

**Express Mail:**Equitable Retirement Plan Services
801 Pennsylvania Ave Suite 219886
Kansas City, MO 64105-1407**Regular Mail:**Equitable Retirement Plan Services
PO Box 219886
Kansas City, MO 64121-9886**Fax:**

(833) 674-0745

For Assistance:**Customer Service Call (888) 234-5152**

EQUITABLE FINANCIAL LIFE INSURANCE COMPANY (EFLIC)*

PLEASE PRINT

Complete this form in order to request a hardship distribution.

Important:

The distribution amount must not be more than the amount needed to satisfy the financial need (which may include any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution). The participant must have obtained all other currently available distributions under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer.

1. Employer Information

Name _____ Plan Number _____

2. Participant Information

Account# _____

Name: First _____ MI _____ Last _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Email Address: _____

Mobile phone #: _____ Alternate phone #: _____

3. Reason for Hardship Request

The reason for the hardship withdrawal request is:

- Purchase of my principal residence (excluding mortgage payments).
- Payment of tuition and related educational fees for the next 12 months of post-secondary education for myself, my spouse, children, dependents, or if the Plan allows, my primary beneficiary under the Plan.
- Payment of medical expenses for myself, my spouse, children, dependents, or if the Plan allows, my primary beneficiary under the Plan.
- Payment necessary to prevent eviction from my principal residence or the foreclosure of the mortgage on my principal residence.
- Payment of funeral or burial expenses for my deceased parent, spouse, children, dependent, or if the Plan allows, my primary beneficiary under the Plan.
- Payment for the repair of damage to my principal residence that would qualify for a casualty loss deduction under the Internal Revenue Code Section 165 (determined without regard to Section 165(h)(5) and whether the loss exceeds 10% of adjusted gross income).
- Payment of expenses and losses incurred by me on account of a disaster declared by the Federal Emergency Management Agency (FEMA). My principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

*The Equitable Retirement Vision defined contribution program consists of a custodial account offered through Benefit Trust Company, within which plan participants' chosen mutual fund shares are held, as well as a group fixed annuity issued by Equitable Financial Life Insurance Company ("Equitable"). Equitable is solely responsible for meeting the obligations of the group fixed annuity contract.

4. Amount of Distribution

If your request exceeds your available plan assets or the amount your Plan approves for your hardship, only the allowed/available amount minus any applicable tax withholding will be sent. If you have a balance in the self directed brokerage account, such balance must be transferred to the core investments in the Equitable Retirement VisionSM account for you to access the funds in the self directed brokerage account.

The following amount of withdrawal is requested below:

Option 1: Funds are withdrawn on a pro-rata basis from each investment option available for hardship withdrawals under the Plan. Please indicate the amount: \$ _____.

Option 2: Specify the contribution source(s) from which you wish to request your withdrawal (e.g., Salary Deferral, Employer Matching, etc.). Indicate a dollar amount on the amount line for that source. (If you need additional space, attach a separate sheet showing the following information.) Contribution sources available for hardship withdrawals are subject to your plan rules. Please consult with your plan administrator before you complete this section.

<u>Source</u>	<u>Amount</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

5. Delivery Options

PLEASE SELECT ONLY ONE OPTION FOR WHERE YOU WOULD LIKE YOUR PAYMENT SENT. IF YOU DO NOT COMPLETE THIS SECTION, WE WILL DEFAULT TO THE ADDRESS OF RECORD AND SEND YOU A CHECK VIA FIRST CLASS MAIL.

In addition to the fees listed below, there is a \$50.00 fee per withdrawal.

First Class Mail (no additional fee) – Please allow 5-10 business days for delivery of your check.

If you are taking a One-Time Withdrawal or Full Surrender, the option below is also available.

Express Delivery (\$35 fee) – Allow 5-7 business days for delivery of your check.

The applicable Express Delivery fee will be deducted from the net proceeds of the withdrawal.

Direct Deposit (no additional fee) – Please enter your bank account information on the lines below. Please allow 5-7 business days for delivery.

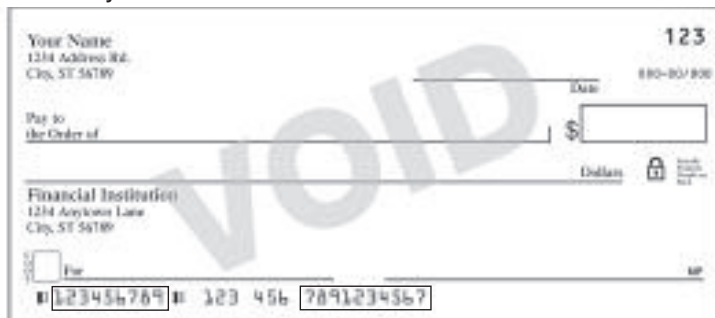
You must attach a voided personal check for Direct Deposit requests. We cannot process your request without it.

This bank account has been previously used by me to electronically receive funds from Equitable. I acknowledge that for my own security, if this cannot be verified, a check payable to me will be mailed to my address of record.

This bank account has not been used previously for electronic transfer of funds with Equitable. I acknowledge that for my own security, Equitable will attempt to validate the bank account, and if this cannot be verified, a check payable to me will be mailed to my address of record

Enter your bank account information on lines 1-5.

PLEASE NOTE: If we are unable to verify the bank account information based on the information you provided, a check will be mailed to your address of record via First Class Mail.



Routing Number

Account Number

YOU MUST ATTACH A COPY OF A VOIDED CHECK WITH YOUR REQUEST IN ADDITION TO COMPLETING THE INFORMATION BELOW

6. Spousal Consent (Complete if required by your plan)

- I certify I am not married. If you have checked this box, proceed to section 7.
- I certify I am married (please have spouse sign below).

Please note that the signatures below must be within 90 days of the date of distribution in order to be valid. Also, the date of the witness's signature must be the same as the date of the spouse's signature.

Note: If this is a Money Purchase Plan or the account balance contains a transfer from a plan that was subject to spousal consent rules under the Internal Revenue Code Section 401(a)(11) and the Participant is married, spousal consent witnessed by a Notary or Plan Representative is required before a distribution may occur.

Explanation of Qualified Joint Survivor Annuity: The law and/or the Plan requires that the Plan's vested account balance be paid in the form of a Qualified Joint Survivor Annuity ("QJSA"), unless a participant elects another benefit option offered by the Plan and the spouse of the participant consents in writing to the election. The QJSA is an annuity payable to the participant for his/her lifetime and, upon the participant's death, an annuity payable to the spouse for life. The amount of each annuity payment to the spouse will equal at least 50% of the annuity payment made to the participant. For more information concerning the amount of each payment and other terms of the QJSA, please contact the Plan Administrator or the Employer.

Spousal Waiver: As the spouse of the Participant named in Section 2, I consent to the election made by my spouse not to have benefits paid in the form of a QJSA. I understand and acknowledge that this distribution may result in the reduction or elimination of benefits that might otherwise have become payable to me under the Plan. I am not obligated to sign this form; I am signing it voluntarily. By giving consent, I waive my rights to the QJSA and I understand that I may not be entitled to any amount so withdrawn in the event of my spouse's death.

Signature of Spouse	Print Name	Date
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Witness of Plan Representative or Notary Public	Print Name of Plan Representative or Notary Public	Date
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Notary Public – Stamp Here



7. Federal and State Withholding

Federal Tax Withholding

If the requested withdrawal is taxable, then it is subject to federal income tax withholding at the rate of 10% unless you elect otherwise. If your election in this section differs from IRS Form W-4R submitted with this form, we will withhold as instructed on your IRS Form W-4R. IRS Form W-4R is available at www.irs.gov. If you elect out of withholding or have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If you elect out of your federal income tax withholding there will be no state withholding deducted from your distribution. If you are a non-resident alien you are required to withhold at a rate of 30% unless you claim a tax treaty exemption or reduced withholding rate by completing a Form W-8BEN with your TIN. Indicate below the amount of federal withholding that Equitable Retirement Plan Services should apply to your distribution. If you do not check one of the options below, 10% federal income tax withholding will be automatically deducted from your payment.

Please check ONE box below:

- I do not want federal income tax (and applicable state income tax) withheld from my distribution.
- I elect to have 10% federal income tax (and applicable state income tax) withheld from the taxable portion of the distribution.
- I elect to have federal income tax withheld from the taxable portion of the distribution at a rate indicated on the attached IRS W-4R. I understand that if no IRS Form W-4R is attached to this Form, or if the IRS Form W-4R is incomplete or invalid, that 10% default withholding will apply.
- I am a Non-Resident Alien. (Please provide a completed IRS Form W-8BEN, otherwise federal withholding tax of 30% may apply in certain circumstances. For tax treaty information and eligibility for a reduced rate, please see IRS Publication 515. You can obtain a current version of these forms from www.irs.gov.)

State Tax Withholding

- I elect the following State Tax withholding different from my Federal election above: \$ _____

Some states require us to withhold state income tax if Federal Income Tax is withheld.

8. Signatures/Authorization

By signing below, I:

- Certify that this distribution is being made on account of the reason checked above for a hardship;
- Certify that the information provided on this form is true, correct, and complete;
- Certify that I have read and understand the requirements of taking a hardship withdrawal from the Plan;
- Understand that there will be a disbursement processing fee of \$50.
- Understand that if I do receive this distribution, the taxable portion of the distribution will be included as ordinary income in the year of withdrawal and may be subject to an additional 10% federal income tax penalty for early distributions, unless I qualify for an exception;-
- Certify the amount of withdrawal requested above is not more than the amount I need to relieve my financial hardship;
- Certify that I have insufficient cash or other liquid assets reasonably available to satisfy my financial need;
- Understand there may be a charge deducted from my account in connection with this distribution;
- Certify that I have obtained all other currently available distributions under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer;
- Understand the Treasury regulations provide that I receive the Special Tax Notice no less than 30 days and no more than 90 days prior to my distribution. I have read and understand this Special Tax Notice about the federal tax treatment of distributions. By signing below, I am indicating that I wish to waive the 30-day notice period in order for my distribution to be processed immediately.
- For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to guilty of a crime and may be subject to fines and confinement in state prison.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
2. I am a U.S. person* (including a U.S. resident alien), and
3. I am not subject to backup withholding due to failure to report interest and dividend income.

* If you are not a U.S. person for tax purposes, you must complete and submit the appropriate Form W-8.

Participant Signature: _____ Date: _____

9. Plan Administrator/Authorized Plan Representative Authorization

By signing below, I, as Plan Administrator/Authorized Plan Representative:

- Certify that I am authorized to approve or authorize hardship withdrawals on behalf of the Plan;
- Acknowledge that the distribution as requested on this form is permitted by the Plan;
- Certify that the amount requested is not in excess of the immediate financial need and that the above participant has received all currently available distributions under the plan and all other plans maintained by the employer;
- Represent that I do not have actual knowledge that is contrary to the representation made by the participant in the above section.

If direct deposit was selected as the delivery method, the Plan Administrator must check the box below if they agree to the following statement:

The participant is well known to me, and I validate that the disbursement request and banking instructions on the attached document are genuine. I agree for myself, my successors, assigns, heirs, executors, and my administrators to at all times indemnify and hold harmless Equitable, and all their staff and third party providers, acting as Authorized Agents of Equitable from and against any and all claims, losses, liabilities, taxes, damages, actions, charges and expenses including attorney fees resulting from Equitable's compliance with this request.

Plan Administrator/Authorized Plan Representative Signature: _____ Date: _____

Print name and title: _____