

Distribution — Financial Hardship

Use this form to request a one-time cash distribution for hardship reasons from your 401(a), 401(k), 403(b), or 457(b) governmental employer plan. Available for current employees only. Fill in by hand using CAPITAL letters and black ink, or on screen (if PDF). If you need more room for information, use a copy of the relevant page.

Helpful To Know

- You can only take a distribution if you meet one of the criteria for eligibility (see Section 3).
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- Hardship withdrawals may require documentation and plan sponsor approval.
- To get your plan number(s), log into your workplace retirement savings plan at www.NetBenefits.com and under Quick Links, select Summary
- To validate your profile, go to netbenefits.com/profile. To change your address, call your plan sponsor or go to netbenefits.com/profile.

- For most other types of distributions (such as cash or rollover) find the appropriate forms at NetBenefits.com/atwork.
- Non-resident aliens must provide IRS form W-8BEN and a U.S. taxpayer ID number to claim any tax treaty benefits.
- Be sure to keep the documentation you provide in connection with your hardship request for at least six years after your distribution check arrives.
- Before you submit this form, be sure to find out whether your plan requires plan sponsor approval of distribution requests. If your plan does, and there is no plan sponsor signature in Section 9, your request will be denied.
- Plan rules and requirements apply to your hardship.

 Account Owner/Participal 	Account	Owner/P	articipar
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i. Account C	JWHEI/Participant					
	Name			Social Security or Taxpayer ID Number		
	Date of Birth mm - dd - yyyy	Evening Phone	Daytii	me Phone		
	E-mail		<u> </u>			
	☐ Not married ☐ Married	your spouse may need to sign this	form. Ask your plan	sponsor or Fidelity.		
the address we have for you is correct, skip to Section 2.						
Providing a new	Address					
address maydelay our checkunless you						
et a signature guar-	City	State/Province Zip	/Postal Code	Country		
ntee (see Section 8).						
		-				

2. Plan Involved

To get your plan
number, go to
mysavings
atwork.com or call your
plan sponsor.

me of Plan Sponsor	Plan Numb	er	

Form continues on next page.



3. Reason for Distribution

Required by federal ta	x law and your plan.
	401(a), 401(k), 403(b)
Some plans do not	Purchase of your principal residence Cannot be used for mortgage payments.
accept all of the hardship distribution	☐ Prevent foreclosure on or eviction from your principal residence
reasons listed here, and others offer addi- tional reasons.	Repairs to your principal residence Only for repairs that would qualify for the casualty deduction under IRS Code Section 165 (determined without regard to whether your residence is located in a Federal Emergency Management Agency (FEMA) declared disaster area as described section 165(h)(5) and whether the loss exceeds 10% of adjusted gross income).
Contact your plan sponsor to confirm	Pay for tuition or related fees for post-secondary education during the next 12 months Only for you, your spouse, your dependent, or if your plan allows, your already-designated primary beneficiary.
which reasons your plan accepts, what	Funeral expenses Only for your spouse, your dependent, or, if your plan allows, your already-designated primary beneficiary.
documentation it requires, and whether	Medical expenses not covered by insurance Only for you, your spouse, your dependent, or if your plan allows, your already-designated primary beneficiary.
you qualify.	Federal Emergency Management Agency (FEMA) declared disaster Expenses and losses (including loss of income) incurred by you on account of a disaster declared by FEMA, provided that your 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.
	Other Not available for most plans. Requires approval of the plan sponsor if available from your plan.
	457(b) Only
	Unforeseeable emergency Requires approval of the plan sponsor.
4. Distributi	
T. Distribution	on Amount
amount minus any app	s your available plan assets or the amount your plan approves for your hardship, we will send the allowed/available blicable tax withholding. Your available plan assets may be less than your plan value. Tax withholding may apply. Use for any taxes or penalties due when calculating the amount below. Amount Draw proportionally from ALL available plan assets default if no choice indicated.
	☐ Draw proportionally from ALL available plan assets → default if no choice indicated. ☐ Draw ONLY from these assets:
	distribution amount will be limited by available plan assets in the fund(s) listed below and by market fluctuation.
	Fund Name or Number
If you list more than	
one fund, your distri-	
bution will be drawn proportionally from	Fund Name or Number
each fund listed.	•
5. Tax Withh	olding
•	ire us to withhold taxes on a hardship distribution. However, if you do not indicate a selection below, we will default ach state sets its own withholding rates and requirements on taxable distributions. We apply these rates unless you, erwise.
minimum), otherwise n	M, NJ, ND, PA and RI, you must provide a dollar amount for state withholding if you would like it withheld (\$10 to amount will be withheld. For residents of CT, distributions from retirement plan accounts are subject to state tax est marginal rate (6.99%) unless you have submitted a properly completed Form CT-W4P.
minimum distribution p Nonperiodic Payments	default withholding rate of 10% will apply. To request a change to your federal withholding from your required ayment please download, complete, print, and sign a copy of the IRS Form "W-4R Withholding Certificate for and Eligible Rollover Distributions" found here: https://www.irs.gov/pub/irs-pdf/fw4r.pdf. For non-resident aliens, nandatory withholding rate of 30% will apply, unless the prevailing tax treaty rate applies because you have a valid file with Fidelity.
	of tax withheld will be calculated on, and subtracted from, the amount of your distribution. Amounts withheld may be to you actually owe in taxes. To review the Special Tax Notice for details, go to NetBenefits.com/atwork.
State Withholding	
☐ Withhold state taxe	es at the applicable rate Residents of NY , NM , NJ , ND , PA and RI ONLY.
	the applicable rate, Withhold state taxes in the amount of:
withhold a dolla Withhold (\$10 min	[max.max]
	\$
\$	☐ Do NOT withhold state taxes unless required by law

6. Delivery Method

Choose Only one delivery method and provide any required information.	Electronic Funds Transfer (EFT) EFT is already set up on account Allow 3 business days. Skip to Section 7. To confirm or add new EFT information to your retirement plan account, login to NetBenefits.
	Check
	☐ Check sent to mailing address ▷ default if no choice indicated. Allow 7 business days.
This option not ▶ available for PO Box or foreign addresses.	Check sent by UPS delivery A fee of \$25 will be deducted from your account. Allow 2 business day

7. Spouse's Consent Complete if you are married and if required by your plan.

The spouse's signature MUST either be notarized or be witnessed by a plan representative. A signature guarantee is NOT a notary seal. By signing below, you:

- Voluntarily consent to the distribution(s) indicated on this form, knowing that your spouse's request is not valid without your consent.
- · Acknowledge that you may be giving up your right to receive assets that would otherwise go to you upon your spouse's death.
- · Acknowledge that your spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.

Agree that if the distribution described in tAcknowledge that you cannot take back you	•	, ,	• • • • • • • • • • • • • • • • • • • •
Print Spouse Name			
Spouse Signature	Da	te mm dd yyyy	
SIGN)		
(Notary only.) State of	, in the County of		, subscribed and sworn to before me by
the above-named individual who is person foregoing statements were true and accura			
Print Notary/Plan Representative Name			
Notary/Plan Representative Signature	Da	te mm dd yyyy	➤ NOTARY SEAL / STAMP ➤
SIGN	•		
			•

(Notary only.) My commission expires / /

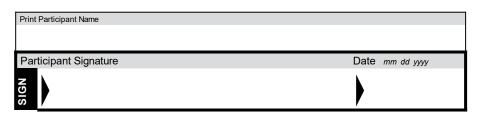
Form continues on next page.

3.TEMDISTFH.111 Page 3 of 5 026370201

8. Signature and Date Employee must sign and date.

By signing below, you:

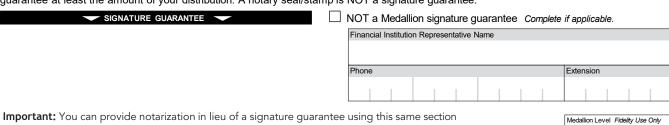
- · Authorize Fidelity to act on all instructions given on this form.
- · Accept all terms and conditions described in this form.
- Certify that the hardship represents an immediate and heavy financial need and the amount requested is necessary to satisfy that financial need.
- Certify that all information you have provided, including all attached documentation, is true, authentic and correct to the best of your knowledge, that you have not previously requested and received a hardship withdrawal for the expense(s) submitted as part of this request, and that you have satisfied all the requirements for a hardship withdrawal under the terms of your plan.
- Acknowledge that you have received, if applicable, the Forms of Benefit Notice and the Notice of the Waiver of the Qualified Joint and Survivor Annuity.
- Represent that you have obtained all other currently available distributions (including distributions of ESOP dividends under Internal Revenue Code section 404(k), but not hardship distributions) and nontaxable loans (if required by the plan) under this plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer; and that you have insufficient cash or other liquid assets reasonably available to satisfy the financial need.
- Certify that this withdrawal is being taken for you or for a family member or dependent as defined by the IRS (in the Internal Revenue Code section 152) or your primary beneficiary(ies) as designated under the plan and as allowed by your plan.
- Certify that for a FEMA disaster-related hardship withdrawal your 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.



If the retirement plan requires a signature from the plan sponsor in Section 9, you do not need a signature guarantee. If the retirement plan does NOT require a plan sponsor signature, you will need a signature guarantee if either of two cases applies:

- Your distribution is more than \$10,000, it is not being sent using EFT already set up on your account, you are providing a new address, AND it's important that your transaction not be delayed by 10 days.
- Your distribution is more than \$100,000.

You can get a signature guarantee from most banks, credit unions, and other financial institutions. A Medallion signature guarantee must guarantee at least the amount of your distribution. A notary seal/stamp is NOT a signature guarantee.



9. Plan Sponsor Approval

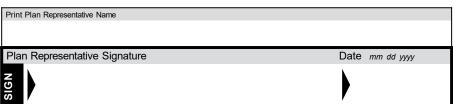
Consult your plan sponsor or Fidelity to determine whether plan sponsor approval is required. You may need plan sponsor approval even if you no longer work for the sponsor.

Participant's Date of H	ire mm – dd – yyyy	Employer-Source Vesting
		%

By signing below, you:

of the form

- · Acknowledge that the distribution as requested on this form is permitted by the employer's plan.
- · Certify that you are on record with Fidelity as being authorized to sign on behalf of the plan sponsor.



3.TEMDISTFH.111 Page 4 of 5 026370201

Did you print and sign the form, and attach any necessary documents? Did ALL required individuals sign? Send the ENTIRE form and any necessary documents to IBEW Local 683 Fringe Benefit Funds.

Questions?
Call 844-683-0683, business days from 8 AM to 4:30 PM (CST).

Return this completed form:

Regular Mail IBEW Local 683 Fringe Benefit Funds PO Box 39387 St. Louis MO 63139

On this form, "Fidelity" means Fidelity Investments Institutional Operations Company LLC. 585063.15.0 (12/2022)