

APPLICATION FOR HARDSHIP WITHDRAWAL

To be Completed by the Participant:

Participant's Name _____
first middle last

Social Security No. _____

Address _____
street
_____ city state zip

Legal State of Residence _____

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

Check if Mailing Address or Legal State of Residence has changed.

Marital Status: Married Not Married or Legally Separated

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

E-mail Address: _____

Phone Number #: _____

To be Completed by MassMutual:

Account Number _____

Sponsor Name _____

Plan Name _____

HARDSHIP REQUEST

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

- Gross Amount:** Withdraw \$_____ from my vested account balance. I understand that any income tax withholding will be deducted from this amount.
- Net Amount:** Withdraw \$_____ from my vested account balance plus withdraw any income tax withholding.

I understand that:

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

2. I certify that the amount of hardship in item (1) above is for the following reason(s):

- Expenses for Medical Care** for myself, my spouse, my children, my other dependent(s), or my primary beneficiary.
- Purchase of My Principal Residence** (excluding mortgage payments).
- Tuition and Related Education Fees** including room and board expenses, for the next 12 months for post-secondary education for myself, my spouse, my children, my other dependent(s) or my primary beneficiary.
- Prevention of Eviction from or Foreclosure** on the mortgage on my principal residence. I certify that I am currently living at the address stated in the submitted hardship documentation.
- Expenses for the Repair of Damage** on my principal residence that would qualify for the casualty deduction under §IRC 165.
- Payment for Burial or Funeral Expenses** for my deceased parent, spouse, children, dependents or primary beneficiary.

COMPLETE ALL PAGES

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

1. The withdrawal amount requested will not be in excess of the amount of the financial need.
2. I previously have obtained all distributions and nontaxable loans from this Plan and all other plans maintained by my employer that are reasonably available to me (i.e., the loan(s) will not increase my level of need). A loan is considered "reasonably available" so long as it does not have the effect of increasing your need, such as
 - Taking out a loan in order to purchase a principal residence that would disqualify you from obtaining other financing; or
 - The amount of the loan repayments would cause you to default on the loan.
3. I will not be able to make any contributions to any qualified or non-qualified plan maintained by my employer, including a cash or deferred arrangement that is part of a cafeteria plan within the meaning of section 125 (but excluding a health or welfare benefit plan) for at least 6 months after I receive the hardship withdrawal; and

Failure to produce the substantiating documentation will mean denial of my hardship request. (For a list of approved forms of documentation, please see the "Permissible Hardship Expenses and Supporting Documentation" included with this application.)

INCOME TAX WITHHOLDING

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

FEDERAL WITHHOLDING: Distributions of pre-tax contributions plus earnings on all contributions are subject to federal income tax. Hardship withdrawals are not eligible to be rolled over, and you have the option whether or not to have federal income tax withheld. If you elect to have withholding, 10% will automatically be withheld for federal income tax.

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

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

Please read the *Special Tax Notice(s)*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

STATE WITHHOLDING: Contact your tax advisor or your state's tax department if you have any questions concerning state tax withholding. Refer to the *State Tax Information* document for important information regarding State Withholding in your Legal State of Residence. If you make an election that is not in compliance with your state's regulations, MassMutual will default to your state's requirements.

No State Tax Withholding Election

I have read the *State Tax Information* document and I elect to have no state income tax withheld from my payment(s).

Voluntary State Income Tax Withholding

I have read the *State Tax Information* document and I elect to have the following voluntary state income tax withheld from my payment(s) (choose one):

_____%

\$_____ (whole dollar amount)

____ based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance)

Note: MassMutual will not withhold more than your State's personal income tax rate.

METHOD OF PAYMENT

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

This option is NOT available for Rollovers.

To elect Direct Deposit, you must select either Checking or Savings and you must provide a voided check or copy of a pre-printed, account-specific deposit slip or a bank specification sheet from your bank for validation.

Checking Savings

Bank Name _____

Bank ABA/Routing (9 digits) _____

Bank Account No. _____

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

COMPLETE ALL PAGES

MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates.

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

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

SIGNATURE

I understand there may be a charge deducted from my account for each distribution processed for the hardship review service, whether my request is approved or not. If all required items are not completed on this form along with proper supporting documentation, payment will be delayed. If electing direct deposit, by signing below I certify that I am an account holder on the bank account listed above.

By signing this form, I certify that the information I have provided is accurate, to the best of my knowledge. I also certify that I have read and understand the Explanation of Hardship and Supporting Documentation document. I also certify that I have obtained, and will provide upon request by MassMutual, the documentation necessary to support my hardship withdrawal request, including a completed Waiver of Preretirement Survivor Annuity form if the Plan requires spousal consent and I am married.

Participant Signature

Date

**Please return this form to: MassMutual Retirement Services
PO Box 219062
Kansas City MO 64121-9062
OR**

**For Overnight Mail: MassMutual Retirement Services
430 W 7th St
Kansas City MO 64105
OR**

**Fax to: (816) 701-3923, Attn: RS CSO Processing
OR**

Email to: RSApprovals@MassMutual.com

COMPLETE ALL PAGES