Section A

Unforeseeable Emergency Withdrawal Request

STATE OF HAWAII ISLAND $AVINGS PLAN

Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?
Call 1-888-71-ALOHA for assistance.

About You

Plan number: 3 0 0 4 1 1

Sub plan number: ______

000001 State of Hawaii
000002 County of Hawaii
000003 County of Kauai
000004 County of Maui
000005 County of Hawaii Water District
000006 Waialae Charter School

Social Security number: ___-__-____

Daytime telephone number: ___-___-____ (*area code*)

First name ______ MI __ Last name ______

Address ______

City ______ State __ ZIP code _____-____

Email address ______

Date of birth: __ (*month*) __ (*day*) ____ (*year*)

Gender: __ M __ F

Amount of Unforeseeable Emergency Withdrawal

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

AMOUNT:$________________________ (REQUIRED-MUST BE COMPLETED)
Amount requested cannot exceed amount substantiated in your request.

If you do not check the box below, the "gross up" will not occur. You may include additional funds in the disbursement amount necessary to pay anticipated federal or state income tax. If you would like your gross payment to include taxes and fees reasonably anticipated to result from this withdrawal (this is called a "gross up"), check the following box.

☐ I would like to increase the amount of my unforeseeable emergency withdrawal request to cover any federal and state income taxes, and any applicable fees that may reasonably be anticipated as a result of this withdrawal.

Note: Your election for Federal and State Income Tax in the following sections will be used as the amount of reasonably anticipated taxes and fees in the "gross up" calculation. A maximum of 35% will be used in the gross up calculation to cover taxes withheld as a result of this disbursement.

Payment Options

Please select a payment option below. If no selection is made, a check will be sent via regular mail.

☐ Regular Mail

☐ Express Mail (The cost is $25 per check. Prudential will deduct $25 from your account prior to the distribution).

Please Note: Express mail is not available for delivery to post office boxes

☐ Electronic Funds Transfer (EFT). If you would like your disbursement sent to you via EFT, please provide the information below. The credit will typically be applied to your account within 2 business days of being processed.

Account number

Financial Institution Routing/Transit/ABA Number

Type of Account (please choose one):

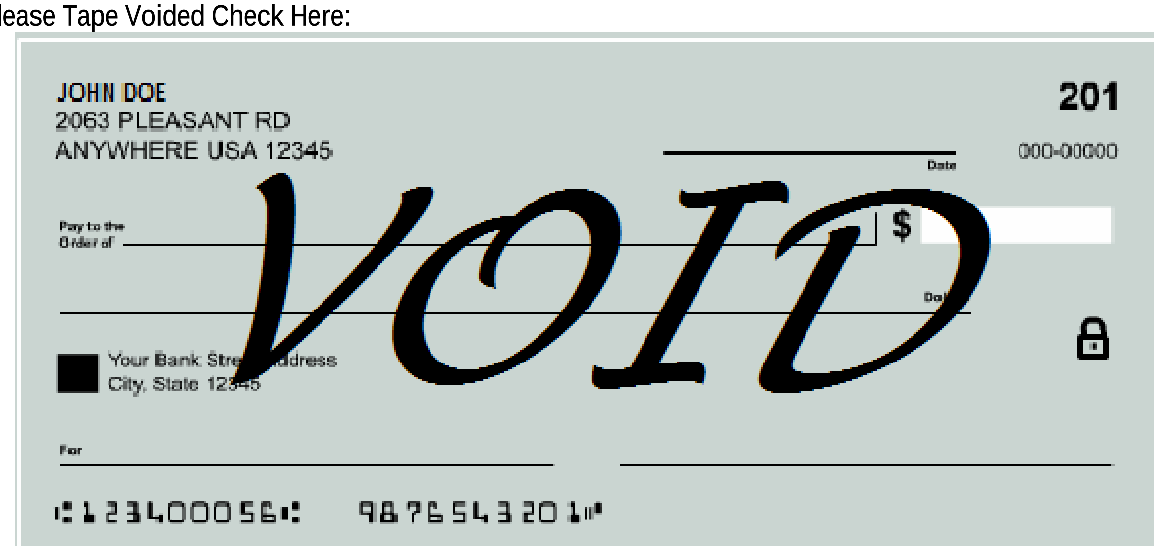
☐ Checking
(Must attach a voided check below, or include a letter from your financial institution signed by an authorized representative, with your name, checking account number, and ABA routing number)

☐ Savings
(Must include a letter from your financial institution signed by an authorized representative, with your name, savings account number, and ABA routing number)

IMPORTANT: Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
- All of the necessary information is not provided
- If this section does not apply to your disbursement request

Please Tape Voided Check Here:



I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions).

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

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. If any portion of your distribution is derived from non-457(b) assets such as non-457(b) rollover assets, you may be subject to a 10% early withdrawal penalty on these amounts if you are under age 59 1/2 at the time of distribution. Please consult your Tax Advisor if you have questions relating to your specific tax situation.

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 my election below must be at least 10% of the taxable amount of my distribution amount.

   _______________ % or $____________________.00

It is our understanding an unforeseeable emergency disbursement is not eligible to be rolled over. Since neither Prudential nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of the 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.

Election For Withholding of State Income Taxes

Voluntary State Withholding

☐ I reside in HI and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)

______________% or $____________________

SECTION B: UNFORSEEABLE EMERGENCY WITHDRAWAL ELIGIBILITY REQUIREMENTS

Withdrawals from the State of Hawaii Island $avings Plan due to financial hardship of an unforeseeable nature are allowed on a limited basis, and only if the application and supporting documentation demonstrate that the request meets Plan and Internal Revenue Service Regulations. In order to apply, you must be an active employee, and not eligible for any other type of withdrawal from your account in the Island $avings Plan. The only legally permissible reason for withdrawing funds from your account with the Island $avings Plan is to relieve conditions of current and severe financial hardship that have been created as the direct result of a qualifying Unforeseeable Emergency. Internal Revenue Service Regulations limit the range of qualifying circumstances for Section 457 unforeseeable emergency withdrawals. Please review the following general qualification requirements carefully before proceeding with completion and submission of this Application.

IF YOU DO NOT MEET THESE REQUIREMENTS, YOUR REQUEST CANNOT BE CONSIDERED.

1. You must demonstrate the existence of financial hardship that is both currently existing and severe in nature. Potential financial hardship that may develop in the future does not qualify, nor does the mere excess of current expenses over current income, in and of itself, meet the requirements.

2. You must demonstrate that you have already utilized all other resources and liquidated any other readily available assets before applying for an Unforeseeable Emergency Withdrawal. Federal Law makes your Plan Account balance an "option of last resort" and requires you to have first utilized all other available financial assets (bank or credit union accounts, investment or like accounts, publicly-traded investment securities, etc.) to meet the immediate need. You must also show that you have previously made a good-faith effort to meet the need through borrowing from commercial sources on reasonable commercial terms.

3. You must demonstrate that the hardship will remain after receipt or application of all reimbursement or payment options available under any other applicable benefit program (such as group or individual insurance coverage, unemployment compensation, Social Security benefits, etc.)

4. Contributions must be stopped in order to demonstrate that you have first attempted to meet the need through stopping current contributions to the Plan and any other optional payroll-deducted savings or charitable contributions. You can cancel your contributions to the Plan through the participant web site at www.Prudential.com/islandsavings or by calling the Island $avings Plan toll-free at 1-888-71A-LOHA (1-888-712-5642). You should also disclose any non-payroll deducted optional expenditures that have now been eliminated to meet the need.

5. You must demonstrate that any current financial hardship has been the direct result of a qualifying sudden and extraordinary event which would be beyond the ability of a reasonably prudent individual in like circumstances to control, anticipate or budget. IRS rules provide that budgetable expenses that can reasonably be anticipated to occur at some point in your life generally cannot be deemed to constitute a qualifying event. Similarly, an event will not qualify as an unforeseeable emergency if you were in a position to impose significant control over the outcome, but failed to exercise prudent judgment. Examples of some (but not all) non-qualifying and qualifying events follow on the next page:

Events that will NOT qualify as Unforeseeable Emergencies:

- Home purchase/renovation/repair not due to casualty; or apartment/utility deposits
- Vehicle/major appliance repair, maintenance or replacement not due to casualty
- Tuition, room and board, textbooks, or other education costs
- Federal, state or local income or property tax assessments, penalties or interest
- Start-up costs or operating losses on income-producing or for-profit activities
- Rent or other cost-of-living increases
- Costs associated with divorce

Events that MAY qualify as Unforeseeable Emergencies:

- Non-routine, unexpected, unreimbursed medical/dental expenses previously incurred
- Unreimbursed IRS-defined casualty losses from natural catastrophes (fire, flood, storm damage, etc.), from accidents, or from theft
- Significant loss of income due to involuntary job loss or work hours cutback
- Unreimbursed direct funeral expenses of IRS dependents for which you are liable
- Similar extraordinary unforeseeable circumstances beyond control

6. Demonstration of these requirements is accomplished by disclosure of complete financial and narrative information as requested in this Application and by attachment of supplementary documentation supporting such information. If incomplete information or documentation is provided, this Application will not be reviewed. Federal rules permit consideration of an Application only from a financial condition perspective – no exceptions can be made.

SECTION C: GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION. *Read Carefully.*

If, after review of the foregoing eligibility standards and the information required in the Application, you feel that your situation constitutes a qualifying Unforeseeable Emergency and that you can provide supporting documentation, proceed with completion of the Application. In addition to returning the completed application, you must attach all supporting documentation necessary to demonstrate both the Unforeseeable Event and the severe financial hardship resulting from the event, and the unavailability of other resources to meet the need. Documentation should include (but is not limited to):

- Last year's Federal and State tax returns for all residents of the household.
- All pay stubs representing the most recent household income *for a minimum of one month*. In cases of loss of employment, pay stubs should also be included for the *month* prior to the loss of income.
- All documentation of other household income, including part-time employment, business/self-employment income, alimony/child support, Social Security, rental income, unemployment benefits, pension/IRA benefits, insurance benefits, etc.
- Current statements of mortgage/rental payments (or copy of rental/lease agreement), utilities, household services such as cable and phone, insurance billings, child care expenses, loans/leases, credit cards, child support/alimony, and other personal debt.
- Foreclosure/eviction notice (if applicable) not older than 30 days from date of signature on this application and including amount owed and payment due date.
- Current medical insurance statements/provider invoices with an outstanding balance received within the last 30 days for service dates within the last 12 months.
- Credit union and other banking statements.
- Insurance/police reports of casualty loss (if applicable).
- Termination of employment notice indicating last day worked (if applicable).
- Court orders and decrees, as applicable.

Additional information will be necessary based on your situation. You may be contacted once your application has been received and asked to submit such information if you have not already included it. If sufficient documentation is not provided as requested, your withdrawal request may not be able to be reviewed. *NOTE: All financial and personal information disclosed in the Application will be seen only by Plan staff designated to review Applications, will be used solely to determine withdrawal eligibility, and shall remain completely confidential.*

After completing the Application, ATTACH LEGIBLE COPIES OF SUPPORTING DOCUMENTATION.

SECTION D: UNFORESEEABLE EMERGENCY EVENT & AMOUNT REQUESTED. *Must be completed.*

1. ENTER DATE the Unforeseeable Emergency occurred that produced a severe financial hardship:

____

2. Such Unforeseeable Emergency Event consisted of *(Check and Complete)*:

a. ☐ UNREIMBURSED MEDICAL EXPENSES (non-routine/unexpected)

I have documented the expenses by attaching copies of (*Check all that apply*):

☐ Current Provider Billing Invoices with an outstanding balance (must show patient responsibility)

☐ Other (*Identify):* ____

b. ☐ DISASTER / ACCIDENT / THEFT / CASUALTY LOSS

I have documented the casualty loss by attaching copies of (*Check all that apply*):

☐ Police/Fire Report ☐ Insurance Claim Form ☐ Insurance Adjuster's Report ☐ Repair/Replacement Invoice

☐ Other (*Identify):*____

c. ☐ HOUSEHOLD EMPLOYMENT LOSS / REDUCTION

I have documented involuntary employment loss by attaching copies of (*Check all that apply*):

☐ Termination Notice ☐ Employer Personnel Records ☐ Pay Check Stubs ☐ Unemployment Insurance Claim

☐ Other (*Identify):*____

d. ☐ FAMILY MEMBER DEATH / FUNERAL

I have documented family member funeral expenses by attaching copies of (*Check all that apply*):

☐ Death Certificate ☐ Funeral Notice/Memorial Program ☐ Funeral Home Contract ☐ Estate Probate Filing

☐ Other (*Identity):*____

e. ☐ PREVENT EVICTION OR FORECLOSURE
I have documented expenses necessary to prevent eviction or foreclosure by attaching copies of:
☐ eviction notice or court order ☐ foreclosure notice

f. ☐ OTHER QUALIFYING EXTRAORDINARY EVENT

I have documented another unforeseeable sudden event producing hardship by attaching copies of:

(*List all that apply*): ____

____

____

SECTION D: CONTINUED FROM PAGE 6. *Must be completed.*

In narrative form, detail the nature of the Unforeseeable Event and the resulting financial hardship. Describe how this situation qualifies under the eligibility requirements of Section B. Describe the events or circumstances that led to the hardship situation. If you have indicated eligibility due to an "Other Qualifying Extraordinary Event" above-describe in detail why you believe it meets the Federal requirements of "extraordinary", "sudden", and "unforeseeable by a prudent individual in like circumstances" here. If the space provided is insufficient, attach additional pages at the end of this Application.

SECTION E: COMPOSITION OF HOUSEHOLD. *Must be completed.*

Identify below each of those individuals either (1) who are currently residing with you and to whom you provide or receive support (including rental or mortgage payment contribution), or (2) with or for whom you have current legal and financial responsibility. Specify for each listed person their relationship to you (e.g., child, stepchild, parent, spouse, etc.), their employment status (e.g., Employed/Full-Time, Employed/Part-Time, Retired, Student, etc.), their occupation (if working), their age, and whether the person will be claimed as your dependent on your Tax Return. Attach additional pages if necessary.

Name	*Relationship to You*	*Employment Status*	*Occupation (if working)*	*Age*	*Tax Dependent*

SECTION F: STATEMENT OF MONTHLY HOUSEHOLD INCOME. *Must be completed.*

Itemize all sources of income for you and all members of your household (as identified in Section E) on a monthly basis. Amounts indicated should reflect the **net take-home pay**. Indicate "NA" in the "Amount of Income" column as appropriate. As outlined in Section C, documentation of all income should be attached to this application.

DESCRIPTION OF INCOME	MONTHLY NET AMOUNT
Your Salary	
Spouse's Salary	
Part-Time Employment Income	
Self-Employment/Business Income	
Social Security	
Pensions/IRAs	
Child Support/Alimony	
Unemployment	
Insurance Benefits (Workers' Comp, Disability, etc.)	
Rental Income	
Loans Received	
Family Assistance	
Credit Union Amount /monthly	
Other (Describe)	
Other (Describe)	
TOTAL MONTHLY NET INCOME	

SECTION G: STATEMENT OF MONTHLY HOUSEHOLD EXPENSES. *Must be completed.*

Itemize all recurring monthly expenses for you and all members of your household (as identified in Section E). As outlined in Section C, documentation of applicable expenses should be attached to this application. Attach additional pages if necessary.

DESCRIPTION OF EXPENSES	MONTHLY AMOUNT	DESCRIPTION OF EXPENSES	MONTHLY AMOUNT
Rent/Mortgage		Gas or commuting expenses (average)	
Second Mortgage		Auto Insurance Premium (monthly payment)	
Automobile Loan(s)		Water	
Other Loans		Telephone	
Debt Repayments (not payroll-deducted)		Cell Phone	
Credit Cards (monthly payment)		Cable	
Alimony/Child Support		Natural Gas	
Child Care		Electricity	
Tuition		Other Utilities:________________	
Insurance (not payroll-deducted)		Food (average)	
Prescription Drugs		Household items	
Other:____________________		Other:____________________	
		TOTAL MONTHLY RECURRING EXPENSE	

SECTION H: STATEMENT OF EXPENSES OF A NON-RECURRING NATURE. *Complete if applicable.*

List all other expenses of a one-time or periodic nature that do not qualify as a unforeseeable financial hardship, but impair your ability to pay for the financial hardship for which you are applying, such as taxes, single-payment or balloon-note loans, household or vehicle repair estimates or invoices, attorney fees, etc. As outlined in Section C, documentation of all expenses should be attached to this application.

DESCRIPTION OF EXPENSES	AMOUNT

SECTION I: STATEMENT OF HOUSEHOLD ASSETS ("WHAT YOU OWN"). *Must be completed.*

List all household financial and non-financial assets for you and all members of your household (as identified in Section E). Attach current copies of account statements.

TYPE OF ASSETS	DESCRIPTION OF ASSETS	VALUE ($)
Checking Accounts (current balance)		
Savings Accounts (current balance)		
Property Other Than Primary Residence (current market value)		
401(k), 403(b), IRA or other tax-sheltered accounts		
Cash Available in Life Insurance Policy:		
Other liquid assets* (describe):		
	TOTAL ASSET VALUE	

*Stocks, bonds, T-bills, CDs, Money Market Certificates, mutual funds, savings bonds, other market securities and saleable commodities

SECTION J: DEMONSTRATION OF HARDSHIP DEBT FINANCING EFFORTS. *Complete If applicable.*

Please note, if you are currently not receiving any type of income, please skip this section. Prior to applying for an Unforeseeable Emergency Withdrawal, you must first attempt to meet your financial need by using and accessing all other available resources. This Federal requirement means that you should also attempt to meet any need through borrowing from commercial sources on reasonable commercial terms before applying for an Unforeseeable Emergency Withdrawal. Detail below any recent efforts you or members of your household made after the date of the Unforeseeable Emergency Event (as set forth in Section D) to address the unforeseeable Emergency through commercial borrowing (whether or not such efforts were successful.) Identify the Lending Institution(s) applied to, the amount(s) requested, the application and decision dates, and whether an application was approved or denied. If a decision is still pending, enter "pending" in the decision date field. If you or members of your household were denied financing, you must include a loan denial letter from the institution.

Name of Lending Institution	*Amount Requested*	*Application Date*	*Decision Date*	*Approved or Denied?*

SECTION K: OTHER RELEVANT DOCUMENTATION. *Complete if applicable.*

Describe in this section and attach with the application any other documents relevant to determining your eligibility for emergency withdrawal not previously itemized in the preceding sections. This type of information will most commonly bear on the question of the non-recurrent nature of the hardship request. Such supplemental documentation may relate to legal or administrative proceedings which have impacted your situation, such as: divorce decrees or property settlements, separation agreements, restraining orders, police reports, adoption or custody proceedings, bankruptcy proceedings, repossession or foreclosure notices, wage garnishments, liens or seizures, child support recovery orders, civil suit pleadings and filings, etc.

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SECTION L: UNDERSTANDINGS, ACKNOWLEDGEMENTS & CERTIFICATIONS. *Must be completed.*

I acknowledge the right of State of Hawaii Island $avings Plan to request such information and documentation from me as it deems necessary to determine whether there is sufficient evidence to reliably conclude that all statutory and regulatory requirements for a qualifying Unforeseeable Emergency Withdrawal have been met. If I fail to provide sufficient information, I further acknowledge that my Application cannot be reviewed. I understand that any information or documentation provided shall be accessible only by authorized staff, and shall be used solely to determine withdrawal qualification, and shall otherwise be kept confidential. I affirm that I am unable to liquidate any or all remaining assets to pay for the emergency because it would in itself cause a severe financial hardship.

Regardless of my withholding option, I understand I will be liable for all Federal taxes that may result from this withdrawal. Additionally, I acknowledge that I am liable for any State taxes subsequently due as a result of this distribution.

I certify that the information I have provided is true and correct and will be relied upon in processing my request and the tax implications regarding this disbursement. I understand that any failure in this regard, inaccurate assertion or misrepresentation may jeopardize the ability of my employer to offer a plan and may subject me to disciplinary action, including severance from employment. I will be responsible for its accuracy in the event any dispute arises with respect to the transaction. I certify all other distributions (other than hardship distributions) and non-taxable loans have been obtained or sought and any loans which are available will cause further hardship, therefore this hardship disbursement is necessary. I also certify that I have stopped contributions to the plan.

Signature X____ Date__________________________

ATTACHMENT FOR MEDICAL EXPENSES

Definition: Expenses for (or necessary to obtain) medical care. *

IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

Please check the documentation that you have enclosed to be sure it follows the guidelines listed below.

☐ If these expenses are for a dependent, ONE of the following MUST be provided to show proof of dependency:

- First page of the latest federal 1040 tax form
- Copy of a birth/adoption certificate (listing mother and father) – only if the child is 18 years of age or younger
- Official Marriage License/Certificate

REQUIRED DOCUMENTATION

Qualified Medical Expenses: (*Check all that apply and enclose with Withdrawal Request Form and documentation.)* **Note**: *Funds can only be disbursed for **Unpaid** bills.*

☐ **Medical Expenses**: Copy of current (within the last 30 days) unpaid medical bills with an outstanding balance that show:

- Patient's name (must be the participant or a dependent)
- Date of service
- The insured and uninsured portion of expenses
- Total amount due after insurance has been applied

Note: *If medical costs are not covered by insurance, the medical bill must be noted by the medical provider; and must be signed, titled, and dated by a representative of that medical provider.*

☐ **Long Term Care Services**:

Copy of current dated (within the last 45 days) itemized bill on the medical provider's letterhead showing the following:

- Patient's name
- The total amount due after insurance has been applied

☐ **Insurance Premiums for Medical Expenses or Long-Term Care Services**:

- Copy of insurer's bill for premiums on letterhead (dated within the last 45 days)
- The participant or dependent **listed** as the patient or insured.

Note: *These premiums cannot be reimbursed by any Employer*.

I am requesting this amount due to my: *(please check one, complete as necessary, and then sign/date)*

- ○ **Own medical expenses**
- ○ **Spouse's medical expenses**
- ○ **Child's medical expenses**
- ○ **Dependents/Primary Beneficiary medical expenses**

Name____**Relationship** _______________________________

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

I certify that the expenses for which I am requesting an unforeseen emergency withdrawal: 1) have not and will not be reimbursed or paid through insurance or otherwise, and 2) were incurred for medically necessary services.

Signature X____ Date__________________________

ATTACHMENT FOR PAYMENTS TO PREVENT EVICTION OR FORECLOSURE

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

IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

Please check the documentation that you have enclosed to be sure it follows the guidelines listed below.
***Note**: Funds can only be disbursed for **Unpaid** bills.*

REQUIRED DOCUMENTATION

Payments to Prevent Eviction Documentation: *(Check box and enclose with the Withdrawal Request form.)*

☐ **Copy of the eviction notice or court order that must provide all of the following:**

- Your name (this must be listed to show financial responsibility)
- Property address (if address on documentation does not match address on file with Prudential, see information below)**
- Be dated within 45 days of your request
- Total amount due to prevent eviction
- Future due date to prevent eviction
- Specific months for which the rent/payment is due
- Landlord's dated signature and TITLE (Examples: landlord, property manager, homeowner, etc)
- Landlord's contact information (phone number and/or address)

Payments to Prevent Foreclosure Documentation: *(Check all that apply and enclose with the Withdrawal Request form.)*

☐ **Copy of the foreclosure notice/reinstatement letter from the financial institution that provides the following:**

- Notice or letter must be on financial institution's letterhead
- Your name (this must be listed to show financial responsibility)
- Property address (if address on documentation does not match address on file with Prudential, see information below)**
- Be dated within 45 days of your request
- Total amount due to prevent foreclosure (months may be required upon review of documentation)
- Future due date to prevent foreclosure

☐ **Delinquent property taxes qualify if they are taxes on the participant's primary residence and will result in foreclosure or sale of the property. This notice must provide the following:**

- The county tax office on business letterhead
- Your name (this must be listed to show financial responsibility)
- Property address (if address on documentation does not match address on file with Prudential, see information below)**
- Be dated within 45 days of your request
- The tax year(s) that are due
- Total amount due to prevent the foreclosure/sale of property
- Future due date to prevent foreclosure/sale of property

****If your address on file with Prudential does not match the address of your primary residence on the eviction or foreclosure notice, please provide ONE of the following as proof of your primary residence:**

- Copy of your valid driver's license showing your primary residence **OR**
- Copy of a current dated (within the last 45 days) bill showing your primary residence **OR**
- A signed, dated, NOTARIZED letter stating that the home in foreclosure or the residence that you are being evicted from is your primary residence.

ATTACHMENT FOR FUNERAL/BURIAL EXPENSES

Definition: Payments for burial/funeral expenses for the participant's deceased parents, spouse, children, or dependents, or primary beneficiary.

IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

Please check the documentation you have enclosed to ensure it qualifies as an eligible expense and follows the guidelines below.

Eligible Expenses: opening/closing of a grave, burial plot, burial vault or grave liner, marker or monument, crypt, cemetery perpetual care charges, honoraria for clergy, funeral breakfast/luncheon/dinner expenses associated with the funeral/memorial service, flowers, guest registers and acknowledgment cards, music, urn or casket.

Not Eligible Expenses: invoices that have been paid, burial expenses to the extent that they are covered by Veterans benefits, travel expenses incurred by family members to attend the funeral, and prearranged/prepaid funerals.

☐ If these expenses are for a dependent or primary beneficiary, ONE of the following MUST be provided to show proof of dependency:

- First page of the latest federal 1040 tax return
- Copy of birth/adoption certificate (listing mother and father)
- Official Marriage License/Certificate

REQUIRED DOCUMENTATION

Qualified Burial/Funeral Expenses ***(Check all that apply and enclose with the Withdrawal Request form and documentation.)*** **Note:** Funds can only be disbursed for **Unpaid** bills.

☐ Provide a copy of the current (dated within 45 days) Funeral Home bill showing the following:

- On Funeral Home letterhead
- Name of the deceased
- The **unpaid** balance due
- The participant as the responsible party for payment

☐ Provide a copy of unpaid, itemized invoice(s) from other parties which are current dated (within 45 days). Show the following:

- Letterhead of provider
- Name of the deceased
- Unpaid balance due showing the participant as the responsible party for payment

☐ Copy of the death certificate

I am requesting this amount due to my: (please check one and complete as necessary)

☐ Parent's death
☐ Spouse's death
☐ Child's death
☐ Dependent's/Primary Beneficiary's death

Dependent/Primary Beneficiary Name____________________________________Relationship_____________________

ATTACHMENT FOR 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 section 165 (determined without regard to whether the loss exceeds 10% of adjusted gross income).*

IMPORTANT: PLEASE READ AND COMPLETE BEFORE SUBMISSION OF REQUEST

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. If the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account.

REQUIRED DOCUMENTATION

- ☐ **Evidence of casualty (a detailed description of the events that resulted in the casualty). Please submit:**
  - Pictures and/or articles of newspaper clippings as evidence
  - A signed/dated letter of explanation indicating the property address that sustained the loss.

  NOTE: *The property address which sustained the loss must be your primary residence.*

- ☐ **Unpaid current dated (within 45 days of hardship request) invoices and/or contracts that provide:**
  - Your name and property address (must match the address on file with Prudential)
  - Itemization of the repair(s)
  - Total amount due
  - Signature of both the participant and the contractor

  NOTE: *We cannot accept an ESTIMATE of these charges.*

- ☐ **Copies of insurance claims from your insurance company as evidence that the damages have not been covered by your homeowner's insurance.**

- ☐ **If your address on file with Prudential does not match the address of your primary residence as listed on the casualty description or invoices, please submit ONE of the following:**
  - A copy of your current driver's license which shows your primary residence address. OR
  - A signed/dated/NOTARIZED letter stating that the home affected by the casualty is your primary residence.

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

- ☐ **Fire**
- ☐ **Storm**
- ☐ **Other Casualty-This may require further review by plan, legal, etc.**
- ☐ **Theft**

Description of the Casualty or Theft:

____

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____

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.

The participant can only qualify 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.

The amount of loss is based upon the lesser of the difference between the market value of the property before and after the casualty occurrence or the loss in the basis of the property.

Because of the difficulties of ascertaining the timing of the casualty loss and the dollar amount of the loss, your claim can only be processed through this procedure using the specified documents, and you are strongly urged to discuss with your own tax, accounting or legal advisors the proper measurement of the amount of the casualty deduction loss and the taxable year for which it qualifies as a casualty loss.

Applies to Section 457(b) Governmental Plans Only

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 70 . (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, separate accounts) 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 you may receive from the employer's plan (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. In addition, distributions from this Plan are generally not subject to the 10% additional income tax that applies to pre-59 distributions from other types of plans. However, any distribution from this Plan that is attributable to an amount you roll over to the Plan from another type of eligible employer plan or IRA amount is subject to the 10% additional income tax if it is distributed to you before you reach age 59 (unless an exception applies, see "What are the exceptions to the 10% additional income tax that applies to early distributions" below).

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.

<u>If you do a direct rollover</u>, 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.

<u>If you do not do a direct rollover</u>, 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. 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.

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 70 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) or after death;
- Unforeseeable emergency distributions;
- 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; and
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

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

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 59 , 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.

What are the exceptions to the 10% additional income tax that applies to early distributions?

In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions applicable to Section 401 and 403 employer plans for early distributions from a plan, which are as follows:

- 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 of up to $5,000 made to you within one year after the birth or adoption of a child;
- 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.

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

If 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 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 59 (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 will be taxed. If 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, the 10% additional tax on early distributions may apply to amounts you had previously rolled over from another type of eligible employer plan (unless an exception applies).

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 59 (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying this 5-year rule, you count from January 1 of the year your first contribution was made to the 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 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 special rules for public safety officers do not apply.

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 59 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 70 (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949).

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 70 . (if born before July 1, 1949) or age 72 (if born after June 30, 1949).

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.

You can easily print this notice using your computer's print function. However, if you would like us to provide you a printed copy, please contact us at 877-778-2100 and we will mail you one, free of charge. Note that you will need to complete the authentication process when you call so we can be sure to send you the correct version for your plan.