverse side.				
PLEASE MAKE A COPY OF THIS ENTIRE PAGE, IF NEEDED FOR INSURANCE THERE IS A \$10.00 SERVICE CHARGE FOR ALL RETURNED CHECKS IF SERVICES WERE RENDERED AT THE HOSPITAL, THIS BILL IS SEPARATE FROM YOUR HOSPITAL BILL.				
BILLING OFFICE HOURS: 8AM to 5PM TAX ID# ▶ 12-4565218600 Attending Physician ▶ Bentley, Earl M. Account Number ▶ E54 1234 Patient Name ▶ John Doe		Phone ▶ 800-311-6655 Para Espanol ▶ 800-611-6655 Referring Doctor ▶ Bentley, Earl M. Service Provider ▶ AD REGIONAL MEDICAL CT Statement Date ▶ 03/02/09		
DATE	POS	DIAGNOSIS	DESCRIPTION OF SERVICES	AMOUNT
01/09/16	23		99284 LEVEL 4 EMERGENCY, PHYS	306.00
01/09/16	23		94718/26 PULSE OXIMETRY/SINGLE	24.00
01/09/16	23		99533 SERVICES 10:00 PM AND 8:00 AM	27.00
02/13/16			971 CONTRACTED ZNS CARRIER PP	189.92-
02/13/16			871 PPO/HMO CONTRACTED ZNS A	147.99-
02/13/16			9991 01/09/09 - BLUE CROSS	
Date(s) of service		Itemization of charges, insurance and payments		
YOUR INSURANCE HAS PAID THEIR PORTION OF THE ABOVE CHARGES. THE BALANCE DUE IS YOUR RESPONSIBILITY. THANK YOU. SI SEGURO MEDICO HA PAGADO SU PORCION. EL SALDO RESTANTE ES SU RESPONSABILIDAD. GRACIAS.				
EMPLOYER	PRIMARY INSURANCE BLUE CROSS	INJURY DATE	ADMISSION DATE	DISCHARGE DATE
				BALANCE DUE 20.99
				Unpaid balance due
POS (Place of Service Codes) 1 - Inpatient Hospital 2 - Outpatient Hospital 3 - Doctors Office 4 - Emergency Room				

**HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
PURCHASE OF A PRINCIPAL RESIDENCE**

DEFINITION:

Expenses directly related to the purchase of a principal residence for the employee, excluding mortgage payments.

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

Purchase of Principal Residence or Construction of Principal Residence (if you are using a general contractor):

- Complete copy of the purchase contract to build or purchase your principal residence, including addendums. This documentation must include **ALL** of the following:
- Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Complete street address of the property being purchased or built
 - Total purchase price (must match purchase price on the mortgage loan, if applicable)
 - Signature from **both** the buyer and the seller
 - Future closing/settlement date (not to exceed 6 months from the request date for a purchase or 1 year for construction)
 - Must specify whether the purchase is:
 - A cash sale, or
 - Not contingent upon financing, or
 - Contingent upon financing (if contingent upon financing, see letters a & b below)

Note: The purchase of land does not qualify unless building a home or moving a mobile home on to the property at the time of purchase

- If you are obtaining a loan to purchase your home, you MUST provide documentation from your lender verifying the funds needed to close.**

- a) We can accept **ONE** of the following documents from your lender:
- Typed (URLA) Uniform Residential Loan Application, including your dated signature under the "Acknowledgment and Agreement" section.
 - Closing Disclosure, including your dated signature.
 - **Both** the Loan Estimate **AND** the completed "Acknowledgment of Intent to Proceed," including your dated signature on both documents.
 - Letter from your lender on their letterhead. The letter must be signed, titled & dated by a representative at the lender's office.
- b) The above document must be dated within the last 60 days and list **ALL** of the following:
- Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Property address (must match the purchase contract)
 - Purchase price (must match the purchase contract)
 - The estimated funds needed to close or the cash from borrower

Construction of a Principal Residence (if you are the general contractor):

- Verification you already own the land on which the home is being built. We can accept:
- Copy of the deed listing the physical property address
 - Copy of the complete purchase agreement indicating you are going to purchase the land
- Signed estimates from the vendor(s)
- If you are using sub-contractors for any of the construction, we will require signed estimates on the sub-contractor's letterhead, dated within 60 days
- Building permits on business letterhead for the company and/or township
- Detailed specifications of the proposed dwelling (blueprint) if you have obtained one
- A signed letter from you stating your intent to construct. The letter must include **ALL** of the following:
- Total construction price that includes an itemization of the materials needed
 - Address where the home is being constructed
 - Closing date or settlement of completion date (must be within one year of your request)
 - Must specify whether the construction is:
 - A cash sale, or
 - Not contingent upon financing, or
 - Contingent upon financing (if contingent upon financing, see letters a & b in the section above)

Proof of Hardship:

Purchase of Your Principal Residence (example)

(excluding mortgage payments)

REAL ESTATE PURCHASE AGREEMENT

This real estate Purchase Agreement made and entered into this _____ day of _____, 2016, by and between Joseph Smith and Jane Smith, hereinafter referred to as SELLERS, and John Young hereinafter referred to as BUYER;

WITNESSETH

That for and in consideration of the mutual promises and agreements herein contained SELLER does hereby covenant and agree to sell unto to BUYER, and BUYER does hereby covenant and agree to purchase of and from SELLER, the following described real estate in Warrick County, State of Indiana, to-wit:

Property Address: 1234 This Way Street Boonville, IN 47601

upon the following terms and conditions: **Address of Property**

PURCHASE PRICE. The purchase price for said real estate is Thirty Thousand Dollars (\$30,000.00), of which amount the sum of \$ _____ is paid with the execution of this agreement, receipt of which is acknowledged by SELLER, the balance of which in the amount of \$ _____ the BUYER promises and agrees to pay at the time of closing

Price of Property

FINANCE TERMS.

- ALL CASH OFFER: No loan is needed to purchase the Property. This offer is NOT contingent on Buyer obtaining a loan.
- LOAN(S): This loan will be conventional financing or FHA, VA, Seller financing (C.A.R. Form SFA), Assuming financing (C.A.R. Form AFA), Other

Proof of financing (If the purchase is contingent upon financing, you must submit documentation to verify the required funds. Refer to attachment page for acceptable documents.)

POSSESSION: SELLER shall surrender complete possession of the above described real estate to BUYER on delivery of warranty deed at the date of closing. Until such closing SELLER shall maintain said real estate in the same condition as it presently exists.

CLOSING. SELLER shall execute and deliver unto BUYER a warranty deed conveying good and marketable fee simple title to said real estate, free and clear of all liens and encumbrances on or before _____

Future Closing Date

TAXES: BUYER shall pay the real estate taxes upon the above described realty beginning with the _____ installment of the _____ taxes due and payable in _____.

IN WITNESS WHEREOF, Joseph Smith and Jane Smith

Joseph Smith, Jane Smith, and John Young hereto have set their hands on this _____ day of June, 2016.

John Young
BUYER

Signature of Buyer(s)

Joseph Smith/Jane Smith
SELLERS

Signature of Seller(s)

HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS PAYMENT OF TUITION AND RELATED FEES

DEFINITION

Payment of tuition, related educational fees, and room/ board expenses, for up to the next 12 months of post-secondary education.

The school must be **accredited** based on the U.S. Department of Education website (<http://ope.ed.gov/accreditation/>). You are certifying the school's accreditation by submitting this request.

- I am requesting this amount due to my (please check one, complete as necessary):
- Own education expenses
 - Spouse's educational expenses
 - Child's educational expenses
 - Dependent's educational expenses

Documentation Requirements

You must submit copies of ALL the documentation below or your request will not be approved

If an online screen print is provided for your education expenses, the web page address must be visible on the page for the information to be considered valid.

Tuition Expenses:

Current tuition expenses that are due now, for up to the next 12 months of post-secondary education.

- Copy of the **unpaid** tuition bill or signed letter from the school (on school's letterhead), that includes **ALL** of the following:
- Statement date within the last 60 days
 - Name of the school
 - Student's name
 - Term for which the expenses are incurred (i.e. Spring 2016)
 - Including a term start **AND** end date (end date must be a future date)
 - Breakdown of the tuition charges
 - Total amount due **now** (If bill contains financial aid/student loans, you must show the total due after aid is applied)

Note:

- Invoice cannot be for "**estimated**" costs.
- Expenses for **prior** terms/semesters are not an eligible hardship reason.
- Cost of Attendance and Financial Aid Award Letters are not considered an invoice.
- School loan repayments are not considered educational expenses.

Housing Fees: Off Campus Housing

- Proof of attendance at a post-secondary school verifying the term/semester the student is enrolled in
- Copy of the complete lease agreement that includes **ALL** of the following:
- Name of the housing provider
 - Student's name as a tenant
 - Total amount due / monthly rate of rent
 - Term of the lease (start & end dates)
 - Signature from both parties (lessee & lessor)

Note:

- We will only approve for the months the student is enrolled in classes for all housing fees.
- If multiple tenants are listed, the total rent will be divided equally amongst tenants.

Housing Fees (Dormitory) & Meal Expenses:

- These expenses must be listed on a current dated **unpaid** tuition bill, or a document from the school (on their letterhead), that includes **ALL** of the information listed above.

Proof of Hardship:

Payment of Tuition and Related Fees (example)



Provide invoice on facility letterhead (or school's website)

June 12, 2016

Current dated (within 60 days)

Jane Doe
321 College Drive
Smartville IL 45612

Provide the name of the student

Statement of Account for School Year 2016/17

Fall Semester Start Date: Spring '16 (current or Future Start Date)

Provide the term for which the expenses are incurred, including the start and end dates of the term.

Charges:	
Tuition	\$12,100.00
Room	\$4,085.00
Meals	\$2,800.00
Winter Term Meals	\$290.00
Activity Fee	\$175.00
Computer Connection Fee	\$75.00
Total Charges	\$19,525.00

Provide itemized charges

Credits:	
Resident Assistant	(\$7,175.00)
Achievement Award	(\$6,000.00)
FC Grant	(\$2,000.00)
Unsub Stafford Loan	(\$7,500.00)
Unsub Stafford Fees	\$150.00
Total Credits:	(\$22,525.00)

Provide any credits that are applied toward tuition and related fees

Balance Due for 2016/17 school year **\$8,000.00**

Provide the total amount due

101 Beginning Blvd Education IL 76543
800-111-2222

HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS PAYMENTS TO PREVENT EVICTION OR FORECLOSURE

DEFINITION

Expenses necessary to prevent the eviction of the employee or imminent foreclosure on the mortgage from the employee's principal residence.

Documentation Requirements	
You must submit copies of ALL documentation requirements below or your request will not be approved	
<p>Imminent Foreclosure- Mortgage loan, home equity loan, homeowner's association fees or maintenance fees:</p> <p><input type="checkbox"/> Copy of the foreclosure notice on financial institution's letterhead or a Court Order that must include ALL of the following:</p> <ul style="list-style-type: none"> • Foreclosure notice/Court Order dated within the last 60 days • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Statement that you are in a foreclosure proceeding or judgment • Property address (if address on documentation does not match address on file with Prudential, see info below) ** • Total amount due to prevent foreclosure (specific months for which the payment is due may be required) • Future date that the mortgage payment(s) is/are due to prevent imminent foreclosure <p>Note:</p> <p>➤ A foreclosure notice that lists the following verbiage does not qualify: may or could foreclose, loan may be accelerated, reinstate your loan, etc.</p>	<p>Imminent Foreclosure- Delinquent property taxes:</p> <p><input type="checkbox"/> Copy of delinquent property taxes due on the county tax office's letterhead that must include ALL of the following:</p> <ul style="list-style-type: none"> • Notice dated within the last 60 days • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Statement that you are in foreclosure or sale of property will occur • Property address (if address on documentation does not match address on file with Prudential, see info below) ** • Total amount due to prevent the foreclosure/sale of property • Future date that the delinquent property taxes are due to prevent foreclosure/sale
<p>Imminent Foreclosure- Chapter 7 or Chapter 13 Bankruptcy:</p> <p><input type="checkbox"/> Foreclosure documentation (as stated above)</p> <p><input type="checkbox"/> Granted Relief from Automatic Stay from the bankruptcy court, signed by the judge</p>	<p>Imminent Foreclosure-Land Contract/Installment Agreement:</p> <p><input type="checkbox"/> Copy of the original contract/agreement, listing ALL of the following:</p> <ul style="list-style-type: none"> • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Property address • Payment schedule • Signature from both the buyer and the seller <p><input type="checkbox"/> Letter from the seller listing ALL of the following:</p> <ul style="list-style-type: none"> • Letter dated within the last 60 days • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Property address • Total amount due to prevent imminent foreclosure • Future due date this amount must be paid by • Signature from the seller
<p>Eviction:</p> <p><input type="checkbox"/> Copy of the eviction notice or court document that must include ALL of the following:</p> <ul style="list-style-type: none"> • Eviction notice/court document dated within the last 60 days • Your first and last name (or the address facing eviction must match your address we have on record) • Property address (if address on documentation does not match address on file with Prudential, see info below) ** • Total amount due to prevent eviction • Future date that the rent is due by in order to prevent eviction • Specific month(s) for which the rent/payment is due • Landlord's contact information (phone number and/or address) • Landlord's signature and TITLE (Ex: landlord, property manager, homeowner, etc.) 	

****if your address on file with Prudential is a PO Box, you must submit one of the following:**

- Copy of your valid driver's license showing your principal residence
- Copy of any bill (**dated within the last 60 days**) showing your principal residence

****if your address on file with Prudential is a residential address (ex: your mother's) & the address on the notice is a different physical address:**

- You **MUST** update your address with UPS to continue with your request. You can complete this by going to www.upsers.com.

Proof of Hardship:
Eviction Prevention (example)



RJ PROPERTIES
200 Hickory Lane
Jasmine IL 12344
321-222-7659

June 5, 2016 **Current dated (within 60 days)**

Eviction Notice

John Doe
333 Wagon Wheel Circle
Forest Park, IL 12345 **Address must match address on file with Prudential**

We are terminating your tenancy and eviction will take place from the property listed above.
Our reason for evicting you is because **Statement confirming eviction**
You have not paid 3 months rent and have lost the means to do so.

April \$975.00
May \$975.00
June \$975.00 **Provide the months for which the rent/payment is due**

Total Amount Due = \$2,925.00 **Provide the total amount due to prevent eviction**

You must move from the property or remedy our reason for evicting you by the following date if amount is not brought current:
June 22, 2016

In order to prevent eviction, the total amount due must be paid by **June 22, 2016**

If you do not agree with this eviction notice you have the right to hire a lawyer **Provide a future due date payment must be made by to prevent eviction**

Name of Owner or Agent:
Ralph Jones, Owner
200 Hickory Lane
Jasmine, IL 12344
Telephone Number : 321-222-7659 **Provide Landlord's name, title and contact information**

Signature:
(Must be signed by Landlord) _____
Provide Landlord's signature

Proof of Hardship:

Foreclosure (example)

Company Name

4231 Main Road
Middletown, NV

**Must be official letterhead
of the institution**

Tel 800-111-2222
Fax 800-111-3333

May 18, 2016

**Current dated statement
(within 60 days)**

John Doe
123 Participant Avenue
Handawn, NV 12345

**Your name and address
must match address on file
with Prudential**

**Address in foreclosure
must be principal residence**

Loan Number: 008A123456
Property Address
123 Participant Avenue
Handawn, NV 12345

To reinstate your mortgage from foreclosure, you'll need to pay the TOTAL AMOUNT DUE: \$5255.25

Dear Customer(s): **Statement that you are in a foreclosure proceeding or judgment**

Total number of payments: 8
Total payment amount: \$4255.25
Foreclosure fee/cost: \$1000
Total amount due through 6-16-16: \$5225.25

Provide total amount due to prevent imminent foreclosure

In order for us to reinstate your loan and dismiss the foreclosure action, we must receive the total amount due by June 16, 2016.

Provide a future due date.

Again, all remittances must be in the form of 'CERTIFIED FUNDS ONLY'. Anything less than the TOTAL DUE and/or not in 'CERTIFIED FUNDS' will be refused.

Please contact us immediately at 1-800-330-0421. this is an attempt to collect a debt, any information obtained will be used for that purpose.

Sincerely,

Loan Counseling Center

**HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
FUNERAL/BURIAL EXPENSES**

DEFINITION

Payments for burial/funeral expenses.

I am requesting this amount due to my (please check one):

- Parent's death
- Spouse's death
- Child's death
- Dependent's death

Decedent's Name _____ Relationship to you _____

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

Funeral Expenses:

- Copy of the **unpaid** bill on the company's letterhead (ex: funeral home, floral shop, casket retailer, etc.), that includes **ALL** of the following:
 - Statement date within the last 60 days
 - Name of the company
 - Name of the decedent
 - Total amount due
 - Indicate that you are responsible for payment (if your spouse's name is listed, proof of relationship is required, ex: marriage certificate)

- Proof of Death. We can accept one of the following documents:
 - Copy of the death certificate
 - Letter from the hospital or funeral home on their business letterhead. The letter must be signed & titled by a representative at the facility
 - Report of death from the funeral home
 - Copy of the obituary

Proof of Hardship:
Funeral Expenses (example)

<p><i>“Respectfully At Your Service”</i></p> <p>PEACEFUL VALLEY FUNERAL HOME</p> <p>222 Peaceful Valley Road Peaceful Valley IL 76543 Phone 141-111-3333</p>		<p>Name of service provider and contact information</p>
Decedent's Name	Current dated (within 60 days)	
SERVICES FOR: Jane Doe	Statement Date: 10/28/2016	
Billed To: John Doe	Relationship: Spouse	Invoice showing you as the responsible party for payment
ADDRESS: 123 Front St, Peaceful Valley, IL 76543		
ITEMIZATION OF CHARGES		675 00
Professional Services	825 00	
Hearse and Limo Service	300 00	
Use of Facilities	650 00	
Removal from Hospital	50 00	
Embalming	650 00	
Programs (150)	181 00	
Death Certificates (7)	40 00	
Extra Limo		
Headstone		
		Itemization of charges
Total: Our Charges ▶	4,596 00	
Sales Tax, If Applicable ▶	132 00	
TOTAL ▶	4,728 00	Provide total amount due
Credit By: ▶		
Less, Total Credits ▶	300 00	
BALANCE DUE ▶	4,428 00	

HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS REPAIR OF DAMAGE TO THE EMPLOYEE'S PRINCIPAL RESIDENCE THAT QUALIFIES FOR A CASUALTY DEDUCTION

DEFINITION

Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under IRC section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income). A casualty is the damage, destruction, or loss of property resulting from an identifiable event that is sudden, unexpected, or unusual.

Documentation Requirements
You must submit copies of ALL documentation requirements below or your request will not be approved
<p><input type="checkbox"/> Copies of unpaid invoices and/or contracts that must include ALL of the following:</p> <ul style="list-style-type: none"> • Invoice and/or contract date within the last 60 days • Name of the contractor or company • Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) • Property address (if address on documentation does not match address on file with Prudential, see info below) ** • Itemization of the repair(s) • Total amount due <p>Note: We CANNOT accept an estimate of these charges.</p> <p><input type="checkbox"/> Evidence of the Casualty (damage caused by progressive deterioration does not qualify). Please submit:</p> <ul style="list-style-type: none"> • Pictures and/or newspaper article as evidence • A signed letter from you detailing the casualty event that caused the loss, the date of loss (must have occurred within the last 12 months) and include the property address that sustained the loss <p>Note: The damage must have occurred to your principal residence (home). Damage to furniture, personal belongings, outbuildings/sheds, etc. do not qualify.</p> <p><input type="checkbox"/> Copy of the insurance claim from your insurance company verifying what portion, if any, is covered by insurance (Please note: Damages caused by progressive deterioration do not qualify).</p> <ul style="list-style-type: none"> ○ If you do not have homeowner's insurance, you must submit a self-certification letter stating that you did not have insurance at the time of the loss. The letter must be signed, dated & notarized.

****If your address on file with Prudential is a PO Box, you must submit one of the following:**

- Copy of your valid driver's license showing your principal residence
- Copy of any bill (**dated within the last 60 days**) showing your principal residence

****If your address on file with Prudential is a residential address (ex: your mother's) and the address affected by the casualty is a different physical address:**

- You **MUST** update your address with UPS to continue with your request. You can complete this by going to www.upsers.com.

I am requesting this amount because of damages that were caused to my principal residence due to:

- Fire
- Storm (including but not limited to: hurricanes, tornadoes, heavy snow, ice, heavy rain, and flooding)
- Shipwreck
- Theft

Description of the Casualty event that caused the loss:

A casualty loss is defined as a sudden, unusual or unexpected event resulting in an uninsured loss. Causes of such rapid losses include flood, fire, earthquake, wind damage, water damage, theft, accident, vandalism, hurricane, tornado, riot, shipwreck, snow, rain and ice. To be deductible, a casualty loss must occur quickly, usually instantly or over a few days. Slow losses that occur over months or years, such as mold damage, dry rot, moth or termite damage, or normal home maintenance to repair or replace windows, roofs or plumbing generally are not tax-deductible, and therefore do not qualify for a financial Hardship.

The participant can only qualify for a Hardship withdrawal for this reason when there is a casualty loss to his principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose.

**HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
EXPENSES & LOSSES AS A RESULT OF A FEDERALLY DECLARED DISASTER**

(Page 1 of 2)

DEFINITION

This addendum is intended to be utilized by participants who have incurred expenses and losses (including loss of income) on account of a disaster declared by the Federal Emergency Management Agency (FEMA) under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. 100-707, provided that the employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

1. DISASTER INFORMATION									
<input type="checkbox"/> Federally declared disaster reason (list the event / disaster): _____ <input type="checkbox"/> Provide a description of the expenses or loss and its cause (the loss must have occurred within the last 12 months) _____ <input type="checkbox"/> You must reside or work in an area designated as a disaster by FEMA as described above: <input type="checkbox"/> I reside in an area that was affected. County: _____ Address of residence **: _____ <input type="checkbox"/> I work in an area that was affected. County: _____ Address of employment: _____ ➤ The address must be in a FEMA designated disaster area, as described above. You must provide ONE of the following four items to verify that the address of your employment is in a designated disaster area: 1) Paystub, 2) Business card, 3) Employee ID card or 4) Letter from your employer									
2. DOCUMENTATION REQUIREMENTS									
<input type="checkbox"/> I hereby request a Hardship Withdrawal resulting from a Federally declared disaster area for the following reason(s). I understand I need to provide supporting documentation, as detailed below:									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">Expense (check all that apply):</th> <th style="text-align: left; padding: 5px;">Documentation Required:</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Food or Shelter (<i>Hotel, lodging</i>) <input type="checkbox"/> Fuel for Primary Heat Source (<i>Heating oil, natural gas, firewood, or gasoline for generator</i>) <input type="checkbox"/> Clean-up Items (<i>Rental or purchase of wet/dry vacuum, dehumidifier</i>) <input type="checkbox"/> Transportation Needs (<i>Towing, gasoline, repairs, public transportation while vehicle is being repaired</i>) <input type="checkbox"/> Essential Non-Luxury Personal Items (<i>Phone, tools required for job, clothing destroyed in storm, furniture, appliances</i>) </td> <td style="padding: 5px; vertical-align: top;"> <ul style="list-style-type: none"> • Itemized receipts or credit card statements identifying the expenses, listing: <ul style="list-style-type: none"> ○ Statement or receipt date within 60 days of the request ○ Itemization of the expense(s) OR • Unpaid invoices evidencing the cost of expenses, listing: <ul style="list-style-type: none"> ○ Invoice date within 60 days of the request ○ Name of the company ○ Itemization of the cost(s) ○ Total amount due </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Moving and Storage (<i>Storage units, moving company, rental of a moving vehicle</i>) <input type="checkbox"/> Restoration of Property (<i>Tree removal, debris removal</i>) </td> <td style="padding: 5px; vertical-align: top;"> <ul style="list-style-type: none"> • Invoices and/or contracts evidencing the cost of expenses, listing: <ul style="list-style-type: none"> ○ Invoice and/or contract date within 60 days of the request ○ Name of the contractor or company ○ Your name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) ○ Property address ○ Itemization of the cost(s) ○ Total amount due • In addition to the above documentation, the following information is required for Restoration of Property expenses: <ul style="list-style-type: none"> ○ Copy of insurance claim from your insurance company verifying what portion, if any, is covered by insurance. ○ If you do not have homeowner's insurance, you must attach a signed and dated letter stating you did not have insurance at the time of the loss. </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Loss of Income </td> <td style="padding: 5px; vertical-align: top;"> <ul style="list-style-type: none"> • See below </td> </tr> </tbody> </table>	Expense (check all that apply):	Documentation Required:	<input type="checkbox"/> Food or Shelter (<i>Hotel, lodging</i>) <input type="checkbox"/> Fuel for Primary Heat Source (<i>Heating oil, natural gas, firewood, or gasoline for generator</i>) <input type="checkbox"/> Clean-up Items (<i>Rental or purchase of wet/dry vacuum, dehumidifier</i>) <input type="checkbox"/> Transportation Needs (<i>Towing, gasoline, repairs, public transportation while vehicle is being repaired</i>) <input type="checkbox"/> Essential Non-Luxury Personal Items (<i>Phone, tools required for job, clothing destroyed in storm, furniture, appliances</i>)	<ul style="list-style-type: none"> • Itemized receipts or credit card statements identifying the expenses, listing: <ul style="list-style-type: none"> ○ Statement or receipt date within 60 days of the request ○ Itemization of the expense(s) OR • Unpaid invoices evidencing the cost of expenses, listing: <ul style="list-style-type: none"> ○ Invoice date within 60 days of the request ○ Name of the company ○ Itemization of the cost(s) ○ Total amount due 	<input type="checkbox"/> Moving and Storage (<i>Storage units, moving company, rental of a moving vehicle</i>) <input type="checkbox"/> Restoration of Property (<i>Tree removal, debris removal</i>)	<ul style="list-style-type: none"> • Invoices and/or contracts evidencing the cost of expenses, listing: <ul style="list-style-type: none"> ○ Invoice and/or contract date within 60 days of the request ○ Name of the contractor or company ○ Your name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) ○ Property address ○ Itemization of the cost(s) ○ Total amount due • In addition to the above documentation, the following information is required for Restoration of Property expenses: <ul style="list-style-type: none"> ○ Copy of insurance claim from your insurance company verifying what portion, if any, is covered by insurance. ○ If you do not have homeowner's insurance, you must attach a signed and dated letter stating you did not have insurance at the time of the loss. 	<input type="checkbox"/> Loss of Income	<ul style="list-style-type: none"> • See below 	
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<input type="checkbox"/> Loss of Income	<ul style="list-style-type: none"> • See below 								
<p>**if your address on file with Prudential is a PO Box, you must submit one of the following:</p> <input type="checkbox"/> Copy of your valid driver's license showing your principal residence <input type="checkbox"/> Copy of any bill (dated within the last 60 days) showing your principal residence									
<p>**if your address on file with Prudential is a residential address (ex: your mother's) & the address affected is a different physical address:</p> <input type="checkbox"/> You MUST update your address with UPS to continue with your request. You can complete this by going to www.upsers.com .									

**HARDSHIP WITHDRAWAL REQUEST REQUIRED DOCUMENTATION INSTRUCTIONS
EXPENSES & LOSSES AS A RESULT OF A FEDERALLY DECLARED DISASTER**

(Page 2 of 2)

LOSS OF INCOME (Complete this section only if "Loss of Income" is selected on Page 1)

NOTE TO ALL PARTIES: The information provided is subject to further review, up to and including verification by your Plan Administrator. Incomplete or incorrectly completed forms will not be accepted.

SECTION I: TO BE COMPLETED BY THE PARTICIPANT

INSTRUCTIONS FOR RETIREMENT PLAN PARTICIPANT:

For loss of income claims relating to a Federally declared disaster area, please complete ONLY Section I, then present this page to the Plan Administrator to complete Section II. Return this page and the request forms to Prudential.

- I am requesting the amount of \$ _____ due to my own loss of income on account of a disaster declared by FEMA for individual assistance.
- ❖ Please note: The amount requested should be included in the amount shown in the "Hardship Request Amount" section of the Hardship Withdrawal Request Form.
- ❖ Start Date of Loss of Income: ____/____/____ Return Date / Anticipated Return: ____/____/____

SECTION II: TO BE COMPLETED BY THE EMPLOYER

INSTRUCTIONS FOR PLAN ADMINISTRATOR: The employee listed above has initiated a transaction with Prudential Retirement that requires additional information from you, the Plan Administrator. Please complete all fields below.

Your Name: _____ Title: _____

Contact phone number: _____ Company Name: _____

Contact business address: _____

- I, the Plan Administrator, authorize and approve this application as requested by the participant.

Plan Administrator's signature: _____ Today's date: _____

3. CERTIFICATION

- In addition to the representations included in the hardship withdrawal form, I hereby certify, under the pains and penalties of perjury, that: (1) this request is made on account of a hardship resulting from a federally declared disaster; (2) the amount I am requesting does not exceed the amount necessary to relieve this financial need; (3) I reside and/or work in an area located in a county identified for individual assistance by FEMA; (4) I was not otherwise reimbursed for the expense (such as my insurance or by FEMA).

X _____ Date ____|____|____
Participant's signature (REQUIRED)

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

Retain for Your Records

This notice is provided to you by Prudential Financial, Inc., on behalf of the plan administrator (“Plan Administrator”).

Right to Defer Distributions from Defined Contribution Plans

You may be eligible to receive a distribution from your employer’s retirement plan now. Instead of taking a distribution now, you may elect to defer receiving a distribution until a later date -- typically as late as age 70½. (If your account balance does not exceed \$5,000 (or the amount of your plan’s cashout threshold), you may not have a right to defer payment.) If you defer receiving a distribution, the plan investment options available to you thereafter (including related fees) generally will be the same as those available to active employees. However, certain plan features, such as the right to repay or take a loan from the plan, may not be available if you have terminated employment. Please refer to your summary plan description and fund fact sheets for more information about plan investment options, investment related expenses, any plan restrictions or charges applicable to terminated employees, payment options, and any other special rules that may impact your distribution decision. If you elect to receive a distribution that you roll over to another eligible retirement plan such as an IRA, the investment options offered under your current employer’s plan (e.g., mutual funds, employer stock) may not be available to you or, if available, are likely to carry higher expenses if transferred to an IRA. If you elect to receive a distribution but do not roll it over to another eligible retirement plan, such action triggers taxation (possibly including a 10% penalty), results in loss of future tax-deferred earnings (if any) and may diminish the funds available to you for retirement purposes. For additional information about plan investment options (and related fees), plan restrictions or charges applicable to terminated employees who defer receiving a distribution, or if you have other questions regarding your right to defer a distribution, and the consequences of failing to defer, please contact Prudential at the number provided on your benefit statement.

For Payments Not From a Designated Roth Account

This notice describes the rollover rules that apply to payments from your employer’s plan (the “Plan”) that are not from a designated Roth account (a type of account with special tax rules in some employer plans). A different notice is provided for payments from a designated Roth account.

YOUR ROLLOVER OPTIONS

This notice is provided to you because all or part of the payments that you may receive from the Plan may be eligible for rollover to an IRA or an eligible employer plan. This notice is intended to help you decide whether to do such a rollover. If you have additional questions after reading this notice, you can contact your Plan Administrator.

Rules that apply to most payments from a plan are described in the “General Information About Rollovers” section. Special rules that only apply in certain circumstances are described in the “Special Rules and Options” section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

What types of retirement accounts and plans may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no

spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Required minimum distributions after age 70½ (or after death);
- Hardship distributions;
- ESOP dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends);
- Cost of life insurance paid by the Plan;
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution; and
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan Administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don’t do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation;
- Payments made due to disability;
- Payments after your death;
- Payments of ESOP dividends;
- Corrective distributions of contributions that exceed tax law limitations;
- Cost of life insurance paid by the Plan;
- Payments made directly to the government to satisfy a federal tax levy;

- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses;
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days;
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution;
- Payments for certain distributions relating to certain federally declared disasters; and
- Phased retirement payments made to federal employees.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the

\$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

If your payment includes employer stock that you do not roll over

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan Administrator can tell you the amount of any net unrealized appreciation.

If you have an outstanding loan that is being offset

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the outstanding amount of the loan, typically when your employment ends. The offset amount is treated as a distribution to you at the time of the offset. Generally, you may roll over all or any portion of the offset amount. Any offset amount that is not rolled over will be taxed (including the 10% additional income tax on early distributions, unless an exception applies). You may roll over offset amounts to an IRA or an employer plan (if the terms of the employer plan permit the plan to receive plan loan offset rollovers).

How long you have to complete the rollover depends on what kind of plan loan offset you have. If you have a qualified plan loan offset, you will have until your tax return due date (including extensions) for the tax year during which the offset occurs to complete your rollover. A qualified plan loan offset occurs when a plan loan in good standing is offset because your employer plan terminates, or because you sever from employment. If your plan loan offset occurs for any other reason, then you have 60 days from the date the offset occurs to complete your rollover.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

If you are an eligible retired public safety officer and your payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income Plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

If you do a rollover to a designated Roth account in the Plan

You cannot roll over a distribution to a designated Roth account in another employer's plan. However, you may be able to roll the distribution over into a designated Roth account in the distributing Plan. If you roll over a payment from the Plan to a designated Roth account in the Plan, the amount of the payment rolled over (reduced by any after-tax amounts directly rolled over) will be taxed. However, the 10% additional tax on early distributions will not apply (unless you take the amount rolled over out of the designated Roth account within the 5-year period that begins on January 1 of the year of the rollover).

If you roll over the payment to a designated Roth account in the Plan, later payments from the designated Roth account that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a designated Roth account is a payment made both after you are age 59½ (or after your death or disability) and after you have had a designated Roth account. However, if you made a direct rollover to a designated Roth account in the Plan from a designated Roth account in a plan of another employer, the 5-year period begins on January 1 of the year you made the first contribution to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the plan of the other employer. Payments from the designated Roth account that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies).

If you are not a Plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income

tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan Administrator or the payor. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000, or the amount of your plan's cashout threshold (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, Armed Forces' Tax Guide. You also may have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

If you expatriate from the U.S., you may be subject to special rules, and should consult with your personal tax advisor to determine if you are required to provide Prudential with IRS Form W-8CE.

FOR MORE INFORMATION

You may wish to consult with the Plan Administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.