

Hardship Withdrawal Request



SECTION A: PARTICIPANT INFORMATION

Group Number:		Plan Name:	
Participant's Name: (Last, First, M.I.)		Date of Birth:	Social Security Number:
Participant's Address:			<input type="checkbox"/> Check here if this is an address change
City:	State:	Zip:	Daytime Phone Number:

Please refer to the Plan, Summary Plan Description, or contact your Plan Administrator for information on the availability of hardship withdrawals. If available, please note these important facts:

- Your contributions to the Plan may be subject to **six month suspension** following the hardship withdrawal
- You may be required to exhaust any available loan provisions first, AND any existing loan must still be repaid

SECTION B: Amount of Withdrawal

I request a hardship withdrawal of \$ _____

Net Check Amount

The amount requested above will be withdrawn as a gross withdrawal **before** Income Tax Withholding unless the Net Check Amount box is chosen. See Section C for additional tax withholding information.

SECTION C: Income Tax Withholding Instructions

As a hardship withdrawal is not eligible for rollover, withholding is not mandatory, but we are required to apply 10% withholding unless you elect otherwise.

If you elect not to have Federal Income Tax withheld, you are still liable for payment of Federal Income Tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate.

10% Federal Income Tax and applicable State withholding will apply by default unless you elect otherwise below:

- I do not want Federal or State Income Tax withheld from my withdrawal
- I elect Federal Income Tax withholding of _____% and Additional Withholding of \$ _____

If your state of Residence is

Your options for state tax withholding are:

IA, KS, ME, MA, NC, OK, VT, VA	If you elected Federal Income Tax to be withheld, these states require Mandatory State withholding based on the state's applicable minimum requirements. You may not opt out.
AR, CA, DE, GA, OR	You may opt out of the mandatory state withholding by electing below: <input type="checkbox"/> I elect no state income tax withholding
AL, AZ, CO, CT, DC, HI, ID, IL, IN, KY, LA, MD, MI, MN, MS, MO, MT, NE, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WV, WI	You may elect voluntary state income tax withholding. You must provide a percentage or dollar amount to be applied for state tax withholding below: _____ % or \$ _____



SECTION D: Participant Authorization

I hereby consent to the payment indicated in this form. I acknowledge that 10% Federal Income Tax withholding will apply unless I elected otherwise in Section C. I have reviewed and understand both the State Income Tax withholding section and the Full Disclosure Statement, as applicable to my state.

IMPORTANT NOTICE: PLEASE NOTE THAT A DISTRIBUTION IS A TAX REPORTABLE EVENT THAT MAY NOT BE REVERSED.

Participant's Signature

Date

**** PARTICIPANT MUST SUBMIT THIS DOCUMENT TO PLAN ADMINISTRATOR FOR COMPLETION **
** THE HARTFORD CANNOT ACCEPT THIS INSTRUCTION WITHOUT PLAN APPROVAL ****

SECTION E: Plan Administrator or Authorized Representative: Please complete the following information (as applicable) for submission to The Hartford.

Provided the form includes vesting information and the plan's third party administrator's initials, you are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge and that I have obtained any Spousal Consent forms that may be required by ERISA and the Internal Revenue Code.

Date of Hire:	Vesting Percent: Profit Sharing	Vesting Percent: Employer Match	Vesting Percent: Other	TPA Initials:
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Reminder: If required, you must suspend contributions for this participant for a period of six months and continue to remit payments on any outstanding loans.

Plan Administrator Name (please print)

Plan Administrator's Signature

Date

Instructions for submission of paperwork once completed and signed by the Participant and Plan Administrator, and initialed by the TPA: Fax to 860-843-6100 or mail to The Hartford, P.O. Box 1583, Hartford, CT 06144-1583.

Please note that forms should not be forwarded to The Hartford for processing if the request has already been processed by the TPA via Hartford On-line. Duplicate requests for distribution, such as a fax followed by a mailed original or on-line processing, may result in multiple distributions. The Hartford will not be responsible for any gain/loss or charges that arise from multiple submissions.

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