

HARDSHIP CHECKLIST

To ensure timely processing of your Hardship request, please go through the following checklist prior to sending the forms to CRS:

- Application for Hardship Withdrawal completed and signed.
- Hardship Amount and reason marked on the application.
- Application for Hardship Withdrawal signed by the Trustee (Plan Administrator)
- Necessary Documentation attached as proof of a heavy and immediate financial need.

E.g. Medical Expenses	Attach a bill from the Doctor's office or Hospital Educational Expenses
Expenses	Attach a statement from the Institution
Primary Residence	Attach the Purchase Agreement

- Joint & Survivor Annuity Waiver section only applies if plan offers Joint & Survivor Annuity Distributions.

Please provide us a copy of your driver's license and if you feel the need you can scratch out the driver's license number. This extra step is to assure your identity is protected when requesting a distribution from your account.

NOTE: Please check with your Human Resources Department for fees associated with this distribution request.

Once the forms are completed, please mail or fax them to the following:

Creative Retirement Systems, Inc.
Attention: Distributions Department
25 Merchant Street, Suite 135
Cincinnati, OH 45246
Fax # (513) 741-5804

NOTICE OF HARDSHIP WITHDRAWAL

Your retirement plan provides that, at the Plan Administrator's discretion, the amounts that have been contributed on your behalf as salary reduction may be withdrawn if you have a proven financial hardship.

NOTE: A Hardship Distribution is not an eligible Rollover distribution and therefore may not be rolled over to an IRA or another qualified plan. The amount distributed as a hardship withdrawal may be subject to Federal income taxation and a 10% penalty if you are not 59 ½ years old. You should consult your tax advisor regarding the tax consequences of a hardship withdrawal before you complete an application for a hardship withdrawal.

A proven hardship withdrawal can arise for several reasons. For example, a hardship may arise if there is an accident or sickness to you or a member of your family or if you are purchasing a primary residence.

Before a hardship withdrawal is granted, it must be shown that you have no other resources of saving which you can use to take care of your hardship.

To apply for a hardship withdrawal, sign the application confirming that a hardship exists and attach to it copies of any supporting documents or bills and a brief statement that confirms the nature of the hardship and your inability to meet such hardship from other financial resources you have.

The Plan Administrator will consider your application and you will receive a response promptly.

APPLICATION FOR HARDSHIP WITHDRAWAL

As a Participant in _____ 401(k) Plan,

(Company Name), I hereby
request payment for a hardship distribution as provided below:

1. Name: _____

Street Address: _____

City, State, Zip: _____

Birth Date: _____

Social Security: _____

Phone Number: _____

Email Address: _____

I understand that the withdrawal may not exceed the amount required to meet the financial hardship and I certify that I have no other funds reasonably available to satisfy these obligations. I understand that the withdrawal may be subject to Federal income taxation, a 10% penalty for "premature distributions" if I am not yet 59 1/2, and mandatory withholding to the extent the withdrawal constitutes an eligible rollover distribution. I also certify that none of the money I am requesting to withdraw is subject to a qualified domestic relations order. If I am married, my spouse has consented to this withdrawal. My spouse's consent is not necessary if he or she has already consented to another beneficiary on my Survivor Benefit Election form. In support of my request, I have attached copies of any bills and invoices evidencing the hardship, as well as a brief financial statement.

Amount Requested: \$ _____ Net Gross (Please select one option)

I claim that the following reasons require a hardship withdrawal: (Please check all that apply)

Expenses incurred or necessary for medical care for me, my spouse, children, dependents or primary beneficiary

The purchase (excluding mortgage payments) of my principal residence

Payment of tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse, children, dependents or primary beneficiary

The need to prevent eviction from or mortgage foreclosure on my personal residence

Payments for burial or funeral expenses for my deceased parent, spouse, children, dependents or primary beneficiary or

Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction

Expenses and losses incurred on account of disaster declared by FEMA (principal residence or place of employment located in FEMA designated area)

I understand that this Hardship Distribution is not an eligible Rollover distribution and therefore may not be rolled over to an IRA or another qualified plan.

Income Tax Withholding:

A 10% federal income tax withholding will apply unless you check one of the boxes below:

No Federal Income Tax Withholding

Withhold Federal Income Tax at 10% plus an additional _____%

Certification of Amount Necessary to Satisfy Need. I hereby certify by signing this hardship application that I agree to the below:

- The distribution is not in excess of the amount of an immediate and heavy financial need (including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution);
- I have obtained all distributions, other than hardship distributions, under any deferred compensation plan, whether qualified or nonqualified maintained by my Employer;
- I have represented (in writing or via electronic medium) insufficient cash or other liquid assets to satisfy the financial need.

SIGNATURES

I hereby request a hardship withdrawal as indicated above. I hereby certify that the information above has been examined by me and that the information contained on this form is, to the best of my knowledge, accurate. I agree to provide any additional information that may be necessary to process my request. I understand the tax consequences of the hardship distribution.

Dated _____, 20____.

Participant's Signature

Print Name

If you would like Electronic Funds Transfer for your distribution, please complete the information below (contact Plan Administrator for any terms or conditions): A copy of your voided check is required.

Bank Name _____

City _____ State _____

ABA Routing # (nine digit #) _____

Account # _____

Type of account (checking or savings) _____

Account Holder's Name _____

As Plan Trustee, I hereby authorize the above distribution.

Dated _____, 20____.

Plan Trustee's Signature

Print Name & Title

JOINT AND SURVIVOR ANNUITY NOTICE / WAIVER

The annuities mentioned in the preceding sentence are not available if: (i) you (and your spouse if you are married) waive the benefit as provided below, or (ii) the terms of a qualified domestic relations order provide otherwise. A qualified joint and survivor annuity is defined as an annuity for your life with a survivor annuity for the life of your spouse that is 50% of the annuity payable during your life. In addition the plan offers a qualified optional joint and survivor annuity which is an annuity for your life with a survivor annuity for the life of your spouse that is 75% of the annuity payable during your life. Unless you waive such an annuity and your spouse consents in writing to the waiver, your entire vested account balance will be utilized to purchase such an annuity. The annuity payments may be postponed until the time benefits must commence under the terms of the Plan. However, if your vested account balance is less than \$1,000, your vested account balance will be paid in the form of a lump sum.

You have the right to waive the required form of benefit described above.

Any annuity form of benefit will be provided by purchasing an annuity contract from an insurance company with your vested account balance under the Plan. The following is a chart indicating the estimated amount of the monthly annuities using the UP-84 Mortality table, a 5% interest rate and various representative ages for you (and for your spouse for the joint and survivor annuity) at the date payments begin.

Annuity Factors (monthly benefit per \$1,000 of account balance)

Participant Age	30	35	40	45	50	55	60	65	70
Spouse's Age	28	33	38	43	48	53	58	63	68
Single Life	\$4.71	\$4.89	\$5.14	\$5.47	\$5.90	\$6.48	\$7.25	\$8.30	\$9.73
Joint and 100% survivor	\$4.42	\$4.52	\$4.67	\$4.86	\$5.11	\$5.46	\$5.92	\$6.57	\$7.45
Joint and 50% survivor*	\$4.56	\$4.70	\$4.89	\$5.14	\$5.48	\$5.92	\$6.52	\$7.33	\$8.44
Joint and 75% survivor*	\$4.49	\$4.61	\$4.78	\$5.00	\$5.29	\$5.68	\$6.21	\$6.93	\$7.91

*The monthly survivor benefit would be 100%/50%/75% of the amount shown.

For example, if you are age 50 and your spouse is age 48 when the joint and 50% survivor annuity begins and your vested account balance is \$10,000, the amount of the monthly benefit will be \$54.80 (10 X \$5.48). Please note that there is no guarantee that an annuity contract purchased from an insurer will provide the monthly amounts set forth in the table above. Any commissions or sales charges that are paid to the insurance company in connection with the purchase of the annuity contract will reduce your monthly benefit. You may obtain more accurate information about the levels of monthly income that would be paid in the form of an annuity by completing the "REQUEST FOR JOINT AND SURVIVOR ANNUITY INFORMATION" section below and returning this form to the Plan Administrator.

In order for a married Participant to obtain the benefits in a form other than a qualified joint and survivor annuity (such as a single sum distribution), the Participant must waive the joint and survivor annuity and his or her spouse must consent in writing (unless the Participant certifies that he or she cannot locate the spouse).

The Participant has at least thirty days to consider whether to waive the joint and survivor annuity. The Participant may revoke such waiver prior to the date on which payments begin (or, if later, seven days after the date he or she waives the qualified joint and survivor annuity), but any revocation must be in writing. Waivers (properly completed copies of this form) and revocations of waivers are not effective until they are received by the Plan Administrator. In order for a single Participant to obtain the benefits in a form other than a single life annuity, the Participant must waive the annuity.

REQUEST FOR JOINT AND SURVIVOR ANNUITY INFORMATION

I hereby request information about the levels of income that would be paid to me and, if married, to my spouse following my death (if he or she survives me) under a qualified joint and survivor annuity. I certify that the following information is correct:

Name of Spouse _____

Date of Birth _____

Signature of Participant

ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY

As a Participant in the plan identified above, I hereby acknowledge that I have been informed by the Plan Administrator that if I am married at the time my benefits commence they must be paid in the form of a joint and survivor annuity (or in the form of a single life annuity if I am not married) unless I waive that form of payment and my spouse consents in writing. I have been further informed by the Plan Administrator that I have at least thirty days to consider whether to waive the joint and survivor annuity. If I am married and I waive the qualified joint and survivor annuity with my spouse's consent, I understand that I may revoke my waiver prior to the date on which payments begin (or, if later, seven days after the date I waive the qualified joint and survivor annuity).

IF YOU ARE MARRIED: (Please check ONE below)

A. I am married and I hereby elect to waive the payment of my benefits in the form of a qualified joint and survivor annuity with my spouse, subject to my spouse's written consent (below).

B. I am married, but I hereby waive payment of my benefit in the form of a qualified joint and survivor annuity. The "SPOUSE'S CONSENT" section of this form (below) has not been completed because I do not know the whereabouts of my spouse. I agree to notify the Plan Administrator if I learn the location of my spouse before my benefit commences.

C. I am married, but my spouse and I do not wish to waive the qualified joint and survivor annuity form of benefit. However, I understand that we may do so prior to the date on which payments begin or an annuity contract is purchased.

Dated at _____, this _____ day of _____, 2021.
City, State

Witnessed by:

Notary Public, State of _____
My Commission (is permanent/expires)

OR

Authorized Representative of
Plan Administrator

IF YOU ARE NOT MARRIED - CHECK BELOW

D. I am not married, but I will notify the Plan Administrator if I do marry before receiving benefits under the Plan. I hereby elect to waive the payment of my benefits in the form of a single life annuity.

SPOUSE'S CONSENT (Must be completed if Participant checks A above)

I am the spouse of the Participant identified above. I hereby consent to my spouse's waiver of the payment of benefits in the form of a qualified joint and survivor annuity. I further acknowledge my understanding that:

1. My spouse's waiver of the qualified joint and survivor annuity is not valid unless I consent to it; and
2. My consent is irrevocable unless my spouse revokes the waiver.

Dated at _____, this _____ day of _____, 20____.
City, State

Signature of Participant's Spouse

Name of Participant's Spouse (print or type)

Witnessed by:

Notary Public, State of _____
My Commission (is permanent/expires)

OR

Authorized Representative of
Plan Administrator