

Instructions for Requesting a Hardship Withdrawal

IUE-CWA 401(k) Retirement Savings and Security Plan

Instructions

Please print using blue or black ink. Enclosed are the following items needed to request a hardship withdrawal from your retirement plan. Please review and complete each of the items as described in the procedures below. Please forward this form to your Fund office to complete the 'Your Plan Authorization' section. This request cannot be processed without an authorized signature from your Fund office.

Please send completed form to:

IUE-CWA 401k Plan
1460 Broad Street
Bloomfield, NJ 07003

Questions?
Call 1-888-803-7449
for assistance.

Procedure Checklist

Item	Procedure	Return to address above?
Hardship Withdrawal Request Form	<ul style="list-style-type: none"> • Complete all relevant sections after reading all the information in the package. • You must indicate the reason for your hardship request on the form. • You must also provide the appropriate documentation evidencing financial need. • Sign and date the form. • Return this form to the above address for review, approval and processing. 	Yes
Attachments to the Hardship Request Form and Hardship Documentation	<p>The documents you need to attach to your Request for Hardship Disbursement to substantiate the nature of your hardship request are detailed on the <i>Attachments to the Hardship Request</i>. If any of the required documents are missing, your request for hardship cannot be processed.</p> <ul style="list-style-type: none"> • You must complete, sign, and return the appropriate attachment(s) or your request will be rejected. • You must include acceptable documentation within the specified timeframe with the attachments or your request will be rejected. 	Yes
Approval/Denial of Hardship Request	<p>Upon receipt of your hardship request, a review of all paperwork will be completed.</p> <ul style="list-style-type: none"> • If it is determined that you qualify for a hardship based on current Internal Revenue Code regulations, we will process your request. All hardship distributions are reported to the Internal Revenue Service on Form 1099-R. In the event of an audit you must retain documentation to support your claim of financial hardship and to demonstrate compliance. Tax or legal counsel should be consulted regarding the permissibility of any distribution. • If your paperwork is not in good order, the hardship distribution request will be denied. We will notify you by mail of our findings. Please note that the documents submitted will not be returned to you, therefore, please make copies for your records. 	No

Customer Service representatives are available to help you complete the forms, or answer general questions you may have about your distribution or about the plan. Our Interactive Voice Response (IVR) service is generally available 24/7 by calling us at 1-877-778-2100. Personal assistance with a Customer Service representative is also available Monday through Friday, 8 a.m. to 9 p.m. Eastern Time, except on holidays. Our representatives look forward to providing you with information in English, Spanish, or many other languages through an interpreter service. Account information is available for the hearing impaired by calling us at 1-877-760-5166. On the website, you are able to review your account information. You may access information on your account at www.prudential.com/online/retirement which is generally available 24/7



About You

Plan number Sub Plan number IUE-CWA 401(k) Retirement

Social Security number Marital status
 Not married
 Married-spousal signature required*

First name MI Last name

Address

City State ZIP code

Email address

Date of birth Gender M F
month day year

Daytime telephone number Evening telephone number
area code area code

Employer

Please review all the enclosed information before proceeding.

Marital status: Married-spousal signature may be required-see "For Married Participant's Only" section Not married

Withdrawal Request Amount

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

Maximum amount available

OR

Amount of \$ _____

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

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

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.

**Reason for
Hardship
Withdrawal**
*(Check all
that apply)*

I hereby request a Hardship Withdrawal for the following reason(s). I agree to provide the applicable documentation as described. *Please refer to Important Withdrawal Information for additional information on definition of dependent in IRC Section 152.

- Medical/Dental expenses incurred by me, my spouse, or any of my dependents.** These are un-reimbursed medical/dental expenses that must be paid to receive medical/dental care for the participant, the participant's spouse, the participant's dependents. *Please refer to the Attachment to the *Hardship Withdrawal Request: Medical/Dental Expenses* for required documentation.
- Purchase (excluding mortgage payments) of my principal residence.** These are expenses directly related to the purchase of a principal residence in which I shall reside excluding mortgage payments. *Please refer to the Attachment to the *Hardship Withdrawal Request: Purchase of a Principal Residence* for required documentation.
- Payment of tuition for the next 12 months of post-secondary education for me, my spouse, or any of my children, dependents.** This includes tuition, related education fees, and room & board expenses for up to the next 12 months of post secondary education for the participant, the participant's spouse, the participant's children or dependents. *Please refer to the Attachment to the *Hardship Withdrawal Request: Payment of Tuition and Related Expenses* for required documentation.
- Payments needed to prevent eviction or mortgage foreclosure on my principal residence.** These payments are necessary to prevent eviction of the participant from the participant's principal residence or foreclosure on the mortgage of the residence. *Please refer to the Attachment to the *Hardship Withdrawal Request: Payments to Prevent Eviction or Foreclosure* for required documentation.
- Payment of burial or funeral expenses for my deceased parent, spouse, children, dependents.** This includes payment for burial or funeral expenses for the participant's deceased parents, the participant's spouse, the participant's children or dependents. *Please refer to the Attachment to the *Hardship Withdrawal Request: Payments for Burial or Funeral Expenses* for required documentation.
- Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction.** This includes a casualty loss to the participant's principal residence that arose from fire, storm, earthquake or some other casualty. Only the portion of the expense that is not covered by insurance is eligible for this purpose. *Please refer to the Attachment to the *Hardship Withdrawal Request: Payments for Damage to Principal Residence* for required documentation.

**Election for
Withholding
of Federal
Taxes**

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

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

_____ % or \$ _____ .00

It is our understanding a hardship disbursement is not eligible to be rolled over. All or part of the taxable portion of your hardship disbursement may be subject to an additional 10% federal income tax penalty on early distributions, unless you qualify for an exception. Since neither Prudential nor any of its employees, agents or representatives can give legal, tax 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.

Express Mail
(check box if
applicable)

- I wish to have my disbursement check sent by express mail. Therefore, please deduct \$10.50 per check from my account prior to the distribution. **Please Note:** Express mail is *not* available for delivery to post office boxes.

Election For Withholding of State Income Taxes

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

- A. **Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory AR, CA*, DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), ME, NC, NE, OK*, OR*, VA or VT* applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.
 - My resident state is AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only) and I do not want state income tax withholding deducted from my distribution. (An election out of AR, DE, KS, ME, NC, or VA state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) **Important note to Maine (ME) residents, If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.**
 - *My resident state is one of the following: CA, OK, OR, **VT and withholding is required if federal income tax is withheld subject to 20% mandatory federal withholding, unless I elect out of state withholding. By checking this box I am electing out of state withholding. **An election out is not allowed for eligible rollover distributions.
- B. **Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.
 - I reside in one of the following voluntary withholding states: AL, CO, CT, DC, GA, ID, IL, IN, KY, IA, MD (non-eligible rollover distributions only), MI, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV (NE and VA state withholdong is voluntary for payments from IRA's only) and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)
 _____% or \$_____
 - I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.
- C. **No State Withholding:** Some states do not have state income tax withholding.
 - My resident state is one of the following: AK, FL, HI, NV, NH, SD, TN, TX, WA, WY and there is no state income tax withholding.
 - My resident state is AZ and there is no state income tax withholding on non-periodic (single sum) payments.

***For Married Participants**

Spousal Waiver
(We are unable to accept a fax copy notarized with a raised Seal)

I am the participant's spouse. I understand that I am entitled to a spousal death benefit under the Plan based on the participant's account balance at the time of his or her death. I understand that if this spousal benefit is in the form of a "qualified joint and survivor annuity" or QJSA, an explanation of the QJSA and other payment options was provided to the participant. I realize that the participant cannot waive this spousal benefit and obtain a distribution in the form requested by the participant or obtain a loan unless I consent. I acknowledge that the transaction requested by the participant may reduce or eliminate any benefit otherwise payable to me. I have reviewed the paperwork associated with the participant's request and confirm that it identifies the payment option requested by the participant and any non-spouse beneficiary. I voluntarily consent to the participant's waiver or loan request and acknowledge that this will authorize the request.

Spouse's signature **X** _____ Date _____
(Spouse's signature must be witnessed by a notary public OR authorized plan representative.)

Subscribed and sworn before me this _____ day of _____, the year _____

State of _____ County of _____

My commission expires _____ (Seal/Stamp)

Notary's signature **X** _____

OR

Authorized plan representative's signature **X** _____ Date _____

**Certification
of Financial
Hardship and
Authorization**

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.

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

I have obtained all available loans under this plan and all plans of the Employer to the extent that any additional plan loan would be counterproductive to the relief of my or my dependents' financial need;

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

I acknowledge that no elective contributions may be made by me to this or any other plan of the employer for a period of 6 months. I have reviewed all the information contained in the Attachment to the Hardship Withdrawal Request and believe, in good faith, that I qualify for this hardship withdrawal;

I understand that, at the conclusion of this contribution suspension period, my elective contribution rate will be reinstated automatically.

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

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

Privacy Act Notice:

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

Consent:

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

If your plan offers investment options that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investment fund options. You may wish to review the fund prospectus prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at www.prudential.com/online/retirement.

X _____ Date

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Participant's signature

**Your Plan
Authorization**

This section must be completed and signed by an authorized Fund representative. 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.

X _____ *Authorized Fund representative's signature* *Date* ____|____|____

Print Name and Title _____

X _____ *Authorized Fund representative's signature (if two signatures are required)* *Date* ____|____|____

Print Name and Title _____

**Important
Withdrawal
Information**

Hardship Withdrawals and other Plan Withdrawal Options

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

Elective Deferral Suspension

If your hardship request is approved, you will be suspended from making contributions to this plan for a period of 6 months. At the conclusion of this contribution suspension period, your contribution rate will be reinstated automatically.

Federal and State Tax Withholding

The withdrawals you receive from the plan are subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution or withdrawal that is included in your income subject to Federal Income Tax. If you elect not to have withholding apply to your withdrawal, or if you do not have enough Federal Income Tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rule if your withholding and estimated tax payments are not sufficient.

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

You may elect not to have withholding apply to your hardship withdrawal or to have a specific percentage withheld. If less than the maximum amount available is requested, your distribution will be increased by the applicable tax withholding unless you elect not to have the distribution "grossed up" by the amount of the withholding tax.

If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, and Virginia, state taxes will automatically be withheld if federal taxes are withheld. This list is subject to change based on changing state tax withholding requirements.

Dependent

The definition of "dependent" is important in the application of the "deemed hardship" withdrawal standards that pertain to 401(k) plans. Unless a specific exception applies, a dependent must either be a "qualifying child" or a "qualifying relative". These terms are defined as follows

Qualifying Child

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

Qualifying Relative

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

If you are requesting a hardship withdrawal to cover expenses that pertain to the individuals listed below, copies of the following additional documents must also be submitted:

- Your spouse: Marriage license. (If you do not have a marriage license and your state recognizes common-law marriage, call the number on page 1 of this form for an explanation of additional requirements.)
- Your dependent: Dependent's birth, or adoption certificate; and your most recent Form 1040 US Income tax return.

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Medical/Dental Expenses

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

The participant may request for a hardship withdrawal for qualifying medical expenses incurred by the participant, the participant's spouse, dependent. Please see the "Important Withdrawal Information" page for a detailed definition of dependent and qualifying beneficiary.

"Medical/Dental care" includes amounts paid for any of the following:

1. For the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body.
2. For transportation primarily for and essential to "medical care" as defined above.
3. For qualified long-term care services, which include necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services. To qualify, these services must be required by a chronically ill individual and provided under a plan prescribed by a licensed health care practitioner.
4. For insurance covering medical care as described in 1. and 2. above, or for eligible long-term care premiums for any qualified long-term insurance contract.
5. For lodging away from home that is primarily for and essential to medical care, subject to the limits of IRC section 213(d)(2).
6. For prescribed drugs that require a prescription of a physician.

"Medical care" does not include cosmetic surgery or similar procedures unless it is necessary to ameliorate a deformity related to a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that 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. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Medical Expenses Qualified Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Medical/Dental Expenses:** Copy of the medical bill (including Copy of Explanation of Benefits Form from your insurance carrier) listing the medical expenses and totals on letterhead of the medical or insurance provider showing the participant or the dependent as the patient or the insured. Bill must not be older than 45 days. Itemized insurance and medical/dental bills must show the insured and uninsured portion of the expenses. If Doctor, hospital, or other health care bills are not covered, then participant must certify below that these bills are unreimbursed.
- Long-Term Care Services:** Copy of the service bill listing the services and dollar amounts of expenses on letterhead of the services provider or insurance provider showing the participant or the dependent as the patient or insured. Itemized insurance and medical/dental bills must show the insured and uninsured portion of the expenses. Bill must be dated within 45 days.
- If the physician/dentist refuses to perform treatment without payment in advance, include a signed notice from the doctors office, including the title of the person signing, stating the date of the appointment and that payment is expected at the time service is rendered.
- Insurance Premiums for Medical Expenses or Long - Term Care Services:** Copy of insurer's bill for premiums on letterhead showing the participant or dependent as the patient or insured. These premiums must not be reimbursed by any Employer. Bill must not be older than 45 days.
- Lodging expenses while away from home primarily for and essential to medical care:** Copy of bill from provider on letterhead showing the participant or dependent as customer with accompanying medical expense bill indicating the dates of service. Bill must be dated within 45 days and participant can only submit lodging expenses up to \$50 per person, per night.

I am requesting this amount due to my:

- Own medical/dental expenses
- Spouse's medical/dental expenses
- Child's medical/dental expenses
- Dependent's medical/dental expenses (enter name and relationship)
 Dependent Name _____ Relationship _____

I certify that the expenses for which I am requesting a hardship withdrawal have not and will not be reimbursed through insurance or otherwise.

Signature X _____

Date _____

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST
Purchase of a Principal Residence

Definition: Expenses directly related to the purchase of a principal residence for the employee (excluding mortgage payments).

The participant can only qualify for a hardship withdrawal for this reason when he is purchasing a dwelling that will be his principal residence. This means that he expects to move into the residence within a fairly short period of time after purchasing it.

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

Purchase of a Principal Residence Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Provide a copy of the binding contractual agreement, including addendums if any, to build a home or purchase agreement that is signed by both parties (buyer and seller.) These agreements must include the address of the property, the total purchase price, and a future closing/settlement date not to exceed 1 year from the request date.
- Provide a copy of the Good Faith Estimate that includes your name, showing the dollar amount needed from the financial institution at closing (out-of-pocket expenses).
- If a future closing date (not to exceed one year from the request date) is not on the sales agreement, provide a letter from the mortgage company that includes the closing date. The letter must be signed and titled by a representative from the mortgage company and must be on letterhead.

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of purchasing my principal residence.

Signature X _____

Date _____

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Payment of Tuition & Related Fees

Definition: Payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months of post-secondary education for the employee, or the employee's spouse, children, dependents. See the discussion of 'dependent' in the earlier section of this form packet.

Post-secondary education generally refers to education that commences after the completion of high school. Expenses that would qualify for a hardship withdrawal would include tuition, fees charged for the use of technological or other facilities required for the post-secondary program (such as computer fees or gym facility fees), dormitory expenses and expenses of a room or apartment close to the educational facility, and meals while attending the educational program. Loan repayments of student loans are not educational expenses for this purpose.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is less than the amount available in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payment of Tuition & Related Fees Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Copies of actual invoices for future tuition on school's letterhead, of up to the next 12 months of post-secondary education. The bill must include: the name of the student, the name of the school or educational institution, the period for which the expenses are incurred and the total amount due. Unpaid invoices as described above are acceptable if received by Prudential no more than 90 days before the start of the semester or during the semester for which the expenses are incurred. Expenses for prior periods/semesters are not eligible hardship withdrawal reasons.
- Copy of the bill for dormitory fees or housing fees (or estimate of dormitory fees that is signed by the educational institution) that appears on school's letterhead paper containing the name of the dormitory or housing provider and the name of the participant or dependent. A copy of a lease indicating rent and signed by all interested parties. The bill must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.
- Copy of the bill for board (meals) expenses (or estimate of boarding expenses that is signed by the owner or manager of the boarding establishment) that appear on school's letterhead paper containing the name of the establishment providing the board and meals and the name of the participant or dependent. Must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.

I am requesting this amount due to my:

- Own educational expenses
- Spouse's educational expenses
- Child's educational expenses
- Dependent's educational expenses (enter name and relationship)
Dependent Name _____ Relationship _____

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of payment of tuition and related expenses.

Signature _____

Date _____

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST
Payments to Prevent Eviction or Foreclosure

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

The participant can only qualify for a hardship withdrawal for this reason if they must pay some dollar amount by some certain date in order to prevent foreclosure or avoid eviction.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is less than the amount available in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payments to Prevent Eviction or Foreclosure Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Include a copy of the eviction notice--either court order or letter from the landlord that clearly states your name and address (addresses on all supporting documentation must match the address currently on file with Prudential Retirement), and the months for which the rent is due. The landlord must clearly identify him/herself as the landlord of the property and provide contact information (address and phone number); the landlord's signature and date must be on the letter. The eviction notice must reference the participant by name to prove the participant is held accountable for the rent.
- The notice or court order must clearly state the dollar amount that is due and the date that it is due in order to remedy eviction proceedings. Proof must be dated within 45 days of the request and must clearly state a future date by which the dollar amount is needed to prevent foreclosure.
- Provide a copy of the foreclosure notice from the financial institution (on the financial institution's letterhead) or court order.
- The notice or court order must clearly state the dollar amount that is due and the date that it is due in order to remedy foreclosure proceedings. Proof must be dated within 45 days of the request. Delinquent taxes qualify if they are taxes on the participant's residence and will result in foreclosure or sale of the property.

Signature X _____

Date _____

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST
Payment for Burial or Funeral Expenses

Definition: Payments for burial or funeral expenses for the employee's deceased parent, spouse, children, dependents.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available for withdrawal in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payment for Burial or Funeral Expenses Documentation *(Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)*

- Unpaid invoices from other parties to pay additional expenses associated with the funeral.
- Covered expenses including opening/closing of a grave, a burial plot, a burial vault or grave liner, a market or monument, a crypt, cemetery perpetual care charges, honoraria for clergy, a funeral breakfast/luncheon/dinner expenses associated with the funeral/memorial service, flowers, guest registers and acknowledgment cards, music, an urn or casket.
 - Expenses that are not covered include invoices that have been paid, burial expenses to the extent that they are covered by Veteran's benefits, travel expenses incurred by family members to attend the funeral, and prearranged/prepaid funerals.
- Provide a copy of the current (within 45 days of hardship request) unpaid invoices from the funeral home/director showing the responsible party for payment.
- Provide a copy of the current (within 45 days of hardship request) unpaid invoices from other parties to pay additional expenses.
- Copy of the death certificate.

I am requesting this amount due to my:

- Parent's death
- Spouse's death
- Child's death
- Dependent's death (enter name and relationship)
- Dependent Name _____ Relationship _____

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of burial or funeral expenses for deceased parent, spouse, child or dependent.

Signature X _____

Date _____

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Expenses for the 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).

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

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

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.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that 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. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Documentation (Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)

- Evidence of casualty (a detailed description of the events that resulted in the casualty).
- The reason for the loss and any documentation supporting that loss.
- The location of the loss (the address of the loss must match the participant's address on the system).
- Unpaid current (within 45 days of hardship request) invoices and or contacts from a contractor evidencing the cost the repair, and which indicate that insurance does not cover the cost of repairs.
- Copy of any insurance claims.

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

- Fire
- Storm
- Shipwreck
- Other Casualty*
- Theft*

*Describe casualty or theft: _____

I certify that the expenses for which I am requesting a hardship withdrawal have not and will not be reimbursed through insurance or otherwise.

Signature X _____

Date _____

Important Notice to Participants

Prudential Retirement would like to take this opportunity to advise you of General Consent, Qualified Pre-retirement Survivor Annuity (QPSA), and Qualified Joint and Survivor Annuity (QJSA) rules.

General Consent Rules

Generally, you must consent to distributions from your Plan unless the Plan permits involuntary distributions when your account balance is less than \$5,000. General information on optional forms of benefit under your Plan is available on this statement or by calling the account information number on this statement. If your Plan does not allow for annuities, the information on QJSA and QPSA does not apply to you.

QPSA Rules

Explanation of QPSA for married participants: In the case of your death before retirement, the Plan will use no less than 50% of your vested account balance to purchase a qualified pre-retirement survivor annuity (QPSA) from an insurance company for your spouse. If you desire a different form of payment or wish to designate a beneficiary other than your spouse, you must file a waiver of the QPSA with the Plan Administrator during the election period. This waiver must be approved by your spouse in writing and be witnessed by a Notary Public or by an authorized Plan representative. Please contact the Plan Administrator concerning the available alternative forms of payment.

Election Period: The election period begins on the first day of the Plan Year during which you attain age 35, and ends on the earlier of your death or the date on which your account balance commences to be paid under the Plan. Your Plan may provide that an election is permitted prior to age 35; however, if this is the case, any such election must be reaffirmed with appropriate spousal consent during the Plan Year in which you attain age 35. You may, at any time during the election period, revoke a previous election or make a new election. If you make a new election, your spouse must consent to it as provided above.

QJSA Rules

If QJSA is the primary form of benefit under your Plan at retirement, you should read the information on this statement or call the account information number on this statement to obtain general information on QJSA and other optional forms of benefit available to you. You may elect a benefit other than QJSA if spousal consent requirements are satisfied.

Explanation of Qualified Joint & Survivor Annuity

How will my benefits be paid to me when I retire?

They will be paid in the form of a Qualified Joint and Survivor Annuity (QJSA):

- If you are **married** at the time of your retirement, you will receive an annuity for your lifetime. After your death, your surviving spouse will receive an annuity for his or her lifetime in the amount of at least 50% of the annuity payments you received during your lifetime. You may be allowed to elect higher amounts for your surviving spouse, such as 75% or up to 100% of your monthly benefit.
- The annuity will be provided to you by purchasing an annuity contract from an insurance company with all or part of your account balance under the plan.
- If you are **unmarried** at the time of your retirement, you will receive an annuity for your lifetime.

May I select a different form of benefit payment other than the QJSA?

Yes, provided you request a different form of benefit payment in a manner specified for your Plan. If you are married, and you complete and return the Qualified Joint and Survivor Annuity Waiver Form or Spousal Waiver Form with your spouse's written consent (if applicable) within the 170 day period prior to the date benefit payments will begin.

What are the optional forms of benefit payment under the Plan?

If you are married at the time of your retirement, the QJSA provides for annuity payments for your lifetime and after your death for the lifetime of your spouse, in the amount of at least 50% of the payment amount you received during your lifetime. You can choose a form of benefit payment other than the QJSA provided it is available under the Plan and you obtain your spouse's written consent (if applicable). Please refer to your Plan's Summary Plan Description or the Plan document for the available options under your Plan, or call the account information number on this statement.

May I select a different beneficiary?

Yes, provided you request, complete and return a Qualified Joint and Survivor Annuity Waiver Form or Spousal Waiver Form with your spouse's written consent (if applicable) prior to the date you elect your benefit.

If I select a benefit payment option other than the QJSA or choose a different beneficiary, may I change the form of benefit payment or beneficiary again?

Yes. You can cancel any prior change and restore the QJSA at any time during the period prior to the date your benefit payments will begin. Additionally, you can select another form of benefit payment or choose another beneficiary if you:

- Make the change before your benefit payments begin.
- Obtain your spouse's consent (if applicable) unless, at the time of your initial change in form of benefit payment or beneficiary, your spouse, if permitted by the Plan, gave general consent permitting you to make later changes to the form of benefit payment or beneficiary without having to obtain further consent.

What happens if I want to take a loan from the Plan?

Because your benefit must be paid in the form of a QJSA, if you take a loan from the Plan it will also be subject to QJSA. This means that if you elect to take a loan from your Plan, and you are married, you must complete and return the Spousal Waiver Form with your spouse's written consent (if applicable). The rules that apply when the benefit is payable when you retire will also apply to the benefit payable as a loan.

What happens if my benefit exceeds \$5,000 on the date my benefit becomes payable (or at the time of any prior payment)?

If your benefit exceeds \$5,000 (\$3,500 for plans not adopting the increase allowed in 1996 or exceeded \$3,500 at any time of any prior payment), it cannot be paid to you until you reach normal retirement age under the Plan, or, if later, age 62, unless you consent in writing.

Otherwise, consistent with the law and your Plan document, your benefit may be paid to you immediately regardless of any election you may have made to receive it later or in a different form.

How much time do I have to select either a different form of benefit payment other than QJSA, or, if permitted by the Plan, to elect to have my benefit paid to me before the later of normal retirement age or age 62?

You have at least 30 days after receiving this QJSA explanation to make your decision.

Do I have to wait 30 days to select a different form of benefit payment other than QJSA, or, if permitted by the Plan, to elect to have my benefit paid to me before the later of normal retirement age or age 62?

No. You may request a disbursement prior to the expiration of the 30-day period, however:

- Payment of your benefit cannot begin until at least the 8th day after you receive the QJSA Explanation.

You can cancel your distribution election at any time within 30 days of receipt of the QJSA Explanation. If you cancel your election, Prudential will return the annuity purchase price to your Plan.

What happens to my spouse's QJSA benefit if he or she consents to my selection of a different form of benefit payment option other than QJSA or if I select a different beneficiary?

If your spouse consents to your selection of a different form of benefit payment, to the extent your spouse is still your beneficiary, he or she will receive a benefit based on the alternative form of benefit payment you choose. For instance, if you elect a single life annuity or a lump sum payment of your full account balance, your spouse will receive no further payment from the Plan.

If you select a different beneficiary, your spouse will receive no benefit under the Plan.

May I receive additional information regarding the QJSA or the specific benefit payable to me or my spouse?

Yes. You can obtain additional information such as other optional forms of distribution that may be available under your Plan by reading the information on the statement. Also, information on benefits specifically payable to you will be provided upon request by calling the account information number on the statement.

You may also write to Prudential at Prudential Retirement, 30 Scranton Office Park, Scranton, PA 18507-1789. If your request is made in writing, you will receive additional QJSA information within 30 days from the date of your request.

Qualified Joint and Survivor Annuity (QJSA) and Optional Forms of Benefit

The following is a list of common optional forms of benefit and the relative financial effect of electing each as compared to the QJSA. The basic meaning of some of the terms used to describe the options is as follows:

“Life Annuity” or “Life” is an annuity payable for the participant’s lifetime.

“X% Joint & Survivor” is an annuity payable for the participant’s lifetime plus X% of the participant’s benefit paid to the beneficiary for the beneficiary’s lifetime.

“X Year Certain” is an annuity for the lifetime or lifetimes mentioned, but with the assurance that the payments will be made to either the participant or a beneficiary for X number of years even if the person receiving the annuity dies prematurely.

“Installment Refund” is an immediate annuity in which monthly payments will continue to a beneficiary in the event the annuitant dies before Prudential has made total monthly payments at least equal to the maximum death benefit amount. Upon the death of the annuitant, the difference between the maximum death benefit amount and the total of monthly payments made previously will be paid to the beneficiary in monthly installments in the same amount that was being paid to the annuitant before the annuitant’s death, except that the last payment to the beneficiary will be a lesser amount.

The information provided below is an estimate of the amount payable under an annuity purchased from Prudential Insurance Company of America. A more precise calculation of your monthly benefit upon purchase of an annuity is available upon request. The estimates provided below are based on a benefit with a present value of \$10,000 using an interest rate of 5.21% for annuities with a life contingency. Both the participant and the spouse are assumed to be the same age for the examples provided. Differences in your age, the age of your spouse, interest rates, and other assumptions used in this chart can have a significant effect on the amount paid under the option chosen. The interest rate and other contract assumptions in effect when you purchase the annuity will determine the amount of a monthly benefit.

Optional Form of Benefit	Age 65	Age 60	Age 55
Life Annuity	61.73	55.14	50.33
Life and 5 Year Certain Annuity	61.08	54.85	50.21
Life and 10 Year Certain Annuity	59.32	53.98	49.82
Life and 15 Year Certain Annuity	56.80	52.62	49.12
Life and 20 Year Certain Annuity	53.77	50.93	48.18
5 Year Certain Annuity	**	**	**
10 Year Certain Annuity	93.86	93.86	93.86
15 Year Certain Annuity	70.10	70.10	70.10
20 Year Certain Annuity	58.60	58.60	58.60
100% Joint & Survivor Annuity	52.41	48.24	45.28
100% Joint & Survivor Annuity with 5 Years Certain	52.39	48.24	45.28
100% Joint & Survivor Annuity with 10 Year Certain	52.25	48.19	45.27
100% Joint & Survivor Annuity with 15 Year Certain	51.85	48.05	45.23
100% Joint & Survivor Annuity with 20 Year Certain	50.95	47.73	45.12
50% Joint & Survivor Annuity	56.69	51.46	47.68
50% Joint & Survivor Annuity with 5 Year Certain	56.40	51.33	47.62
50% Joint & Survivor Annuity with 10 Year Certain	55.56	50.92	47.44
50% Joint & Survivor Annuity with 15 Year Certain	54.21	50.23	47.10
50% Joint & Survivor Annuity with 20 Year Certain	52.32	49.28	46.60
Installment Refund	57.00	52.32	48.75