



PLEASE PRINT

1. Participant Information

First Name, Middle Initial	Last Name	Social Security Number
Address		
Date of Birth	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see Spousal Consent in Section 6)	
Daytime Telephone Number	Mobile Phone Number	Email Address
Employer's Name	Contract ID Number	

2. Qualifying for a Hardship Withdrawal

IMPORTANT: You must meet the following requirements in order to be eligible for a hardship withdrawal.

- The distribution amount must not be more than the amount needed to meet the immediate and heavy financial need, which may include taxes; and
- You must have obtained all other distributions under this or any other plan of the employer including distribution of post-tax employee contributions, where applicable.

3. Reason for Request

I certify that my hardship is due to the following immediate and heavy financial need:

- 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, dependents or primary beneficiary under the plan*.
- Payment of medical expenses, for myself, my spouse, dependents or primary beneficiary under the plan* or amounts necessary for these persons to obtain medical care.
- 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, child, dependent or primary beneficiary* under the plan.
- Payment of expenses to repair damage to my principal residence that would qualify for a casualty loss deduction determined without regard to Section 165(h)(5) and whether the loss exceeds 10% of adjusted gross income.
- Payments for expenses and losses (including loss of income) incurred by me on account of a disaster declared by FEMA under the Stafford Disaster Relief and Emergency Assistance Act, provided that my principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA.

*Review your Summary Plan Description to determine if your Plan permits certain hardship withdrawals on behalf of your primary beneficiary under the Plan.

4. Amount of Withdrawal

I, the undersigned Participant, request the following amount to be withdrawn from my Plan Account:

- A. Total available under the Plan. (Cannot exceed more than the amount necessary to meet the immediate financial need. The Withdrawal will be taken pro rata from available Investment Options.)
- B. \$ _____ (To be taken pro rata from available Investment Options unless otherwise specified below.)

4. Amount of Withdrawal (Continued)

Investment Option	Amount	Investment Option	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Taking a withdrawal from a PIB investment option may cause Early/Excess Withdrawals from your guarantee. Please carefully review your Program Summary before electing to take a withdrawal from a PIB investment option.

5. Delivery Options

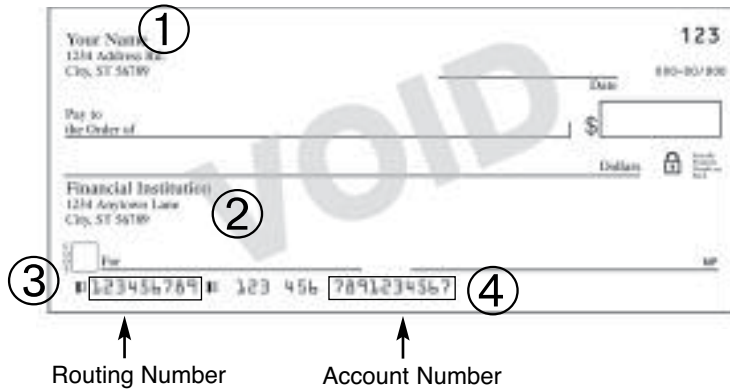
PLEASE SELECT ONLY ONE OPTION FOR WHERE YOU WOULD LIKE YOUR PAYMENT SENT. IF YOU DO NOT COMPLETE THIS SECTION, WE WILL DEFAULT TO THE ADDRESS OF RECORD AND SEND YOU A CHECK VIA FIRST CLASS MAIL.

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.



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

- ① Name as it appears on bank account: _____
- ② Name of Bank / Financial Institution: _____
- ③ Bank ABA / Routing # (9 Digits):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- ④ Account #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- ⑤ Address of Bank: _____

5. Delivery Options (Continued)

IF YOU ELECTED DIRECT DEPOSIT, YOU MUST ATTACH A VOIDED PERSONAL CHECK OR YOUR PAYMENT WILL BE SENT VIA FIRST CLASS MAIL.

Additional Information

- The Participant's name on the contract must be the same as the owner of the bank/financial institution account.
- Your bank or financial institution may take 2 or more business days to deposit the funds into your account.
- Keep in mind that in order to take advantage of direct deposit, your financial institution **MUST** be a participating member of the AUTOMATED CLEARING HOUSE (ACH) Association.
- Please check with your bank to make sure they participate before completing this form.

Direct Deposit Agreement By my signature in Section 7:

- By submitting and signing below, you are certifying that the bank routing number and bank account number provided are accurate. You should confirm these with your bank or financial institution prior to submitting the form to ensure that you have the correct information for direct deposit. Incorrect information may misdirect and/or delay receipt of your funds.
- I certify that the above account(s) bears my name, that I am an unrestricted and authorized signor for each account and that the funds are being deposited to a financial institution within the US and will remain in a US Bank. The funds will not be credited further to an international bank.
- I understand that any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties.
- I hereby authorize Equitable to directly deposit the amount of my withdrawal in the account listed above at the above-named bank/financial institution. This authorization will become effective only upon acceptance by Equitable. This agreement will remain in full force and effect until Equitable has received written notification from me of its termination in such time and in such manner as to afford Equitable and my bank or financial institution a reasonable opportunity to act on it.
- In the event that Equitable notifies the financial institution that funds to which I am not entitled have been deposited to my account, in error, I hereby authorize and direct the financial institution to return said funds to Equitable as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to Equitable is not possible, I authorize Equitable to recover those funds by off-setting the amount erroneously paid to me from any future payments from Equitable until the amount of the erroneous deposit has been recovered, in full. It is understood that I will be notified by Equitable if this condition occurs.

6. 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.

7. Signatures / Authorization

I, the undersigned Participant hereby certify and understand the following:

- I do not have sufficient cash or other liquid assets reasonably available to satisfy the financial need related to this hardship withdrawal request.
- I have read and understand Section 2 (Qualifying for a Hardship Withdrawal).
- I understand that the Plan Administrator determines the sources of money (money types) available for hardship withdrawals and not all money types are available in all plans. I further understand that my hardship withdrawal will be taken pro rata from available money types in this Plan.
- I understand that if I do receive this distribution, it will be included as taxable income in the year of withdrawal.
- I understand that IRS regulations provide that I receive the Special Tax Notice Regarding Plan Payments no less than 30 days prior to my distribution. I have read and understand this important information. If my distribution is scheduled to occur before the end of the 30-day waiting period. I waive my right to this 30-day waiting period.
- I certify that this distribution is being made on account of the reason checked above for a hardship.

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.

Fraud Warning: Any person who knowingly, and with an intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information may be guilty of a crime, which could result in imprisonment, fines, denial of insurance and civil damages.

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 make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X

Signature of Participant

Print Name

Date

7. Signatures / Authorization (Continued)

I, as Plan Administrator, certify that the amount requested is not in excess of the immediate financial need and that the above participant has received all available distributions. I further certify that I do not have actual knowledge that is contrary to the representation made by the participant in the above.

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, including attorney fees resulting from Equitable's compliance with this request.

X

Signature of Plan Administrator/Plan Administrator's Designee for the Plan Print Name Date

8. Spousal Consent

If this is money that has been transferred from a Money Purchase Plan and you are married, spousal consent, witnessed by a Notary or Plan Representative, is required before a hardship withdrawal may occur.

Is Spousal Consent required under your Plan? Yes No

I, the undersigned spouse of the Participant, understand that federal law requires that I consent in writing to any distribution from the Plan unless that distribution is in the form of a joint and survivor annuity. I have read the Special Tax Notice Regarding Plan Payments provided to me and hereby waive my rights to have the amount of the hardship withdrawal payable in the form of an annuity. I understand the effects of this waiver and consent to the hardship withdrawal elected by my spouse.

X

Signature of Spouse Print Name Date

X

Signature of Plan Representative or Notary Public as Witness Print Name Date

NOTE: The date of the witness' signature *must* be the same date as the spouse's signature.

FAILURE TO PROPERLY COMPLETE THIS FORM MAY RESULT IN A DELAY OF YOUR WITHDRAWAL.