

Withdrawal Request Amount: Specify the amount you are requesting (must be at least a minimum of \$1000). Mark off the gross up box if you wish to increase the withdrawal amount to cover federal or state income taxes, penalties and applicable fees.

Withdrawal Request Amount	The disbursement amount will be taken from your account according to the hierarchy determined by your Plan/Program. If the amount requested exceeds your maximum hardship withdrawal amount, you will be paid the maximum amount available.
	Amount: \$ _____ A SPECIFIC AMOUNT IS REQUIRED
<i>(You will only be approved for up to the documented financial need)</i>	If you would like your hardship withdrawal to include additional amounts necessary to pay anticipated taxes, penalties and applicable fees (this is called a gross-up), check the following box:
	<input type="checkbox"/> I would like to gross-up my hardship withdrawal
	By checking this box, I would like to increase the withdrawal amount to cover any federal and state income taxes, penalties & applicable fees that may be reasonably anticipated as a result of this withdrawal.
	<ul style="list-style-type: none"> • Your election for Federal & State Income Tax in the following tax sections will be used as the amount of reasonably anticipated taxes in the gross-up calculation • If applicable, the 10% penalty amount will be added to your withdrawal • The total maximum allowed to gross-up for federal and state tax is 35%. If you elect more than 35%, we will: <ul style="list-style-type: none"> • Gross-up your withdrawal using a default of 35% for federal and state taxes • Withhold the Federal & State Income Tax amount(s) you elect in the following tax sections (even if greater than 35%)
	I certify that I have obtained all funds currently available to me from this and any other plan of the Employer. If I have not taken all available In-service withdrawals, Prudential will automatically pay those dollars to me if my plan requires.
	<ul style="list-style-type: none"> • The In-service portion that is automatically paid will be deducted from the amount requested above • The In-service withdrawal is subject to 20% federal tax withholding, and any applicable state tax and fees, if applicable • The In-service withdrawal is eligible for rollover • The Qualified Joint Survivor Annuity Notice/Spousal Waiver provided applies to both the In-service and Hardship withdrawals, if applicable

Election for Withholding of Federal Income Tax: Select the amount you'd like withheld for federal income tax. You can elect to withhold 10%, an amount greater than 10%, or you can elect to have no federal income tax withheld.

Note: if you opt out of Federal taxes, you will still be responsible for payment of any taxes due.

Election for Withholding of Federal Income Tax	Federal tax laws require us to withhold income taxes from the taxable portion of a qualified retirement plan distribution. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. Hardship disbursements are subject to 10% federal income tax withholding, unless you elect otherwise. You can elect to have no federal income taxes withheld by checking the box below. If you elect out of withholding, you are still responsible for payment of any taxes due, and you may incur penalties if your withholding and/or estimated tax payments are not sufficient. If you do not check one of the options below, 10% federal income tax withholding will be automatically deducted from your payment.
	1. <input type="checkbox"/> I elect to have federal income tax withheld at 10% from the taxable amount of my distribution.
	2. <input type="checkbox"/> I elect not to have federal income tax withheld from my distribution.
	3. <input type="checkbox"/> I elect to have federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount. The federal withholding calculated from your election below must be at least 10% of the taxable amount of my distribution amount.
	_____ % or \$ _____ .00

It is our understanding a hardship disbursement is not eligible to be rolled over. All or part of the taxable portion of your hardship disbursement may be subject to an *additional* 10% federal income tax penalty on early distributions, unless you qualify for an exception. Since neither Prudential nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of your Plan, you are urged to consult your own personal legal, tax and/or financial advisor with any questions on allowances, deductions, or tax credits that may apply to your particular situation before you take any action.

Election for withholding of State Income Tax: if you wish to have state taxes withheld, complete this section. If opting out, you may skip this section.

Note: If you opt out of State taxes, you will still be responsible for payment of any taxes due. Also important to note is that some states have mandatory withholding for state taxes.

<p>Election for Withholding of State Income Taxes</p> <p><i>(For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA)</i></p>	<p>A. Mandatory State Withholding: If you reside in a state where state income tax withholding is mandatory AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), CT, ME, MI (see below), NC, NE, OK*, OR*, VA or VT* applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.</p> <p>If you are a resident of IA, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, IA income taxes are required to be deducted for the amount over \$6,000.</p> <p><input type="checkbox"/> My resident state is AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only) and I do not want state income tax withholding deducted from my distribution. (An election out of AR, DE, KS, ME, NC, or VA state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.</p> <p><input type="checkbox"/> *My resident state is one of the following: CA, OK, OR, **VT and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. **An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.</p> <p><input type="checkbox"/> My resident state is CT and Prudential will withhold 6.99% on your taxable distribution. Please note that if you are not requesting a distribution of your entire account balance and if Form CT-W4P, <i>Withholding Certificate for Pension or Annuity Payments</i>, applies to you, please return Form CT-W4P as part of this distribution form. Form CT-W4P is available on the Department of Revenue Services (DRS) website at www.ct.gov/DRS.</p>
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Payment Options: Mark off how you like to receive your withdrawal once it is approved and issued. Regular mail at no charge (3-5 business days), Express Mail for a \$25 fee (1-2 business days), EFT at no charge (2-3 business days, depending on your bank). If you are choosing EFT, please ensure to attach a voided check to your application.

Certification of Financial Hardship and Authorization (continued) **Consent:** By signing below, I consent to allow Prudential Retirement to request and obtain information for the purposes of verifying my eligibility for a financial hardship under this Plan.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at www.prudential.com/online/retirement.

X _____ Date ____|____|____
Participant's signature (REQUIRED)

Where to send your application: You can mail or fax in your application to the addresses or fax number listed on the first page of the application.

5. Mail all forms and documentation to:

Regular Mail to:	OR	Express Mail to:	OR	Fax to:
Prudential Retirement PO Box 5410 Scranton, PA 18505-5410		Prudential Retirement 30 Scranton Office Park Scranton, PA 18507-1789		1-866-439-8602

General Timing for Processing:

Once we receive your completed application with supporting documentation, our Hardship processors will begin review. Generally, it can take 1-2 business days to confirm your supporting documents are in good order. However, funds cannot be released any sooner than 8 days after you sign off on the application due to the Qualified Joint and Survivor Annuity rules of the plan.

Supporting Documentation:

To approve your hardship withdrawal, the IRS mandates that you provide supporting documentation. Below are all the supporting documents you will need to submit based on the hardship reason.

Medical & Dental Expenses

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

<p>Medical / Dental Expenses:</p> <p><input type="checkbox"/> Copy of unpaid medical/dental bill that includes ALL of the following:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Name of the medical/dental provider • Patient name (if you are not the patient, proof of dependency is required, see info below) ** • Date(s) of service • Total charges • Total amount due after insurance is applied <p><input type="checkbox"/> Proof of insurance by one of the following:</p> <ul style="list-style-type: none"> • Insurance information listed on the itemized medical/dental bill • Explanation of Benefits (EOB) • If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons. <p>Note:</p> <ul style="list-style-type: none"> ➢ An Explanation of Benefits (EOB) is not considered a bill ➢ A "balance forward" does not qualify without an itemization of charges 	<p>Collection Bill / Court Order:</p> <p><input type="checkbox"/> Copy of the unpaid collection bill/ court order that includes the following:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Medical/dental provider's name • Total amount due <p><input type="checkbox"/> Itemized bill from the medical/dental provider that includes the following:</p> <ul style="list-style-type: none"> • Patient name (if you are not the patient, proof of dependency is required, see info below) ** • Date(s) of service • Total charges <p><input type="checkbox"/> Proof of insurance by one of the following:</p> <ul style="list-style-type: none"> • Insurance information listed on the itemized medical/dental bill • Explanation of Benefits (EOB) • If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons. <p>Note:</p> <ul style="list-style-type: none"> ➢ Must be able to match the itemized bill with the collection bill/court order 	<p>Future Treatment Plan:</p> <p><input type="checkbox"/> Copy of a treatment plan on the medical/dental provider's letterhead that includes ALL of the following:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Name of the medical/dental provider • Patient name (if you are not the patient, proof of dependency is required, see info below) ** • Total amount of the procedure • Estimated amount insurance will cover • Amount due by patient after insurance portion is paid • A statement specifying <u>"the payment is due at time of service"</u> • Signature and title from a medical/dental provider representative
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<p>Long Term Care Services:</p> <p>Services which include necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services & maintenance of personal care services. To qualify, these services must be required by a chronically ill individual & provided under a plan prescribed by a licensed health care practitioner.</p> <p><input type="checkbox"/> Copy of the unpaid bill on the medical provider's letterhead that must include:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Patient name (if you are not the patient, proof of dependency is required, see info below) ** • Total amount due after insurance is applied • By submission of these documents I am certifying that these long term care services qualify under IRC section 7702(B)(b) <p><input type="checkbox"/> Copy of the contract referring to long term care services</p>	<p>Insurance Premiums for Medical Expenses or Premiums for Long Term Care Services:</p> <p><input type="checkbox"/> Copy of the unpaid bill for premiums on the insurance company's letterhead, that must include:</p> <ul style="list-style-type: none"> • Statement date within the last 60 days • Your name listed as the policy holder (if your name is not listed, proof of dependency is required, see info below) ** • Premium amount (Ex: monthly, quarterly, etc.) • The period the premium will cover • Total amount due now • By submission of these documents I am certifying that these insurance premiums qualify under IRC section 213(d)(1)(D) <p><input type="checkbox"/> Documentation from the insurance company identifying the individuals covered. (Ex: Policy coverage sheet, health card, etc.)</p>
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I am requesting this amount due to my (please check one, complete as necessary):

****You must include the required documents for proof of dependency if not for your own expenses**

Own medical/dental expenses

Spouse's medical/dental expenses (1st page of your most recent 1040 US income tax return required)

Dependent's medical/dental expenses (Your child's birth/adoption certificate or the 1st page of your most recent 1040 US income tax return) *If your child is **over the age of 18** at the time of service, your most recent 1040 US income tax return is **required**

Dependent Name _____ Relationship to you _____

Purchase of a Principal Residence

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

Purchase of Principal Residence or Construction of Principal Residence (if you are using a general contractor):

- Complete copy of the purchase contract to build or purchase your principal residence, including addendums. This documentation must include **ALL** of the following:
- Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Complete street address of the property being purchased or built
 - Total purchase price (must match purchase price on the mortgage loan, if applicable)
 - Signature from **both** the buyer and the seller
 - Future closing/settlement date (not to exceed 6 months from the request date for a purchase or 1 year for construction)
 - Must specify whether the purchase is:
 - A cash sale, or
 - Not contingent upon financing, or
 - Contingent upon financing (if contingent upon financing, see letters a & b below)

Note: The purchase of land does not qualify unless building a home or moving a mobile home on to the property at the time of purchase.

- If you are obtaining a loan to purchase your home, you MUST provide documentation from your lender verifying the funds needed to close.**
- a) We can accept **ONE** of the following documents from your lender:
- Typed (URLA) Uniform Residential Loan Application, including your dated signature under the "Acknowledgement and Agreement" section.
 - Closing Disclosure, including your dated signature.
 - **Both** the Loan Estimate **AND** the completed "Acknowledgment of Intent to Proceed," including your dated signature on both documents.
 - Letter from your lender on their letterhead. The letter must be signed, titled & dated by a representative at the lender's office.
- b) The above document must be dated within the last 60 days and list **ALL** of the following:
- Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Property address (must match the purchase contract)
 - Purchase price (must match the purchase contract)
 - The estimated funds needed to close or the cash from borrower

Construction of a Principal Residence (if you are the general contractor):

- Verification you already own the land on which the home is being built. We can accept:
- Copy of the deed listing the physical property address
 - Copy of the complete purchase agreement indicating you are going to purchase the land
- Signed estimates from the vendor(s)
- If you are using sub-contractors for any of the construction, we will require signed estimates on the sub-contractor's letterhead, dated within 60 days
- Building permits on business letterhead for the company and/or township
- Detailed specifications of the proposed dwelling (blueprint) if you have obtained one
- A signed letter from you stating your intent to construct. The letter must include **ALL** of the following:
- Total construction price that includes an itemization of the materials needed
 - Address where the home is being constructed
 - Closing date or settlement of completion date (must be within one year of your request)
 - Must specify whether the construction is:
 - A cash sale, or
 - Not contingent upon financing, or
 - Contingent upon financing (if contingent upon financing, see letters a & b in the section above)

Payment of Tuition and Related Fees

Documentation Requirements

You must submit copies of **ALL** documentation requirements below or your request will not be approved

If an online screen print is provided for your education expenses, the web page address must be visible on the page for the information to be considered valid.

Tuition Expenses:

Current tuition expenses that are due now, for up to the next 12 months of post-secondary education.

- Copy of the **unpaid** tuition bill or signed letter from the school (on school's letterhead), that includes **ALL** of the following:
 - Statement date within the last 60 days
 - Name of the school
 - Student's name (if you are not the student, proof of relationship is required, see info below) **
 - Term for which the expenses are incurred (i.e. Spring 2016)
 - Including a term start **AND** end date (end date must be a future date)
 - Breakdown of the tuition charges
 - Total amount due **now** (if bill contains financial aid/student loans, you must show the total due after aid is applied)

Note:

- Invoice cannot be for "**estimated**" costs.
- Expenses for **prior** terms/semesters are not an eligible hardship withdrawal reason.
- Cost of Attendance and Financial Aid Award Letters are not considered an invoice.
- Payment of textbooks and/or school loan repayments are not considered educational expenses.

Housing Fees (Dormitory) & Meal Expenses:

- These expenses must be listed on a current dated **unpaid** tuition bill, or a document from the school (on their letterhead), that includes **ALL** of the information listed above.

Housing Fees: Off Campus Housing

- Proof of attendance at a post-secondary school verifying the term/semester the student is enrolled in
- Copy of the complete lease agreement that includes **ALL** of the following:
 - Name of the housing provider
 - Student's name as a tenant
 - Total amount due
 - Term of the lease (start & end dates)
 - Signature from both parties (lessee & lessor)

Note:

- We will only approve for the months the student is enrolled in classes for all housing fees.
- If multiple tenants are listed, the total rent will be divided equally amongst tenants.

- I am requesting this amount due to my (please check one, complete as necessary):

****You must include the required documents for proof of relationship/dependency if not for your own expenses:**

- Own education expenses
- Spouse's educational expenses (1st page of your most recent 1040 US income tax return or marriage certificate required)
- Child's educational expenses (1st page of your most recent 1040 US income tax return or birth/adoption certificate required)
- Dependent's educational expenses (1st page of your most recent 1040 US income tax return required)

Student's Name _____ Relationship to you _____

Payments to Prevent Eviction or Foreclosure

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

Imminent Foreclosure- Mortgage loan, home equity loan, homeowner's association fees or maintenance fees:

- Copy of the foreclosure notice on financial institution's letterhead or a Court Order that must include **ALL** of the following:
- Foreclosure notice/Court Order dated within the last 60 days
 - Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Statement that you are in a foreclosure proceeding or judgment
 - Property address (if address on documentation does not match address on file with Prudential, see info below) **
 - Total amount due to prevent foreclosure (specific months for which the payment is due may be required)
 - **Future** date that the mortgage payment(s) is/are due to prevent imminent foreclosure

Note:

- A foreclosure notice that lists the following verbiage does not qualify: may or could foreclose, loan may be accelerated, reinstate your loan, etc.

Imminent Foreclosure- Delinquent property taxes:

- Copy of delinquent property taxes due on the county tax office's letterhead that must include **ALL** of the following:
- Notice dated within the last 60 days
 - Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Statement that you are in foreclosure or sale of property will occur
 - Property address (if address on documentation does not match address on file with Prudential, see info below) **
 - Total amount due to prevent the foreclosure/sale of property
 - **Future** date that the delinquent property taxes are due to prevent foreclosure/sale

Imminent Foreclosure- Chapter 7 or Chapter 13 Bankruptcy:

- Foreclosure documentation (as stated above)
- Granted Relief from Automatic Stay from the bankruptcy court, signed by the judge

Imminent Foreclosure-Land Contract/Installment Agreement:

- Copy of the original contract/agreement, listing **ALL** of the following:
- Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Property address
 - Payment schedule
 - Signature from both the buyer and the seller
- Letter from the seller listing **ALL** of the following:
- Letter dated within the last 60 days
 - Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Property address
 - Total amount due to prevent imminent foreclosure
 - Future due date this amount must be paid by
 - Signature from the seller

Eviction:

- Copy of the eviction notice or court document that must include **ALL** of the following:
- Eviction notice/court document dated within the last 60 days
 - Your first and last name (or the address facing eviction must match your address we have on record)
 - Property address (if address on documentation does not match address on file with Prudential, see info below) **
 - Total amount due to prevent eviction
 - **Future** date that the rent is due by in order to prevent eviction
 - Specific month(s) for which the rent/payment is due
 - Landlord's contact information (phone number and/or address)
 - Landlord's signature and TITLE (Ex: landlord, property manager, homeowner, etc.)

****If your address on file with Prudential does not match the address of your principal residence on the eviction or foreclosure notice, please provide ONE of the following as proof of your principal residence:**

- Copy of your valid driver's license showing your principal residence
- Copy of any bill (dated within the last 60 days) showing your principal residence

Payment for Funeral/Burial Expenses

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

Funeral Expenses:

- Copy of the **unpaid** bill on the company's letterhead (ex: funeral home, floral shop, casket retailer, etc.)
 - Statement date within the last 60 days
 - Name of the company
 - Name of the decedent
 - Total amount due
 - Indicate that you are responsible for payment (if your spouse's name is listed, proof of relationship is required, ex: marriage certificate)

- Proof of Death. We can accept one of the following documents:
 - Copy of the death certificate
 - Letter from the hospital or funeral home on their business letterhead. The letter must be signed & titled by a representative at the facility
 - Report of death from the funeral home
 - Copy of the obituary

- Proof of Relationship to the decedent. We can accept the following documentation:
 - Copy of your birth/adoption certificate, listing the decedent as your parent
 - First page of your most recent 1040 US income tax return, listing the decedent as a dependent
 - Copy of your marriage certificate, listing the decedent's name as your spouse
 - Copy of the decedent's birth/adoption certificate, listing you as a parent
 - Copy of the death certificate identifying your relationship

Decedent's Name _____ Relationship to you _____

Repair of Damage to the Employee's Principal Residence that Qualifies for a Casualty Deduction

Documentation Requirements

You must submit copies of ALL documentation requirements below or your request will not be approved

- Copies of **unpaid** invoices and/or contracts that must include **ALL** of the following:
- Invoice and/or contract date within the last 60 days
 - Name of the contractor or company
 - Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)
 - Property address (if address on documentation does not match address on file with Prudential, see info below) **
 - Itemization of the repair(s)
 - Total amount due

Note: We **CANNOT** accept an estimate of these charges

- Evidence of the Casualty (damage caused by progressive deterioration does not qualify). Please submit:
- Pictures and/or newspaper article as evidence
 - A signed letter from you detailing the casualty event that caused the loss, the date of loss (must have occurred within the last 12 months) and include the property address that sustained the loss

Note: The damage must have occurred to your principal residence (home). Damage to furniture, personal belongings, outbuildings/sheds, etc. do not qualify.

- Copy of the insurance claim from your insurance company verifying what portion, if any, is covered by insurance (Please note: Damages caused by progressive deterioration do not qualify)
- If you do not have homeowner's insurance, you must submit a self-certification letter stating that you did not have insurance at the time of the loss. The letter must be signed by you.

****If your address on file with Prudential does not match the address of your principal residence listed on the invoices, please provide ONE of the following as proof of your principal residence:**

- Copy of your valid driver's license showing your principal residence
- Copy of any bill (**dated within the last 60 days**) showing your principal residence

I am requesting this amount because of damages that were caused to my principal residence due to:

- Fire
- Storm (including but not limited to hurricanes, tornadoes, heavy snow, ice, heavy rain, and flooding)
- Shipwreck
- Theft

If you have any questions when completing this application form, you can contact a Prudential customer service associate by calling our toll-free number: 1.877.778.2100. Representatives are available Monday – Friday between the hours of 8 AM – 9 PM eastern standard time.