

CMCSS 403(B) RETIREMENT SAVINGS PLAN

1014271-01

When would I use this form?

When I am requesting a withdrawal due to a Hardship.

I should not use this form:

- If I have separated from employment with the employer/company sponsoring this Plan, instead, I should use the Separation from Employment Withdrawal Request.
- If I am eligible to request an in-service withdrawal from my Plan or if I am 59½ or older, I should use the In-Service Withdrawal Request.
- If this account was transferred to me due to death, instead, I should use the Death Benefit Claim Request.
- If this account was transferred to me due to divorce, instead, I should use the Alternate Payee QDRO Distribution Request.

Additional Information

- By logging into my account on the website at mlr.metlife.com, I may track the status of this withdrawal request.
- For questions regarding this form, refer to the attached Participant Hardship Withdrawal Guide ("Guide"), visit the website at mlr.metlife.com or contact Service Provider at 1-800-543-2520.
- Return Instructions for this form are in Section H.
- Use black or blue ink when completing this form.

A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies a participant with multiple accounts.

Account Extension

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U.S. Social Security/U.S. Taxpayer Identification Number
(Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth (mm/dd/yyyy) **Required**

(The name provided MUST match the name on file with Service Provider.)

()

Daytime Phone Number

Mailing Address on My Account

()

Alternate Phone Number

City

State

Zip Code

- I have confirmed the address on my account by accessing my account online at mlr.metlife.com. If the address on my account does not match the address provided above, there will be processing delays.
- If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.
- Once the address is updated, I may submit this form with my new address entered above.

Email Address

Select One (Required):



I am a U.S. Citizen or U.S. Resident Alien.

I am a Non-Resident Alien or Other. (Complete 'Non-Resident Alien or Other Certification' section.)

Required - Provide Country of Residence: _____

B What is my reason for this Hardship withdrawal?

(Continue to the next section after completing.)

Medical Care

Expenses for or necessary to obtain medical care deductible under Internal Revenue Code ("IRC") §213(d) for myself, spouse or dependents without regard to whether the expenses exceed 7.5% of adjusted gross income.

Principal Residence

Costs directly related to the purchase of my principal residence (not including mortgage payments).

Eviction or Foreclosure

To prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence. By checking this box, I certify that there are no legal proceedings that can prevent foreclosure or eviction.

Tuition

Payment of tuition, related educational fees, and room and board expenses for the next twelve months of post secondary school education for myself, spouse, children, or dependents as defined in IRC §152.

Funeral Expenses

Payments for burial or funeral expenses for my deceased parent, spouse, children, or dependent as defined in IRC §152 if permitted by the Plan.

Last Name _____

First Name _____

M.I. _____

U.S. Social Security Number _____

Number _____

B What is my reason for this Hardship withdrawal? *(Continue to the next section after completing.)* **Principal Residence Repair**

Expenses for repair of damage to my principal residence attributable solely to a disaster declared by the President under the Disaster Relief and Emergency Assistance Act that would qualify for the casualty deduction as defined in IRC §165 if permitted by the Plan.

C What amount am I requesting for my Hardship withdrawal? *(Continue to the next section after completing.)*Amount \$ _____ Net Amount

If I check the Net Amount box, the amount written on the line, is the amount I will receive after applicable income taxes and fees (*not including any delivery charges*) are withheld.

- For example: If the amount I am requesting is \$10,000.00, and my total tax/fee withholding is \$1,500.00, the total amount taken from my account will be \$11,500.00, resulting in a payment of \$10,000.00 to me.

If I do not check the Net Amount box, the amount I will receive will be less than the amount requested after applicable income taxes and fees (*not including any delivery charges*) are withheld.

- For example: If the amount I am requesting is \$10,000.00, and my total tax/fee withholding is \$1,500.00, the total amount taken from my account will be \$10,000.00, resulting in a payment of \$8,500.00 to me.
- The amount I request for hardship may not exceed the amount of my financial need.
- If the amount requested exceeds available funds or exceeds limits imposed by IRC, regulations and/or Plan terms, the hardship will be processed for the maximum amount available.
- **If my request is approved, and unless the Plan has directed otherwise, the Hardship withdrawal will be prorated across all available money sources and investment options.**
- **My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-800-543-2520.**

D How do I want my Hardship withdrawal delivered? *(Continue to the next section after completing.)*

Select One - Once complete request is received in good order, delivery of payment is based on completion of the withdrawal process and the timing of approval.

- If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- If I would like to make a change to what I previously selected, I must cross-out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.

 Check by USPS Regular Mail

- Estimated delivery time is up to 5 business days.
- No additional charge.

 Check by Express Delivery

- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday - Friday, with no signature required upon delivery.
- If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.

 Direct Deposit via New Automated Clearing House ("ACH")

- **I understand that to establish Direct Deposit via ACH, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Authorized Plan Administrator Signature' section of this form. If either the required documentation is not attached or my signature is not notarized or witnessed, ACH will not be established on my account and a check will be mailed to the address on my account.**

- Estimated delivery time is 2-3 business days.
- No additional charge.

• **The name on my checking/savings account MUST match the name on file with Service Provider.**

• **If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address on my account to avoid any delays in processing.**

• **By entering banking information, I authorize Service Provider to access records from public and proprietary sources in order to validate that I am the owner of the bank account. This process will not affect my credit.**

- Checking Account - **MUST include a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, checking account number and ABA routing number.

- Savings Account - **MUST include a letter on financial institution letterhead, signed by a representative** from the receiving institution, which includes my name, savings account number and ABA routing number.

An ACH request **cannot** be sent to a prepaid debit card, business account or other retirement Plan. By requesting my withdrawal via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of my ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.

Last Name

First Name

M.I.

U.S. Social Security Number

Number

D	<p>How do I want my Hardship withdrawal delivered? <i>(Continue to the next section after completing.)</i></p> <p><i>Select One - Once complete request is received in good order, delivery of payment is based on completion of the withdrawal process and the timing of approval.</i></p>												
	<p><input type="checkbox"/> Direct Deposit via Existing Automated Clearing House ("ACH")</p> <ul style="list-style-type: none"> • I have an existing ACH that has been on file for at least fifteen (15) days and I wish to use it for this Withdrawal request. If my ACH has not been established on my account for at least 15 days, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Authorized Plan Administrator Signature' section of this form. • Estimated delivery time is 2-3 business days. • No additional charge. • Not available for Direct Rollovers. • Complete the information below in order to properly identify the ACH account. • If the Direct Deposit information is incomplete or illegible, then a check will be mailed to the address on my account to avoid any delays in processing. • By entering banking information, I authorize Service Provider to access records from public and proprietary sources in order to validate that I am the owner of the bank account. This process will not affect my credit. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">Bank Information</th> </tr> <tr> <td style="width: 25%; padding: 2px;">Bank Account Nickname <i>(Optional)</i></td> <td style="width: 25%;"></td> <td style="width: 25%; padding: 2px;">Bank or Financial Institution Name</td> <td style="width: 25%;"></td> </tr> <tr> <td style="padding: 2px;">Last 4 digits of the Bank Account Number</td> <td colspan="3"></td> </tr> </table> <p><input type="checkbox"/> Wire Transfer</p> <ul style="list-style-type: none"> • I understand that to have my proceeds sent as a Wire transfer, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Authorized Plan Administrator Signature' section of this form. If either the required documentation is not attached or my signature is not notarized or witnessed, my proceeds will not be sent by Wire transfer and a check will be mailed to the address on my account. • Estimated delivery time is 1-2 business days. • A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees. • <u>MUST</u> Include a letter on financial institution letterhead, signed by a representative from the receiving institution, which provides the wire transfer instructions. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number. • Additional fees may apply at the receiving financial institution. • Service Provider is not responsible for inaccurate wire transfer instructions. 	Bank Information				Bank Account Nickname <i>(Optional)</i>		Bank or Financial Institution Name		Last 4 digits of the Bank Account Number			
Bank Information													
Bank Account Nickname <i>(Optional)</i>		Bank or Financial Institution Name											
Last 4 digits of the Bank Account Number													
E	<p>Non-Resident Alien or Other Certification <i>(Continue to the next section after completing.)</i></p> <p><i>Only Complete if I indicated I am a non-resident alien or other under Section A of this form.</i></p> <p>Do not complete if U.S. Citizen or U.S. Resident Alien was indicated in Section A of this form.</p> <p>Under penalty of perjury, if I checked Non-Resident Alien or Other in Section A of this form, my signature certifies that:</p> <ul style="list-style-type: none"> • I am the individual that is the beneficial owner of all the income to which this form relates or am using this form to document myself for chapter 4 purposes. • I am not a U.S. person • The income to which this form relates is: <ol style="list-style-type: none"> a. not effectively connected with the conduct of a trade or business in the United States, b. effectively connected but is not subject to tax under applicable income tax treaty, or c. the partner's share of a partnership's effectively connected income. • I am a resident of the treaty country listed below under the "Claim of Tax Treaty Benefits" (if any) within the meaning of the income tax treaty between the United States and that country. • I agree that I will submit a Form W8-BEN within 30 days if any certification made on this form becomes incorrect. <p>Identification of Beneficial Owner</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;">Country of citizenship</td> <td style="width: 50%; border-bottom: 1px solid black; padding: 2px;">Foreign tax identifying number</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;">Permanent resident address <i>(street, apt. or suite no., or rural route)</i> Do not use P.O. Box or in-care of address</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">City or town, state or province. Include postal code where appropriate.</td> <td style="border-bottom: 1px solid black; padding: 2px;">Country</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px;">Mailing Address <i>(if different from above)</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px;">City or town, state or province. Include postal code where appropriate.</td> <td style="border-bottom: 1px solid black; padding: 2px;">Country</td> </tr> </table>	Country of citizenship	Foreign tax identifying number	Permanent resident address <i>(street, apt. or suite no., or rural route)</i> Do not use P.O. Box or in-care of address		City or town, state or province. Include postal code where appropriate.	Country	Mailing Address <i>(if different from above)</i>		City or town, state or province. Include postal code where appropriate.	Country		
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City or town, state or province. Include postal code where appropriate.	Country												
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City or town, state or province. Include postal code where appropriate.	Country												

Last Name _____

First Name _____

M.I. _____

U.S. Social Security Number _____

Number _____

E Non-Resident Alien or Other Certification *(Continue to the next section after completing.)*
Only Complete if I indicated I am a non-resident alien or other under Section A of this form.

Claim of Tax Treaty Benefits *(for chapter 3 purpose only)*
 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
Special rates and conditions (if applicable): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on the line above to claim a _____% rate of withholding on (specify type of income): _____
 Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

F How will my income taxes be withheld? *(Continue to the next section after completing.)*

<p>Federal Income Tax</p> <ul style="list-style-type: none"> 10% of the total taxable amount of my withdrawal will be withheld for Federal Income Tax, unless I check the box below: <ul style="list-style-type: none"> <input type="checkbox"/> Do not withhold 10% Federal Income Tax from my Hardship withdrawal. <p>I would like additional Federal Income Tax withholding <i>(Optional)</i>: _____% or \$ _____ <i>(This is in addition to any mandatory Federal Income Tax withheld.)</i></p>	<p>State Income Tax</p> <p>I should refer to information from the Department of Revenue for my state of residence. If applicable, I must attach my State Income Tax withholding form to make tax elections when required. In the event the withholding form is required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.</p> <ul style="list-style-type: none"> State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below. I would like additional State Income Tax withholding: _____% or \$ _____ <i>(This is in addition to any mandatory State Income Tax withheld.)</i> Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I elect otherwise below. If the checkbox is not marked below, I choose to have State Income Tax withheld from my withdrawal. I would also like to have additional State Income Tax withholding: _____% or \$ _____ <i>(This is in addition to any elective State Income Tax withheld.)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Do not withhold State Income Tax <i>(if election is permitted and I have attached the proper election form if required by my state).</i> Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding. <ul style="list-style-type: none"> <input type="checkbox"/> I would like State Income Tax withheld - Optional State Income Tax withholding: _____% or \$ _____ <i>(If this optional income tax election is permitted. I also have attached the proper income tax election form if required by my state to elect this optional withholding.)</i>
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G Signatures and Consent *(Signatures must be on the lines provided.)* *(After receiving ALL required signatures, continue to the next section.)*

My Consent *(Please sign on the 'My Signature' line below.)*

I acknowledge that I have received, read, understand and agree to all pages of this Hardship Withdrawal Request form and affirm that all information that I have provided is true and correct. I understand the following:

- Any election on this Hardship Withdrawal form is made voluntarily and is effective for 180 days.
- I have taken all withdrawals other than hardship withdrawals and all nontaxable loans *(to the extent such loans do not cause a hardship to me)* under the Plan and all other qualified plans of the employer.
- I am liable for any income tax and/or penalties assessed by the IRS and/or state tax authorities for any election I have chosen.
- I certify that the requested hardship is on behalf of myself, my spouse, dependent, child, or deceased parent, as permitted under the terms of the plan for the hardship reason I have provided on this form.
- Once a payment has been processed, it cannot be changed or reversed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.
- Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.
- Under penalty of perjury, I certify that the U.S. Social Security Number or U.S. Taxpayer Identification Number shown in Section A is correct. I am a U.S. Person if I marked the U.S. Citizen or U.S. Resident Alien box in Section A of this form.
- Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person

Last Name _____

First Name _____

M.I. _____

U.S. Social Security Number _____

Number _____

G Signatures and Consent (Signatures must be on the lines provided.) (After receiving ALL required signatures, continue to the next section.)

My Consent (Please sign on the 'My Signature' line below.)

designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

- **Additional authentication may be necessary before my withdrawal is processed and/or payment released.**

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Before signing this form: My signature must be notarized by a Notary Public or witnessed by my authorized Plan Administrator if I am requesting Direct Deposit via New ACH or a Wire Transfer or my existing ACH has not been on file for at least fifteen (15) days. If I use a Notary Public, the date that I sign this form must match the date of the Notary Public signature.

My Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

My Signature Notarization

My signature notarization is only required if I am requesting:

Direct Deposit via New ACH or Wire Transfer - Not required for Direct Deposit via Existing ACH unless established less than 15 days ago. *May also be witnessed in the 'My Authorized Plan Administrator Signature' section below.*

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by Notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and my name. Notary forms not containing this information will be rejected and it will delay this request.

The date I sign this form in the 'My Consent' section must match the date on which my signature is notarized.

Statement of Notary

NOTE: Notary seal must be visible.

This request was subscribed and sworn (or affirmed) to before me

State of _____) on this _____ day of _____, year _____, by

SEAL

)ss. **(name of participant)** _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public _____ My commission expires ____ / ____ / ____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

My Authorized Plan Administrator Signature (Please sign on the 'Authorized Plan Administrator Signature' line below.)

I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received from the Plan any notices required by law. I further certify that the employer sponsoring this plan has no knowledge that the participant's financial need may be relieved from other resources, including loans from other plans maintained by the employer, that are reasonably available to the participant without being counterproductive or increasing the amount of the need. The appropriate consent and waivers have been obtained by the Plan Administrator and Service Provider is authorized to rely on the information provided on this request. I hereby determine that the above participant is entitled to a withdrawal of the amount requested due to hardship and authorize the processing described on this form. I approve this withdrawal as it is presented on this form.

If the participant request includes a transaction that requires notarization or Plan Administrator witness and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.

I represent that I am an authorized signer on behalf of the above-named Plan and have an authority to instruct Service Provider to process this form.

Authorized

Plan Administrator Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name _____

H	Where should I send this form?						
	<p>After all signatures have been obtained, this form can be</p> <table border="0" style="width: 100%;"><tr><td style="width: 25%;">Uploaded Electronically: Login to account at mlr.metlife.com Click on Upload Documents to submit</td><td style="width: 25%; text-align: center;">OR</td><td style="width: 25%;">Faxed to: MetLife c/o FASCore, LLC 1-866-745-5766</td><td style="width: 25%; text-align: center;">OR</td><td style="width: 25%;">Sent Regular Mail to: MetLife c/o FASCore, LLC PO Box 173768 Denver, CO 80217-3768</td><td style="width: 25%; text-align: center;">OR</td><td style="width: 25%;">Sent Express Mail to: MetLife c/o FASCore, LLC 8515 E. Orchard Road Greenwood Village, CO 80111</td></tr></table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>	Uploaded Electronically: Login to account at mlr.metlife.com Click on Upload Documents to submit	OR	Faxed to: MetLife c/o FASCore, LLC 1-866-745-5766	OR	Sent Regular Mail to: MetLife c/o FASCore, LLC PO Box 173768 Denver, CO 80217-3768	OR
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Participant Hardship Withdrawal Guide - 403(b)

The Hardship Withdrawal Request

Before completing the form, please note the following information:

- All pages of the Hardship Withdrawal Request form ("Withdrawal Form") must be returned.
- Neither this Guide nor this Withdrawal Form are intended to provide tax or legal advice. In the preparation of this Withdrawal Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- MetLife c/o FASCore, LLC ("Service Provider") cannot release the funds until my Plan Administrator approves the withdrawal from the Plan.
- **I must complete a separate Withdrawal Form for each account or plan number.**
- **If I am eligible to request an in-service withdrawal from my Plan or if I am 59½ or older, I should use the In-Service Withdrawal Request.**
- **If I am a Beneficiary, I need to complete and submit a Death Benefit Claim Request form rather than this Withdrawal Form.**
- **If I am an Alternate Payee, I need to complete and submit an Alternate Payee QDRO Distribution Request rather than this Withdrawal Form.**

Changes to My Request

- Any changes to this Withdrawal Form must be crossed-out and initialed. If I do not initial all changes, this Withdrawal Form may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this Withdrawal Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Withdrawal Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Section A: What is my personal information?

- All information in this section must be completed.
- The name provided MUST match the name on file with Service Provider.
- Personal information will be kept confidential.
- If I am a Non-Resident Alien, refer to the 'Non-Resident Alien or Other Certification' section of this Guide.
- I have confirmed the address on my account by accessing my account online at mlr.metlife.com. If the address on my account does not match the address provided in this section, there will be processing delays.
- If I require an address change, I must update my address with my employer who will then need to update the address Service Provider has on file.
- Once the address is updated, I may submit this form with my new address entered in this section.

Section B: What is my reason for this Hardship withdrawal?

- I must choose the reason for my hardship withdrawal in this section and attach the corresponding required documentation in order for my request to be processed.

Safe Harbor - My Plan allows for a hardship distribution based on a Safe Harbor provision.

- A distribution is deemed to be for an immediate and heavy financial need if it is made for any one or a combination of the reasons specified in the "What is my reason for this Hardship withdrawal?" section of this form. In addition, a Safe Harbor hardship distribution is subject to the following additional rules:
- I am required to receive all withdrawals (other than hardship withdrawals), and all available nontaxable loans, from this and all other plans maintained by the employer (including a related employer) and I cannot make any elective deferrals or after-tax contributions for at least 6 months (or longer if required by my Plan) after the hardship withdrawal to all Plans maintained by the employer.

Section C: What amount am I requesting for my Hardship withdrawal?

Available contribution source(s) for my Hardship withdrawal:

- DCR1 457 ROLLOVER
- QPR1 401 ROLLOVER
- TSR1 403B ROLLOVER
- IRR1 IRA ROLLOVER
- BEF1 403B EMPLOYEE PRE-TAX VOL
- Pursuant to the Internal Revenue Code ("IRC"), the amount distributable upon hardship is limited to my total elective deferrals as of the date of withdrawal, reduced by any previous withdrawals. Further, if the Plan allows, the distributable amount may be increased by 1) employer contributions; and 2) the earnings allocable to the elective deferrals that were credited to my account no later than December 31, 1988 or the end of the last Plan year ending before July 1, 1989, whichever is later.
- The amount I request for hardship may not exceed the amount of my financial need. The amount withdrawn for hardship may include amounts necessary to pay Federal and/or State income taxes, or any applicable premature distribution penalty tax.
- Unless the Net Amount box has been selected, the amount I request will be a gross amount; that is, Federal and/or State Income tax will be withheld from my requested amount.
- Amounts transferred from my prior record keeper will not be available for hardship withdrawals unless Service Provider has received a report from the prior record keeper or the Plan Administrator showing the amounts available for hardship withdrawal. If regular payroll contributions have not been received, the amount available for hardship withdrawal may be zero.

Section D: How do I want my withdrawal delivered?

- Once complete request is received in good order, delivery of payment is based on completion of the withdrawal process and the timing of approval.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- Below is a description of each delivery option.

Check by USPS Regular Mail

- Estimated delivery time is up to 5 business days.
- No additional charge.

Check by Express Delivery

- Estimated delivery time is 1-2 business days.

- A non-refundable charge of up to \$25.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday-Friday, with no signature required upon delivery.
- If the address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas.

Direct Deposit via New Automated Clearing House ("ACH")

- I would elect this option if I want my payment to be electronically deposited into my personal checking or savings account.
- Estimated delivery time is 2-3 business days.
- No additional charge.
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- For deposit into my **checking account**, I **MUST** attach a copy of a preprinted voided check for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, checking account number and the ABA routing number.
- For deposit into my **savings account**, I **MUST** attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, savings account number and the ABA routing number.
- **An ACH request can not be sent to a prepaid debit card, an IRA, or a business account.**
- Any missing, incomplete, or inaccurate information will delay my withdrawal request.
- ACH credit can only be made into a United States financial institution.
- Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

General ACH Information

- I authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.
- In addition, I authorize my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- Service Provider will make payment in accordance with the direction I have specified on this Withdrawal Form.
- If my financial institution rejects the ACH credit, Service Provider will make every attempt to fix the error and process the request. However, if Service Provider is still unable to send the ACH credit, a check will be mailed to the address that is on file with Service Provider.
- By selecting the ACH method of delivery, I acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Withdrawal Form.
- I am authorizing and directing my financial institution not to hold any overpayments made by Service Provider on my behalf, or on behalf of my estate or any current or future joint account holder, if applicable.
- ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution.
- Any requests received containing foreign financial institution instructions will be rejected and require new ACH or check delivery instructions.
- It is my obligation to notify Service Provider of any address or other changes affecting my electronic fund transfers during my lifetime.
- I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.

Direct Deposit via Existing Automated Clearing House ("ACH")

- I have an existing ACH that has been on file for at least fifteen (15) days and I wish to use it for this Withdrawal request. If my ACH has not been established on my account for at least 15 days, I must have my signature notarized in the 'My Signature Notarization' section or witnessed by my authorized Plan Administrator in the 'My Authorized Plan Administrator Signature' section of this form.
- Estimated delivery time is 2-3 business days.
- No additional charge.
- Not available for Direct Rollovers.

Wire Transfer

- Estimated delivery time is 1-2 business days.
- A non-refundable charge of up to \$40.00 will be deducted, in addition to any withdrawal fees.
- Additional fees may apply at the receiving financial institution.
- I **MUST** verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.
- I also **MUST** attach a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.

Section E: Non-Resident Alien or Other Certification

- If I am a non-resident alien, I must complete the 'Non-Resident Alien or Other Certification' section on this form.
- The withholding rate applicable to my payment is the thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields, tax treaty section, if applicable and provide a U.S. Taxpayer Identification Number. I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> for further information. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

Section F: How will my income taxes be withheld?

- If I do not have sufficient Federal or State Income Tax withheld from the taxable amount of my withdrawal, I will be responsible for payment of estimated tax and/or may incur penalties under estimated tax rules.
- If applicable, I have attached IRS Form W-4P and/or my State's Income Tax withholding form with my elections, if required. If these forms are required for my withdrawal, and are not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

Federal Income Tax Withholding

- Federal Income Tax will be withheld from the taxable amount of my withdrawal at the rate of ten percent (10%) unless I elect to not withhold Federal Income Tax by marking the box in the "How will my taxes be withheld?" section of the form.
- I may elect to withhold an amount greater than 10% and may do so by indicating the additional amount on the line provided.

Income Tax Withholding Applicable to Payments Delivered Outside the U.S.

- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding from the taxable amount of my withdrawal.

Income Tax Withholding for a Non-U.S. Person

- If I am a non-resident alien, I must complete the 'Non-Resident Alien or Other Certification' section on this form.
- The withholding rate applicable to the taxable amount of my payment is thirty percent (30%) unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields, tax treaty section, if applicable and provide a U.S. Taxpayer Identification Number. I may call 1-800-TAX-FORM (829-3676) or visit <http://www.irs.gov> for further information. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

State Income Tax Withholding

- If applicable, I will attach my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable state regulations.
- If I live in the state that mandates State Income Tax withholding, State Income Tax will be withheld. If I wish to have additional State Income Tax withheld, I may elect so by entering a percentage or dollar amount on the line provided.
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I properly elect otherwise on the form.
- Certain states do not require mandatory withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected. If I elect this, State Income Tax will be withheld based on a default rate/rules provided by the state of my residence. I may elect to have an additional State Income Tax withheld by entering a percentage or a dollar amount on the line provided.
- **For more information and applicable forms or documentation that may be required for my state**, refer to the appropriate state tax authority.

Section G: Signatures and Consent

- **Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.**

My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Withdrawal Form Request and the Participant Hardship Withdrawal Guide.

My Signature Notarization

Direct Deposit via New ACH or Wire Transfer

- If I have requested for my withdrawal to be delivered Direct Deposit via New ACH or as a Wire Transfer or if I have an existing ACH that was established less than 15 days ago, I must have my signature notarized or witnessed by my authorized Plan Administrator. If my signature is not notarized or witnessed by my authorized Plan Administrator or if the required documentation is missing, a check will be sent to address of record.

My Authorized Plan Administrator Signature

- My authorized Plan Administrator's signature is required even if I am only withdrawing employee funds in order for this Withdrawal Form to be processed.

Section H: Where should I send this form?

- Once I have completed this Withdrawal Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to upload or fax this Withdrawal Form, I need to allow 2-4 hours for confirmation of receipt before I check on the status and confirm that all pages have been received.
- We will not accept hand delivered forms at Express Mail addresses.

Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at mlr.metlife.com or call Client Service at 1-800-543-2520.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.