

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DAY PHONE: _____ **EVENING PHONE:** _____

EMAIL: _____

EMPLOYER NAME: _____ **DATE OF BIRTH:** ____/____/____

INSTRUCTIONS

1. Review the Unforeseeable Emergency Requirements to determine if you are ELIGIBLE to take an unforeseeable emergency withdrawal.
2. Choose AMOUNT type, AMOUNT requested, WITHHOLDING, GROSS UP and DELIVERY METHOD.
3. Indicate REASON and supply DOCUMENTATION, SIGN and MAIL your form for processing.
4. All checks issued by Voya Financial are mailed to your current address on record. Before submitting this form, please contact a Customer Service Associate or go online to verify that the Plan has your current address. Failure to do so may result in your check being mailed to an incorrect address. The contact information is available on the last page of this form. If the address on record is incorrect, please contact your employer/HR Department to update your current address and verify that the Plan has been updated prior to submitting this form.

PLEASE NOTE: AN INCOMPLETE APPLICATION OR NOT SUPPLYING ALL REQUIRED DOCUMENTATION WILL CAUSE A DELAY IN RECEIVING YOUR PAYMENT. A LETTER WILL BE MAILED TO YOUR ADDRESS ON RECORD DETAILING THE MISSING INFORMATION OR DOCUMENTATION. YOU MAY CHECK THE STATUS OF YOUR REQUEST BY CONTACTING THE PERA SMARTSAVE SERVICE CENTER AT 1-833-424-7283 (SAVE).

UNFORESEEABLE EMERGENCY REQUIREMENTS

1. The amount of the withdrawal cannot exceed the amount necessary to relieve the severe financial hardship. However, you may increase the amount to pay the taxes and penalties that you may incur as a result of the unforeseeable emergency withdrawal.
2. IRS allows unforeseeable emergency withdrawals only when other financial resources are not reasonably available. Since other distributions from the plan are considered other resources, you should take them from all plans maintained by the employer first, if available. If you have any questions regarding other available resources, please contact a Customer Service Associate or go online. The contact information is available on the last page of this form.

Before taking an unforeseeable emergency, you must take any available distribution(s) from all plans maintained by the employer, otherwise the request will be rejected.
3. The supporting documentation you provide must be equal to the amount you are requesting.

CHOOSE AMOUNT TYPE AND AMOUNT REQUESTED

Amount Type: Depending on your account type, you may have the option to elect payment from the designated Roth account(s). (choose one):

- I do not elect to receive an unforeseeable emergency withdrawal from my designated Roth account(s).
- I elect to receive an unforeseeable emergency withdrawal from my designated Roth account(s). I understand that my withdrawal request will be satisfied by first liquidating my non-Roth account(s) and then my Roth account(s).
- I elect to receive an unforeseeable emergency withdrawal from my designated Roth account(s). I understand that my withdrawal request will be satisfied by first liquidating my designated Roth account(s) and then my non-Roth account(s).

Note: If you do not elect an option above, we will not withdraw from the designated Roth account. If you elect to withdraw from your designated Roth account(s) and do not have one, we will withdraw from the non-Roth account(s).

Amount Requested: Withdraw the following (choose one):

- Maximum available** (not to exceed amount documented) **OR** \$_____ (indicate the total dollar amount)

Note: If your available unforeseeable emergency withdrawal amount based on your current account balance is less than the financial need specified above, the unforeseeable emergency will be processed up to the maximum amount available. If you elected an additional tax withholding, we will process using the default withholding rate of 10% for federal taxes and the required state tax, if applicable.

If your unforeseeable emergency withdrawal amount is approved for a partial amount, based on the supporting documentation provided, the unforeseeable emergency will be processed up to the partial amount approved. If you elected an additional tax withholding and did not elect to gross up, we will process using the default withholding rate of 10% for federal taxes and the required state tax, if applicable.

CHOOSE TAX WITHHOLDING AND GROSS UP ELECTION

Tax Withholding Elections: Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules. An election made for a single non-recurring distribution applies only to the payment for which it is being made. You are responsible for understanding and planning for the tax implications of any withdrawal. You may wish to contact your financial/tax advisor before submitting this form.

Federal Withholding Rules: Non-periodic payments – 10% withholding Non-periodic, non-rollover eligible payments from pensions, annuities, and IRA's are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. These include for example, required minimum distributions and unforeseeable emergency withdrawals. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate.

Federal Withholding Elections:

- DO NOT** withhold any federal income tax unless mandated by law.
- DO** withhold federal taxes using the default withholding rate of 10%.
- Additional amount** you want withheld from your payment \$_____ (Note: This amount is in addition to the default withholding rate of 10%.)

Note: If no federal withholding election is checked above, we will withhold using the default withholding rate of 10%.

Notice: Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons with a residential mailing address outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

State Withholding Elections:

- DO NOT** withhold any state income tax unless mandated by law.
- DO** withhold state taxes in the amount of \$_____ or _____% (If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

Note: If no state withholding election is checked above or if your state requires a greater amount of withholding, we will withhold at the rate specified by your state of residence for the type of payment you are receiving. In some cases, your state specific withholding election form is required to opt out of withholding or to choose a rate other than the state's default rate. Refer to your plan's website and/or your State Department of Taxation for details.

Gross Up Elections: You may elect to increase the amount of your withdrawal so that the check you receive will be for the amount you requested after your elected tax withholding are withheld. This is called gross up. If there are no changes to the tax withholding elections above, and you elect to gross up, your withdrawal amount will be increased to cover the default withholding rate of 10% for federal taxes and the required state tax, if applicable. Please choose from each gross up options below:

For example: If your stated withdrawal need was \$1,000, you elected to gross up and have 10% + \$100 withheld for federal taxes, the \$1,000 pre-tax withdrawal amount could be increased to \$1,222.22. You would receive a net check amount of \$1,000; the additional \$222.22 (10% + \$100 of \$1,222.22) would be sent to the IRS to pay taxes. You may only increase the withdrawal amount if there are sufficient funds available in your account.

Gross up for state: Yes No **Gross up for federal:** Yes No

Note: If no gross up election is checked above, we will not gross up your withdrawal.

UNFORESEEABLE EMERGENCY WITHDRAWAL APPLICATION

HOW WOULD YOU LIKE TO RECEIVE YOUR WITHDRAWAL? *(select one only)*

Once the unforeseeable emergency withdrawal is approved and processed, the funds will be available within 2 - 3 business days for distribution.

- First class mail at no additional charge.**
- Expedited delivery.** I understand I will pay a nonrefundable fee of \$50 which will be deducted from my account.
- Automated Clearing House Note:** You must already have banking information on file with the Plan for at least 7 days in order for this payment to be deposited to your bank via ACH.

REASON FOR UNFORESEEABLE EMERGENCY WITHDRAWAL AND CHECKLIST

Attach copies of the required documents that will substantiate both the nature and the amount of the severe financial hardship. **These copies will not be returned; therefore, you should not send originals.**

The following circumstances are considered for severe financial hardship under the Plan. If you have any questions about the qualifying reasons for an unforeseeable emergency withdrawal or the acceptable forms of documentation, please contact a Customer Service Associate before proceeding. The contact information is available on the last page of this form.

REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/ DOCUMENTATION
<input type="checkbox"/> Unreimbursed medical expenses for medical care previously incurred or anticipated by: <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Your child <input type="checkbox"/> Your dependent ¹	Select <u>one</u> of the following: <input type="checkbox"/> Explanation of Benefits (EOB) from provider dated within the past 12 months that reflects the amount paid by the insurance company and reflects the amount owed by the insured, OR <input type="checkbox"/> A bill from provider dated within the past 12 months that indicates the amount still owed and indicates the costs not reimbursed by the insurance company, OR <input type="checkbox"/> A bill from provider dated within the past 12 months that indicates the amount still owed, and the Explanation of Benefits (EOB) from provider dated within the past 12 months that reflects the amount paid by the insurance company and the amount owed by the insured, OR <input type="checkbox"/> A bill dated within the past 12 months that indicates the amount still owed, and a letter written and signed by me to certify that I do not have insurance.	<ul style="list-style-type: none"> • Medical bills that do not show portion paid by insurance • Collection agency notices • Bills already paid
<input type="checkbox"/> Repair of principal residence, that would qualify as a casualty deduction under the Internal Revenue Code, such as a fire or storm	1) Letter explaining what caused the casualty, and 2) Statement from your insurance company stating the loss is not covered, and 3) Billing statement or cost estimate The above documents must: <input type="checkbox"/> be dated within last 4 months, and <input type="checkbox"/> reflect the amount necessary to repair principal residence, and <input type="checkbox"/> include the property address, and <input type="checkbox"/> have a future payment due date	<ul style="list-style-type: none"> • General estimate for repair (no property address, not dated or amount owed) • Routine maintenance, remodeling, additions, non-attached buildings and garages • Bills already paid
<input type="checkbox"/> Prevention of mortgage foreclosure or eviction from your principal residence	1) Proof of pending foreclosure or pending eviction <input type="checkbox"/> Tax lien, or <input type="checkbox"/> Bank/mortgage statement, or <input type="checkbox"/> Letter from bank/mortgage company, or <input type="checkbox"/> Letter from landlord on company letterhead or notarized, or <input type="checkbox"/> Copy of the court document substantiating the eviction or foreclosure legal proceedings The above documents must: <input type="checkbox"/> be dated within last 4 months, and <input type="checkbox"/> reflect the amount necessary to prevent eviction/ foreclosure, and <input type="checkbox"/> contain eviction/foreclosure date. This date must be in the future, and <input type="checkbox"/> include the property address, and <input type="checkbox"/> have a future payment due date 2) If the current address on record is a PO Box, a document from a municipal or government agency providing proof of physical address. <i>(Example: Utility bill or drivers license)</i>	<ul style="list-style-type: none"> • IRS tax liens that do not specify address of property to be foreclosed • Late payment statements that do not threaten eviction or foreclosure • Lease agreements • Bills already paid

PERA SmartSave
UNFORESEEABLE EMERGENCY WITHDRAWAL APPLICATION

REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/ DOCUMENTATION
<input type="checkbox"/> Funeral/Burial expenses for: <input type="checkbox"/> Your spouse <input type="checkbox"/> Your child <input type="checkbox"/> Your parent <input type="checkbox"/> Your dependent ¹	1) Copy of death certificate, and 2) Funeral/burial statement which must: <input type="checkbox"/> reflect name of deceased, and <input type="checkbox"/> reflect date of services provided within the past 90 days, and <input type="checkbox"/> reflect your name as individual billed, and <input type="checkbox"/> include itemized funeral/burial expenses, and <input type="checkbox"/> have a future payment due date	<ul style="list-style-type: none"> Pre-purchase of lot or headstone Bills already paid
<input type="checkbox"/> Extraordinary Non-recurring event	1) Letter of explanation 2) Any applicable current bills or supporting documentation with an amount due	<ul style="list-style-type: none"> Bills already paid
<input type="checkbox"/> Illness & Accident	1) A doctor's statement indicating required time-off work, and 2) Copies of payroll statements showing the pay rate before and after the illness or accident. Both documents must: be dated within the past 12 months	<ul style="list-style-type: none"> Bills already paid
<input type="checkbox"/> Legal Fees	<input type="checkbox"/> Attorney Fees for the last 6 months <input type="checkbox"/> Court order or other court document stating judgments owed <input type="checkbox"/> Child support arrearages or delinquencies	<ul style="list-style-type: none"> Bills already paid
<input type="checkbox"/> Lost Wages	1) Layoff notices 2) Paycheck stubs 3) Copies of disability payments 4) Workers compensation payments, etc.	<ul style="list-style-type: none"> Lost wages less than four consecutive weeks Lost wages not requested within 30 days after returning to work
<p>If you selected a severe financial hardship for your dependent:</p> <p>¹A dependent is anyone who meets the definition of a Qualifying Child or Qualifying Relative as described in Section 152 of the Internal Revenue Code, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof.</p> <p><input type="checkbox"/> By checking this box, I hereby certify that the person(s) I am requesting funding for would be considered as a dependent¹ as stated above. If this box is not checked, I understand my hardship request will be rejected.</p>		

AUTHORIZATION
<p>By signing below, I certify that:</p> <ol style="list-style-type: none"> 1. I have read and understand the information contained within this form. 2. The facts presented in this request and in the documents used to substantiate my unforeseeable emergency withdrawal amount are true to the best of my knowledge and describe an outstanding severe financial hardship. 3. I have exhausted all other means available and meet the Plan requirements as stated in the Unforeseeable Emergency Requirements section. 4. I certify that to the best of my knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete and the attached documents are valid and complete and have not been altered or manipulated in any manner. <p>PARTICIPANT'S SIGNATURE _____ DATE _____</p>

PLEASE CONTINUE THROUGH TO AUTHORIZATION PAGE. ALL PAGES MUST BE RETURNED FOR PROCESSING.

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Verified that the Plan has your current address
- Reviewed and completed the Unforeseeable Emergency Requirements to determine if you are **ELIGIBLE** to take an unforeseeable emergency withdrawal
- Indicated your **TYPE, AMOUNT, TAX WITHHOLDING** and **GROSS UP ELECTIONS**
- Selected **DELIVERY METHOD**
- Selected a **VALID REASON** for the withdrawal
- Confirmed that you have first exhausted all distributions (other than unforeseeable emergency withdrawals) from all plans maintained by the employer
- Provided the **REQUIRED DOCUMENTATION**
- Provided authorized **SIGNATURE**

If you have any questions or need to obtain additional plan or account information, please go online at PERASmartSave.voya.com or call the PERA SmartSave Service Center at 1 833-424-7283 (SAVE) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).

If your application is complete, please mail or fax the application and any required documentation to:

VIA FAX

Voya Financial
Attn: PERA SmartSave
1-844-299-2373

VIA MAIL

Voya Financial
Attn: PERA SmartSave
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: PERA SmartSave
One Orange Way
Windsor, CT 06095