1. General Information

Prior to age 59½, you may qualify for an early withdrawal from your 401(k) Plan account due to financial hardship for the following reasons:

- Payment of tuition, related educational fees, and room and board expenses for postsecondary education for the following 12 months for you, your spouse, children, or a dependent;
- Costs directly associated with the purchase of your principal residence (excluding mortgage payment);
- Prevention of foreclosure on or eviction from your principal home;
- Payment of expenses for medical care described in Section 213(d) of the Internal Revenue Code incurred by you, your spouse, or a dependent;
- Payment for burial or funeral expenses for your deceased parent, spouse, children, or a dependent; or
- Expenses for the repair of damage to your principal residence that would qualify as a casualty deduction from your federal income taxes Section 165 of the Internal Revenue Code.

A hardship withdrawal from your 401(k) account will represent a taxable distribution from your account and may be subject to an additional 10% excise tax. You may wish to obtain the advice of a tax advisor before you request a hardship withdrawal.

This booklet contains the following information for your use:

- Required Documentation Checklist
- Hardship Withdrawal Form

This booklet and attached forms are specifically for a hardship withdrawal. For other distribution requests, contact Savings Plus.

To qualify for a 401(k) hardship withdrawal, you must first exhaust all other options. Refer to Section 3: Available Options on the Hardship Withdrawal Form.

If you have Roth assets in your account, they will be included in the Hardship withdrawal. There are restrictions about early distribution of Roth assets, and they may be subject to an additional tax. If you have a Personal Choice Retirement Account (PCRA), it may be necessary to transfer your PCRA funds into your core funds to satisfy the amount of your hardship withdrawal request. Payment is prorated among all of your core funds.

After the hardship withdrawal, you will be required to suspend all deferrals to all plans maintained by the Savings Plus for a period of six months. If you are currently contributing to the 401(k) or 457 plan, Savings Plus will discontinue your deferrals. You are responsible for all federal and state income tax and applicable additional excise taxes on the amount withdrawn. Unless you request otherwise by completing Section 6 of the 401(k) plan hardship withdrawal form, 10% of the taxable amount withdrawn will be held for federal income taxes. All California residents are subject to State tax withholding at the rate that applies to married with 3 allowance unless you request otherwise by completing a California Withholding Certificate for Pension or Annuity Payments (DE 4P). If you are under age 59 1/2, you may be subject to an additional 10% excise tax. A 1099-R will be issued by January 31 of the following year for reporting purposes.

Once all necessary documentation is received, your request will be reviewed within 3 - 5 business days. You will be notified in writing whether or not the request was approved.

If approved, your payment will be issued via your choice of Check by Mail ($2.00 fee) or Direct Deposit (no charge) to one financial institution of your choice.

All information contained in this booklet was current as of the print date. The Plan reserves the right to amend any of the procedures or plan provisions outlined in this booklet or the Plan Document. Such changes may be enacted without prior announcement or the express consent or agreement of plan participants. The Plan Document will govern if any contradiction arises between the terms of the Plan Document and this booklet.

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Definition of Dependent

The definition of “dependent” is set forth in IRC Section 152 as either a “qualifying child” or a “qualifying relative.”

A qualifying child is someone who meets all the following criteria:
• Is a child or brother or sister (or stepbrother or stepsister) of the participant or a descendant of either
• Has the same principal place of residence as the participant for more than one-half the taxable year
• Has not yet turned age 19 (or is a student who has not yet turned age 24 as of the end of the taxable year)
• Has not provided more than one-half of his or her own support for the taxable year

A qualifying relative is someone who meets all the following criteria:
• Is a child (or a descendant), brother or sister (or stepbrother or stepsister), father or mother (or ancestor), stepmother or stepfather, niece or nephew, aunt or uncle, or in-law (father, mother, sister, brother, son, or daughter) of the participant or has the same principal place of residence as the participant (other than a spouse) and is a member of the participant’s household
• Income must not exceed the personal exemption amount as defined in Section 151 of the IRC
• Receives more than one-half his or her support in that taxable year from the participant
• Is not a “qualifying child” of any taxpayer in the taxable year

For purposes of a hardship application for education expenses or funeral expenses, a “dependent” is any person who meets the definition of qualifying relative irrespective of his or her gross income or irrespective of whether he or she is also a qualifying child of any taxpayer.

Contact Information

Voice Response System: 855-616-4776, 24 hours a day, 7 days a week
Customer Service: 855-616-4776, 5:00 a.m. – 8:00 p.m. (PT), Monday–Friday
To speak with a customer service representative, press "0.
Office: Open 8:00 a.m. – 5:00 p.m. (PT), Monday–Friday
TTY: 800-848-0833
Website: savingsplusnow.com

2. Submission Instructions

Mail the original form to: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

or fax the completed form to: 877-677-4329

3. Required Documentation

After completing the Hardship Withdrawal Form, attach your required documentation to the 401(k) Hardship Withdrawal Form and mail to the address above. All documentation will be reviewed and does not guarantee approval of your request. In some cases, additional documentation may be requested.

See page three for supporting documentation needed to apply for a hardship withdrawal. Note that you are required to exhaust all other resources reasonably available to you, including plan loans before a hardship is granted.
## 4. Required Documentation Checklist

<table>
<thead>
<tr>
<th>Reason</th>
<th>Required Documentation</th>
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| Medical/Dental Expenses  | - If you have health Insurance: Explanation of Benefits statement from within the past 12 months from the insurance company (or reasons for no coverage), patient responsibility and dates of service for all charges.  
- If you do not have insurance: Detailed bills indicating the dates of service for all charges and a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request).  
- If the procedure could be considered cosmetic, a letter from a medical doctor/dentist indicating the reasons why the procedure is medically necessary.  
- For future services: a pre-treatment estimate, dated within the last 60 days, indicating insurance coverage and patient responsibility for all procedures that are to be performed and anticipated date of service - along with a statement from the provider showing that payment must be made before the treatment will be rendered. |
| Home Purchase            | - Copy of the purchase agreement signed by the buyer and seller that includes the closing date and balance of the purchase price.  
- If building a home, you must show reasonable proof such as building permits or receipts.  
- Invoices for associated expenses required for the purchase of the home such as appraiser and inspection.  
- Document that shows the services requested for payment were required to purchase the home. |
| Post-Secondary Education | - Tuition statement or school invoice on letterhead from the institution showing the student’s name and amount owed. The statement must be for no more than 6 months in arrears, the current quarter or semester, or up to 6 months in the future.  
- Room and board expenses must be for housing and show the name of the student and the itemized cost.  
- Books and other educational materials must accompany an itemized receipt.  
- If the student is a spouse or dependent, copies of tax documentation or official paperwork proving their relationship to you is required. |
| Foreclosure/Eviction     | - If foreclosure, letter dated within 30 days from the mortgage company indicating the dollar amount needed to prevent imminent foreclosure or acceleration on your primary residence. Must include the property address of the loan under threat of foreclosure.  
- If eviction, letter dated within 30 days from the landlord/leasing agency or court ordered eviction notice indicating the dollar amount needed to prevent imminent eviction from your primary residence. |
| Funeral Expenses         | - Detailed invoice from a funeral home and/or cemetery that itemizes the cost of funeral expenses for which you are responsible.  
- A copy of the death certificate.  
- Copies of receipts, booking information (air/hotel), and other travel expenses related to the funeral and/or burial. |
| Home Repair              | - If you have insurance: a letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage.  
- If you do not have insurance; a signed statement indicating you do not have insurance (may be included in the explanation on page two of this request).  
- Detailed repair estimate from a licensed contractor. |
401(k) Plan Hardship Withdrawal Form
Savings Plus
Phone: 855-616-4SPN (4776) • savingsplusnow.com

Payments will be issued within 3-5 business days of receipt of an approved form.

1. Participant Information

| Name: ___________________________ | Account Number or SSN: ___________________________ |
| Email: ___________________________ | Preferred Phone: ___________________________ |
| Phone type: ☐ Home ☐ Work ☐ Cell |

2. Reason for Hardship Withdrawal

☐ Expenses for (or necessary to obtain) medical care that would be deductible from the participant's federal income taxes under Internal Revenue Code (IRC) Section 213(d), determined without regard to whether the expenses exceed 7.5% of adjusted gross income. Attach medical bills or estimates.

☐ Costs directly related to the purchase of a principal residence for the participant, excluding mortgage payments. Attach the purchase agreement signed by the buyer and the seller including a closing date and balance of the purchase price along with any invoices for additional required expenses such as an appraiser or inspection.

☐ Payment of tuition, related educational fees, and room and board expenses for up to the next 12 months of post-secondary education for the participant, the participant's spouse, children, or dependent. Attach the tuition statement. (See page two for the definition of “dependent.”)

☐ Payments necessary to prevent the eviction of the participant from his or her principal residence or to prevent foreclosure on the mortgage on that residence. Attach the eviction or the intent to foreclose notice.

☐ Payments for burial or funeral expenses for the participant's deceased parent, spouse, children, or dependents. Attach invoices. (See page two for the definition of “dependent.”)

☐ Expenses for the repair of damage to the participant's principal residence that would qualify as a casualty deduction from the participant's federal income taxes under IRC Section 165, determined without regard to whether the loss exceeds 10% of adjusted gross income. Attach invoices.

3. Available Options

Can this hardship be completely or partially relieved through the following options:

| Yes | No |
| ☐ | ☐ | Reimbursement or payment by insurance or other sources? |
| ☐ | ☐ | The reasonable liquidation of assets, provided the liquidation would not itself cause an immediate heavy financial need? |
| ☐ | ☐ | The cancellation of elective deferrals under the 401(k) Plan and/or 457 Plan? |
| ☐ | ☐ | Loans available from my Savings Plus account? |

If you answered “Yes” to any of the questions above, you are ineligible for a hardship withdrawal until the option(s) for which you have answered “Yes” is exhausted or until you provide documentation that your hardship cannot be completely relieved through the source(s) indicated above.

4. Hardship Withdrawal Request (select one)

I understand that my hardship withdrawal is limited to the amount documented to meet the immediate hardship and the anticipated taxes. Earnings are not eligible as part of the hardship withdrawal. I hereby request the following:

☐ A hardship withdrawal in the amount of $__________________

☐ GROSS (amount before taxes are withheld) OR ☐ NET (amount after taxes are withheld)

☐ The maximum amount allowed from my 401(k) Plan account.

California Department of Human Resources Privacy Notice on Information Collection (rev. 9/15)
This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR), Savings Plus Program, is requesting the information specified on this form pursuant to California Government Code sections 19993 and 19999.5. The information collected will be used for identification of your account and will be disclosed to the Savings Plus Third Party Administrator (Nationwide) for processing of your request as indicated on the form. Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process the action(s) indicated on the form as requested.

Department Privacy Policy
The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy at https://www.calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information
Nationwide is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact: CalHR Privacy Officer, 1515 S Street 400N, Sacramento, CA 95811 / 916-324-0455 / CalHRPrivacy@calhr.ca.gov or contact Nationwide at 855-616-4776.
5. Payment Method

Select One:

☐ ACH Instructions on File – Send funds to my bank account that Savings Plus has on file.

☐ Send check by first class mail to my address of record. Allow 5 to 10 business days from process date for delivery. (Default option, if no other option is selected) ($2.00 fee - deducted from your account balance)

☐ Send check overnight at my expense to my address of record. I understand there is an additional $25.00 fee that will be deducted from my account. PO Box addresses are not eligible for overnight delivery and Saturday delivery may not be available in your area. Allow 2 to 4 business days from process date for delivery.

☐ Direct Deposit ACH (complete bank info below) into ☐ Checking  OR  ☐ Savings

Financial Institution Information:

____________________________
Name
____________________________
Phone
____________________________
ABA (routing) Number
____________________________
Account Number

NOTE: Direct Deposit is only offered through members of the Automatic Clearing House (ACH). We cannot accept a deposit slip or starter check for banking numbers. If ACH information is not completed correctly a check will be sent to your address on file.

I hereby authorize Savings Plus to initiate automatic deposits to my account at the financial institution named above. In the event an error is made, I authorize Savings Plus to make a corrective reversal from this account. Further, I agree not to hold Savings Plus responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Savings Plus receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form to Savings Plus. In the event this direct deposit authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

6. Tax Information

Federal Tax: Savings Plus will withhold federal tax as required by the IRS from the payment you choose. See the Special Tax Notice Regarding Plan Payments for specific tax information and IRS required withholding before completing. The standard federal tax withholding rate is 10%. Please skip this section unless you would like a different amount or percentage to be withheld.

☐ I would like additional federal tax withheld above the 10% default federal rate in the amount of:

$_________________________ OR _______%

State Tax: Mandatory California State taxes (10% of Federal withholding) will be automatically withheld.

7. Certification

I request a hardship withdrawal in accordance with my election stated above. I understand the State of California has the authority to approve or reject this request. I understand the amount approved is subject to federal and state income tax withholding requirements unless I otherwise specify. I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge. I understand that if my request is approved, any 401(k) Plan and 457 Plan payroll deductions will be immediately suspended for a period of six months and will remain suspended until I elect otherwise.

Signature: ___________________________ Date: ______________

Mail the original application to Nationwide Retirement Solutions, PO Box 182797, Columbus, OH 43218-2797 or fax to 877-677-4329.