



Participant Identification

Please Print All Information

Social Security Number: [] [] [] [] [] [] [] [] []

Name: _____ Last First

Home Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone Number: (Area Code First) Evening Phone Number: (Area Code First)
[] []

IMPORTANT: Hardship checks will only be mailed to the address listed on Merrill Lynch's record keeping system. If the address above does not match the address on your account, please contact your Human Resource Department. If your address is outside the United States, please ask your Human Resource Department for any additional required IRS tax forms.

Important Disclosures

Please read the following important disclosures carefully before completing this application.

- You must have no other source of funds to cover this hardship expense and have obtained all other withdrawals and loans available to you under any company-sponsored Plan. (Please see Certification of Hardship/Participant signature section on page 7 for the loan waiver)
To find out how much money you have available for a hardship, please log on to www.benefits.ml.com or call 1-888-363-2385 to speak to a representative. If outside the U.S., please call 1-609-818-8812.
The IRS and the Plan rules permit a hardship payout of your 401(k) Plan contributions with certain limitations.
The amount you withdraw cannot be greater than what is required to satisfy the financial need plus what is required to pay the taxes and penalties you owe as a result of the withdrawal.
The minimum amount you may withdraw is \$500.00.
If you apply for multiple hardship reasons, you will only be approved for the reason(s) for which you submitted appropriate documentation.
You will be suspended from making employee contributions to any employer sponsored plan for 6 months after the distribution. When your suspension period expires, you may need to reenroll depending on the plan's procedures in order to begin contributing again.
Your hardship check will be sent to the address listed on Merrill Lynch's record keeping system.
Review of your application will be completed within 10 business days from its receipt. If approved your check will be sent within 4 business days after the application is approved. If your application is denied, you will receive notification via U.S. mail at your address listed on Merrill Lynch's record keeping system.

Hardship Reason(s)

FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION WILL RESULT IN THE DENIAL OF YOUR REQUEST

With this application you have chosen to apply for:

Post-secondary Education

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

- This includes college, masters, other graduate degree courses, trade schools, or vocational education which is intended to enhance your job skills.
- This hardship is for current or future semesters only. Payment of prior semesters (such as outstanding balances or student loan payments) is not included (even if required for a new enrollment).
- Requests to pay student loans DO NOT qualify.

The tuition expenses are for:

- Myself
- My Spouse (including same-sex spouse)
- My Child
- My Dependent*
- My Primary Beneficiary on file for this plan

Required Documentation:

A bill, letter or statement from the institution dated no more than 60 days prior to receipt of your application that states the following:

1. Student's name
2. Term(s) and Year(s) for which the student has registered (e.g. Fall 20XX, Spring 20XX)
3. A list of costs for tuition, on-campus housing, books, and fees for up to the next 12 months
4. Current amount due less financial aid received

***If the expenses are for your dependent, you must prove dependency by:**

- Submitting the first page of your most recent Federal income tax return (e.g. Form 1040, 1040A or 1040EZ) that lists the dependent's name and his/her relationship to you (**OR**) by submitting a document from your Health Insurance provider indicating that this individual is a dependent.
- If the person that you are claiming as a dependent is not listed on your most recent Federal income tax return and you cannot provide an appropriate health insurance provider document, you will need to certify that the person with respect to whom Post-Secondary Education expenses have been incurred is your dependent for these purposes.

Burial or Funeral

Payment for burial or funeral expenses. In-laws do not qualify as your parents. (Food and travel expenses do not qualify.)

The burial or funeral expenses are for:

- My Spouse (including same-sex spouse)
- My Parent
- My Child
- My Dependent*
- My Primary Beneficiary on file for this plan

Required Documentation:

A copy of a receipt from the funeral parlor, crematorium and/or cemetery dated within the last 12 months prior to receipt of your application.

***If the expenses are for your dependent, you must prove dependency by:**

- Submitting the first page of your most recent Federal income tax return (e.g. Form 1040, 1040A or 1040EZ) that lists the dependent's name and his/her relationship to you (**OR**) by submitting a document from your Health Insurance provider indicating that this individual is a dependent.
 - If the person that you are claiming as a dependent is not listed on your most recent Federal income tax return and you cannot provide an appropriate health insurance provider document, you will need to certify that the person with respect to whom Burial/Funeral expenses have been incurred is your dependent for these purposes.
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Medical

Unreimbursed medical or dental expenses that would be deductible under the Internal Revenue Code Section 213(d) determined without regard to whether the expenses exceed \$7,500 of adjusted gross income. See IRS Publication 502 for more details.

- The expenses must be unpaid.
- A notice from a collection agency alone is NOT sufficient proof of hardship.
- Also an outstanding balance that is not itemized will not be accepted.

The medical expenses are for:

- Myself
- My Spouse (including same-sex spouse)
- My Dependent*
- My Primary Beneficiary on file for this plan

Select one of the below medical hardship reasons:

- 1. The claim has already been incurred and is covered in part by health insurance.**

Required Documentation:

An outstanding itemized bill or treatment plan from the health care provider (**OR**) an explanation of benefits from your health insurance carrier for unpaid medical expenses. This document must be dated no more than 120 days prior to receipt of your application and include:

1. The patient's name
2. A list of service(s) provided
3. The service provider's name and address
4. The current amount due that is not covered by insurance

- 2. The claim has already been incurred and is not covered in any part by health insurance.**

Required Documentation:

An outstanding itemized bill or treatment plan from the health care provider dated no more than 120 days prior to receipt of your application that includes:

1. The patient's name
2. A list of service(s) provided
3. The service provider's name and address
4. The current amount due

AND

You must provide 1 of the following:

1. A bill that states the insurance was not applicable and the balance is still outstanding
2. A letter from your insurance provider stating that the claim is not covered by insurance
3. A signed statement from you indicating you do not have insurance to cover this claim

3. The claim has not yet been incurred, but pre-payment is required.

Required Documentation:

An outstanding itemized bill or treatment plan from the health care provider dated no more than 120 days prior to receipt of your application that includes:

1. The patient's name
2. A list of service(s) to be provided
3. The service provider's name and address
4. A statement that indicates pre-payment is required
5. The pre-payment amount

AND

You must provide 1 of the following:

1. A predetermination of benefits from your insurance provider
2. A letter from the insurance provider stating there is no insurance policy that covers this claim
3. A signed statement from you indicating you do not have insurance to cover this claim

***If the expenses are for your dependent; you must prove dependency by:**

- Submitting the first page of your most recent Federal income tax return (e.g. Form 1040, 1040A or 1040EZ) that lists the dependent's name and his/her relationship to you (**OR**) by submitting a document from your Health Insurance provider indicating that this individual is a dependent.
- If the person that you are claiming as a dependent is not listed on your most recent Federal income tax return and you cannot provide an appropriate health insurance provider document, you will need to certify that the person with respect to whom Medical expenses have been incurred is your dependent for these purposes.

Construction of Principal Residence

The construction of principal residence for myself.

- This does not include your vacation home, second home or the construction of buildings such as garages, barns or other home improvements.

Required Documentation: YOU MUST PROVIDE ONE FROM EACH BULLET:

- A copy of a signed purchase agreement for the purchase of land (**OR**) a deed to land that is in your name.

AND

- A copy of a signed construction contract that includes the following: the purchase price, closing date/completion date (in the future), signatures of the buyer and seller, street address of the property being purchased (**OR**) a signed declaration stating that you have an immediate intention to build your principal residence and an itemized materials list with prices.

Please note:

Private Sale contracts, Non-Standardized purchase agreements, For Sale by Owner contracts, Manufactured Home contracts, or any other type of hand-written contracts between two parties (buyer and seller) must be signed, dated and both signatures notarized. This includes any purchase agreement that does not include a real estate agent's name and/or company name.

Purchase of Principal Residence

The purchase of a principal residence for myself (excluding mortgage payments).

- It must be your principal residence, not your vacation or second home, trailers, fifth-wheelers, motor homes, RVs. This includes a mobile home (on blocks), but does not include the construction of buildings such as garages, barns or other home improvements.
- If the contract is not a traditional realtor's purchase agreement it must be notarized.
- Lease to purchase contracts do not qualify.

Required Documentation:

A complete purchase agreement that includes the following:

1. The purchase price
2. A closing date (in the future)
3. The signatures of the buyer and seller
4. The street address of the property being purchased
5. The name and address of the buyers

Please note:

- A HUD contract must include the HUD Acceptance Confirmation Number and the HUD Authorized Signature verifying that you have been awarded the bid and the sale has been approved.
 - If this is a Short Sale transaction, you will also need to provide the bank approval letter showing that they have accepted the short sale offer.
 - Bank-owned, Fannie Mae or Freddie Mac contracts require the Asset Manager's signature, the Attorney-in-Fact signature, or the Fannie Mae Representative's signature on the Purchase Agreement confirming they have accepted the buyer's offer.
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 Eviction of Principal Residence

The need to prevent eviction from my principal residence. (Eviction address MUST match the address on your account)

- If your permanent address on file is a P.O. Box, your signature on this application attests to the fact that you are being evicted from your principal residence.
- Correspondence requesting payment (e.g. late notice) without threatening eviction WILL NOT be sufficient.
- The originator of the eviction notice may be contacted for additional information. By signing this application you authorize such contact.

Required Documentation:

A copy of a letter from the landlord dated no more than 30 days prior to receipt of your application indicating you are going to be evicted. The letter must include:

1. The amount that is needed to prevent eviction
 2. The eviction address
 3. The landlord's name, address and phone number
 4. The letter is to be on the apartment complex / realtor letterhead (**OR**) the letter must be notarized
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 Foreclosure on Mortgage of Principal Residence

The need to prevent foreclosure on the mortgage of my principal residence. (Foreclosure address MUST match the address on your account)

- If your permanent address on is a P.O. Box, your signature on of this application attests to the fact that your principal residence is being foreclosed upon.
- Correspondence requesting payment (e.g. notice of default) without threatening foreclosure WILL NOT be sufficient.
- The originator of the foreclosure notice may be contacted for additional information. By signing this application, you authorize such contact.

Required Documentation:

A copy of a letter from the mortgage company dated no more than 30 days prior to receipt of your application indicating foreclosure is imminent. The letter must include:

1. The amount that is needed to prevent foreclosure
2. The address of the property being foreclosed upon
3. The mortgage company's name, address, and phone number
4. The letter is to be on the mortgage company's letterhead (**OR**) on the letterhead of a legal representative of the mortgage company

Casualty / Home Repair

Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under Section 165 of the Internal Revenue Code (determined without regard to whether the loss exceeds 10% of adjusted gross income).

- In order to qualify, the damage to your principal residence must be due to fire, storm or other destruction resulting from an identifiable event of a sudden, unexpected and unusual nature that is not reimbursable by insurance or otherwise.
- Your request may only be for the difference between any amount FEMA / Insurance Company will cover and the amount needed to repair your home.
- Normal wear and tear, aging, insect or animal infestation, equipment malfunction or home improvement does not qualify for hardship withdrawal.

Required Documentation: YOU MUST PROVIDE ONE FROM EACH BULLET:

- Proof that damage was caused by an event of a sudden, unexpected and unusual nature. Such documentation may include: a copy of the insurance claim estimate, a FEMA statement, contractor statement, or any other sufficient evidence which specifies the cause of damage (self certification will not be accepted).

AND

- One of the following dated within 120 days: a copy of a construction contract, a written estimate from a contractor or an itemized materials list with prices.

Income Tax Withholding

A hardship withdrawal (except for any after-tax contributions) is subject to income tax in the year the check is dated and may be subject to Federal and state penalties. The 402(f) Tax Notice regarding plan payments you have received with your participant statement contains detailed information on Federal taxes and penalties. It is recommended that you consult a tax advisor before completing this application.

Please complete the following:

1. Federal taxes. For taxable amounts withdrawn select one. *(If you do not make a selection 10% will be withheld)*

Do not withhold

Withhold _____% (whole percentage, with a maximum allowed of 40%)

2. State taxes.

Depending on the state in which you reside, state taxes may be withheld automatically.

3. Outside U.S.

If your address is outside of the U.S. (check one box below):

I have attached IRS Form W-9 (I am a Non-Resident Citizen). Withhold Federal taxes accordingly.

I have attached IRS Form W-8 (I am a Non-Resident Alien) and Form 1001 (if applicable). Withhold Federal taxes accordingly.

Payment Instructions

Based on the required documentation I am providing with the application, I am requesting:

The amount of my check AFTER taxes are withheld to be \$ _____,

OR

Maximum available

If the amount you request is greater than the maximum available to you, we will process your hardship for the maximum available minus your tax withholding election. If you do not enter an amount, your check will equal the amount for which you are approved.

The amount of your check may be reduced if:

- You do not have enough funds to cover the withdrawal plus the tax withholding election.
- You do not qualify for this amount based on the supporting documents that you provide.

OVERNIGHT DELIVERY: Have your hardship check delivered to you via overnight delivery. This service costs \$25.00 which will be deducted from your account. The check will be overnighted after the funds have settled (typically after 2-4 business days). Checks cannot be sent overnight to a P.O. Box.

Certification of Hardship/Participant Signature

As part of the submission process you are required to authorize the instructions contained in this application and certify that:

1. My financial need cannot be reasonably relieved: through reimbursement or compensation by insurance or otherwise; by liquidation of my assets; by cessation of elective or employee contributions; by other currently available distributions and nontaxable (at the time of the loan) loans, under the plans maintained by the employer or by any other employer; or by borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need.
2. All bills I have submitted have not been paid.
3. Within the last 180 days I have received and read the 402(f) Tax Notice Regarding Plan Payments explaining the tax consequences of my withdrawal options. The 402(f) Tax Notice is available for review at www.benefits.ml.com. I am aware that the IRS recommends that I take 30 days to consider my withdrawal options. I further understand that by signing and returning this hardship withdrawal application, I am waiving my right to the 30-day waiting period.
4. I certify the accuracy and truthfulness of all that is stated in this application as well as the validity of all and any supporting documentation provided.
5. To the extent my expense is for a dependent that I have not been able to provide documentation, I certify the person is a dependent.

I certify that taking a loan would be counterproductive as I cannot afford to make the loan repayments on any loan that may be available from this plan.

Participant Signature: _____ Date: _____

Submission Instructions

Prior to submitting ensure you have:

- Provided the necessary paperwork required for your hardship to be approved.
- Made copies of your application and necessary paperwork, the documents you submit will not be returned.

Submission Options:

- Mail the application and supporting documentation to:

Merrill Lynch Global Wealth Management
Retirement & Benefit Plan Services;
1400 American Blvd., NJ2-140-03-50, Pennington, NJ 08534

- Fax the application and supporting documentation to 609-274-0333. Applications can only be faxed if there are no notarized documents included.
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