



INSTRUCTIONS FOR REQUESTING A HARDSHIP WITHDRAWAL

Enclosed are the following items needed to request a hardship withdrawal from the CWA Savings & Retirement Trust. Please review and complete each of the items as described in the procedures below. Return the required documents for approval to the CWA Trust Office.

Item	Procedure	Return to CWA Trust Office
Hardship Withdrawal Request Form	<ul style="list-style-type: none"> • Complete all relevant sections after reading all the information in the package. • You must indicate the reason for your hardship request on the form. • You must also provide the appropriate documentation evidencing financial need. • Sign and date the form. Notary Seal of Approval is required. <p>Return this form to the above address for review, approval and processing.</p>	Yes
Attachments to the Hardship Request and Hardship Documentation	<p>Acceptable reasons for hardship withdrawal and acceptable documents for proof of hardship are outlined in the attachments.</p> <ul style="list-style-type: none"> • You must complete, sign, and return the appropriate attachment(s) or your request will be rejected. • You must include acceptable documentation with the attachments or your request will be rejected. 	Yes
Approval / Denial of Hardship Request	<p>Upon receipt of your hardship request, a review of all paperwork will be completed. If your paperwork is not in good order, you will receive a letter explaining the reason for rejection.</p>	
Instructions to return Form to the CWA Trust Office	<p>Please return completed and notarized Form to the CWA Trust Office:</p> <p>CWA SRT Trust Office 501 Third St NW Washington, DC 20001</p> <p>For faster service you may email Form to cwasrt@cwa-union.org or fax to 1-202-783-2748</p> <p>CWA Trust Office phone# 202-434-1389</p>	

Participant Service Center Representatives are available by calling the Retirement Plan Information Line at 1-800-854-0647 between the hours of 8AM and 8PM Eastern Time. Representatives are available to help you complete the forms, or answer general questions you may have about your distribution or about the Plan.

CWA Savings & Retirement Trust

HARDSHIP WITHDRAWAL REQUEST FORM

Plan ID: 990500050

CDISTRIB

1. Participant Information

Name (please print) _____

Employer _____

SSN _____

Date of Birth _____

Street Address _____

City/State/Zip _____

Phone _____

E-mail Address _____

2. Withdrawal Request Amount (select A or B)

A. I am requesting a Withdrawal for the **maximum amount available**.

B. I am requesting a Withdrawal in the **amount of: \$** _____

Please **"gross-up"** the withdrawal amount requested to cover any federal taxes that may apply. Please see *Tax Withholding Election* in Section 4.

3. Reason for Hardship Withdrawal (check all that apply)

I hereby request a Hardship Withdrawal for the following reason(s). **You must provide the applicable documentation as described in the specified attachments to this form.** *Please refer to Important Withdrawal Information for additional information on definition of **dependent** in IRC Section 152.

- A. **Medical expenses incurred by me, my spouse, my beneficiary or any of my dependents.** These are un-reimbursed medical expenses that must be paid to receive medical care for the participant, the participant's spouse, the participant's primary beneficiary, or the participant's dependents*. Please refer to the Attachment to the *Hardship Withdrawal Request: Medical Expenses* for required documentation.
- B. **Purchase (excluding mortgage payments) of my principal residence.** These are expenses directly related to the purchase of a principal residence excluding mortgage payments. Please refer to the Attachment to the *Hardship Withdrawal Request: Purchase of a Principal Residence* for required documentation.
- C. **Payment of tuition for the next 12 months of post-secondary education for me, my spouse, my beneficiary or any of my children or dependents.** This includes tuition, related education fees, and room & board expenses for up to the next 12 months of post-secondary education for the participant, the participant's spouse, the participant's primary beneficiary or the participant's children or dependents*. Please refer to the Attachment to the *Hardship Withdrawal Request: Payment of Tuition and Related Expenses* for required documentation.
- D. **The need to prevent eviction from or mortgage foreclosure on my principal residence.** These payments are necessary to prevent eviction of the participant from the participant's principal residence or foreclosure on the mortgage of the residence. Please refer to the Attachment to the *Hardship Withdrawal Request: Payments to Prevent Eviction or Foreclosure* for required documentation.
- E. **Payment of burial or funeral expenses for my deceased parent, spouse, beneficiary, children, or dependents.** This includes payment for burial or funeral expenses for the participant's deceased parents; the participant's spouse, the participant's primary beneficiary, or the participant's children or dependents. Please refer to the Attachment to the *Hardship Withdrawal Request: Payments for Burial or Funeral Expenses* for required documentation.
- F. **Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction.** The participant may qualify for a hardship withdrawal for this reason when there is a casualty loss to his/her principal residence that arose from fire, storm, shipwreck, or some other casualty, or from theft. Only the portion of the expense that is not covered by insurance is eligible for this purpose. Please refer to the Attachment to the *Hardship Withdrawal Request: Payments for Damage to Principal Residence* for required documentation.
- G. **Expenses and losses (including loss of income) on account of a disaster declared by the Federal Emergency Management Agency (FEMA).** The participant may qualify for a hardship withdrawal for this reason when there are expenses and losses (including loss of income) incurred on account of a disaster declared by FEMA, provided that the participant's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster. Please refer to the Attachment to the *Hardship Withdrawal Request: Payments for Expenses and Losses on Account of FEMA Disaster* for required documentation.

4. Voluntary Federal Tax Withholding Election (select one)

This section applies to any distribution on account of hardship. *(Please read Federal and State Tax Withholding Section of the Important Withdrawal Information page).* This distribution is subject to federal income tax withholding unless you elect not to have withholding apply. **This section cannot be left blank if you are requesting a distribution subject to a federal tax withholding election.** If no election is made, then 10% federal withholding and any applicable state tax will be withheld.

- A. Do not withhold federal or applicable state taxes.
- B. Withhold _____% (10% minimum) or \$ _____ in federal income tax from the taxable amount of the distribution. Applicable state taxes will also be withheld.

5. State Income Tax Withholding

You may skip this Section if you reside in a state with no income tax or withholding requirement on retirement income. The taxable portion of your payment may be subject to state tax withholding requirements. While MassMutual will withhold based on your state's income tax rules and your election, if applicable, you are responsible for ensuring you satisfy your individual state income tax liability. If you make an election that is not in compliance with your state's income tax withholding rules, then MassMutual will default to your state's income tax withholding requirements. State Income Tax Withholding rules are subject to change at any time. For current state specific tax information pertaining to your resident state, you should contact your tax advisor or your state income tax department. Also note, state tax rules may apply differently depending on your type of distribution (i.e., lump sum, periodic, non-periodic, etc.). In addition, some states allow for an exclusion from income distributions from certain retirement plans - to confirm whether you may qualify to exclude all or a portion of your distribution from income for state taxation purposes, you should consult your plan sponsors or state income tax department. If your state's income taxes are determined based on wage tables, MassMutual is unable to calculate a net amount, you will need to ensure that you have grossed up accordingly. Your request may be delayed if a net amount is requested. If you do not see your state listed below it is a result of your state not permitting state income tax withholding. Any tax information included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

Your state tax income tax withholding options are:

AR, DE, IA, KS, MD, MA, NC, NE, OK, VT, VA	<p>These states require mandatory state income tax withholding on taxable distributions. MassMutual is required to withhold state income taxes based on state law. You may not elect out of state income tax withholding. Given this withdrawal request is not eligible to be rolled over, if you choose to opt out of federal income tax withholding, MassMutual will automatically opt you out of state income tax withholding. If you did not opt out of federal income tax withholding, then MassMutual will withhold based on state law.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount)</p>
CA, ME, OR, DC	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you elect out of withholding: <input type="checkbox"/> I elect no state income tax withholding.</p> <p>Note: The District of Columbia only requires mandatory withholding on a "lump sum" distribution that brings your account balance to zero. If you are requesting a "lump sum" distribution, then you may not opt out of withholding.</p>
AL, AZ, CO, ID, IL, IN, KY, LA, MO, MS, MT, NJ, NM, NY, ND, OH, PA, RI, WV, WI	<p>These states permit voluntary state income tax withholding. You may voluntarily elect state income tax withholding by providing a dollar amount. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding.</p> <p><input type="checkbox"/> I voluntarily elect to withhold an amount of \$ _____ (whole dollar amount)</p> <p>Note: IL and AZ only permit voluntary state income tax withholding <u>on periodic payments</u>. Lump sum distributions do not allow for state income tax withholding. If a tax election is requested on a lump sum distribution, MassMutual will not apply any withholding.</p>
GA, MN, SC, UT	<p>These states permit voluntary state income tax withholding based on state tax table formulas. You may voluntarily elect state withholding by selecting the box below. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding. Please note only Gross Distribution requests are permitted when applying state tax withholding.</p> <p><input type="checkbox"/> Withhold based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance.)</p>
CT, MI	<p>These states require mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you provide an alternate dollar withholding amount below along with completing your state specific W-4P withholding certificate and submitting it with this form. If a W-4P is not provided, MassMutual will default to your state's mandatory max withholding amount.</p> <p><input type="checkbox"/> I elect to withhold an amount of \$ _____ (whole dollar amount)</p>

6. Cash Payment Instructions

- Send payment by check via regular USPS mail delivery to my Legal Address in the *Participant Information* section above.
- Send payment by check via Express mail delivery to my Legal Address in the *Participant Information* section above. **An overnight check handling fee of \$40 will be applied.**
- Direct deposit** to a bank account of which I am an authorized account holder (ACH only). I understand that if I do not fully complete this section or the bank information I have provided is invalid, a check will be mailed. I authorize MassMutual to initiate a debit to my account for any overpayment or payments made in error. To help protect our customers' assets, MassMutual will independently validate bank and customer account information before processing a Direct Deposit/EFT. If we are unable to independently validate the bank and customer account information or sufficient documentation to support the Direct Deposit/EFT is not provided, we will mail a check to the address of record. It should be noted that we are not always able to independently validate credit unions or smaller banks.

Name of Financial Institution: _____

Account Type: Checking Savings

ACH Bank ABA/Routing Number (Must be 9 digits): _____

Bank Account Number: _____

Please note that we can only send funds via direct deposit to banks with a valid U.S. routing number.

7. Participant Certification and Authorization (required)

As a Participant in the CWA SRT, I hereby request a withdrawal in the form indicated above, subject to the terms of the Plan and the approval of the CWA Trust Office. I hereby certify and represent that:

The hardship distribution does not exceed the amount needed to satisfy the financial need; I have insufficient cash or other liquid assets to satisfy this need; and I have obtained all currently available distribution amounts under this and any other plan of the Employer. If there are additional amounts available for withdrawal under this plan other than withdrawals due to financial hardship, I acknowledge that those amounts must be paid to me first. I have reviewed all the information contained in the Attachment to the Hardship Withdrawal Request and believe, in good faith, that I qualify for this hardship withdrawal; I have included in this submission the requested documentation that evidences my financial need. I understand that my request for a hardship withdrawal from the Plan may generally not be revoked once processed.

Important Note for Participants with a Non-U.S. or Non-U.S. Territory residence address:

- Please check this box if you are not a resident of the United States or a United States Territory. If the current address is not an address within the U.S. or one of its territories, the Participant or Beneficiary receiving the distribution is required to fill out and return a *Citizenship Statement* form with the distribution request. Failure to provide a *Citizenship Statement* will result in U.S. Federal taxes being withheld at a rate of 30% for recipients with a non-U.S. residence address. Please ask your Plan Sponsor for a *Citizenship Statement* form or call MassMutual's Customer Service Center for a copy.

Participant's Signature _____ Date _____

Notary Seal of Approval Required:

On this _____ day of _____ the individual whose signature appears above signed this consent in my presence and established for my satisfaction that he/she is the Participant identified above.

Witness Signature _____ (Notary Public)

Commission Expires _____ Seal _____

Return Form along with proper attachment and required documentation to the CWA SRT Trust Office:

CWA SRT Trust Office
501 Third St NW
Washington, DC 20001

You may also email Form to cwasrt@cwa-union.org or fax to 202-783-2748

8. CWA Trust Office Approval and Authorization

I hereby approve this withdrawal request and authorize that the withdrawal be paid in the manner described above. I certify that: (1) the address in the Participant Information section above is the Participant's current address – of – record and I authorize Mass Mutual Retirement Services to update its records, if necessary, to reflect this address; (2) this distribution is in accordance with the terms of the plan; (3) the Plan Administrator has provided the participant with the Special Tax Notice Regarding Plan Payments.

CWA Trust Office's Authorization _____ Date _____

Print Name _____

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Medical Expenses

Expenses for (or necessary to obtain) medical care that would be deductible under section 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income)

The participant qualifies for a hardship withdrawal for this reason when he has obtained medical care for himself and must pay for the qualifying expenses for medical care for himself. Expenses paid by insurance or for which the participant is otherwise reimbursed do not qualify the participant for a hardship withdrawal. Alternatively, a participant may qualify for a hardship withdrawal if he will pay for qualifying medical care expenses for one of his dependents or his primary beneficiary. For these purposes, a dependent includes his spouse and children or anyone else for whom the participant provides over one – half of his or her support and for whom are met the other requirements under the definition for dependents described in the attached definition of DEPENDENT. Please refer to this information if you believe you qualify for a hardship withdrawal due to your relationship with a dependent and their medical expenses.

“Medical care” for this purpose includes amounts paid:

1. for the diagnosis, cure, mitigation, treatment, or prevention of disease or for transportation primarily for and essential to such medical care
2. for qualified long – term care services, including necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services as well as maintenance or personal care services which are required by a chronically ill individual and are provided pursuant to a plan of care prescribed by a licensed health care practitioner. The term “chronically ill individual” is further defined in IRC Section 7702B(b)(2) but generally refers to an individual who is unable to perform fundamental activities of daily living or has severe cognitive impairment
3. for insurance (premiums) covering care described in the above two paragraphs
4. for lodging away from home primarily for and essential to medical care described in ‘1’ above
5. for prescribed drugs that require a prescription of a physician

“Medical care” does not include cosmetic surgery or similar procedures unless it is necessary to ameliorate a deformity related to a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account for withdrawal, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Medical Expenses Qualified Documentation (Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)

- Medical Expenses: Copy of the medical bill or insurance claim (including Copy of Explanation of Benefits Form from your insurance carrier) listing the medical expenses and totals on letterhead of the medical or insurance provider showing the participant or the dependent as the patient or the insured. Bill must not be older than 1 year. Itemized insurance and medical bills must show the insured and uninsured portion of the expenses. If Doctor, hospital, or other health care bills are not covered, then participant must certify below that these bills are unreimbursed.
- Long – Term Care Services: Copy of the service bill or insurance claim listing the services and dollar amounts of expenses on letterhead of the services provider or insurance provider showing the participant or the dependent as the patient or insured. Bill must not be older than 1 year.
- Insurance Premiums for Medical Expenses or Long – Term Care Services: Copy of insurer’s bill for premiums on letterhead showing the participant or dependent as the patient or insured. These premiums must not be reimbursed by any Employer. Bill must not be older than 1 year.
- Lodging expenses: Copy of bill from provider on letterhead showing the participant or dependent as customer with accompanying medical expense bill indicating the dates of service. Bill must not be older than 1 year.
- Prescription drugs: Copy of receipt from provider that indicates the name of the drug prescription and the dollar amount charged and paid, as well as the name of the participant or dependent. Receipt must not be older than 90 days.

Total Amount Requested: \$ _____

I am requesting this amount due to my:

- Own medical expenses
- Spouse’s medical expenses
- Child’s medical expenses
- Primary Beneficiary’s medical expenses
- Dependent’s medical expenses (enter name and relationship)

Dependent for Beneficiary Name

Relationship

I certify that the expenses for which I am requesting a hardship withdrawal have not and will not be reimbursed through insurance or otherwise

Participant’s Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Purchase of a Principal Residence

Expenses directly related to the purchase of a principal residence for the employee (excluding mortgage payments).

The participant can only qualify for a hardship withdrawal for this reason when he is purchasing a dwelling that will be his principal residence. This means that he expects to move into the residence within a fairly short period of time after purchasing it.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account, the withdrawal will be limited to the amount available in your account.

Purchase of a Principal Residence Documentation (*Check all that apply and enclose with Hardship Withdrawal Request Form and documentation*)

- Copy of the Purchase and Sales Agreement: Must specify the dollar amount of purchase and the name of the participant as purchaser. Signature Date must be within last 90 days. This must be fully executed (signed by purchaser and seller).
- Copy of the Buyer and Seller Contract: Must specify the dollar amount of purchase and the participant as buyer. Signature Date must be within the last 90 days. This must be fully executed (signed by purchaser and seller).
- Copy of Mortgage Commitment Letter: Must specify the dollar amount of purchase and the participant as buyer. Signature Date must be within the last 90 days.

Total Amount Requested: \$ _____

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of purchasing my principal residence.

Participant's Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Payment of Tuition & Related Fees

Payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months of post – secondary education for the employee, or the employee’s spouse, children, or dependents

The participant can only qualify for a hardship withdrawal for this reason when he, his spouse, his children, his primary beneficiary, or his dependents have a bona fide expense related to the payment of tuition, related educational fees, and room and board expenses, for up to the next 12 months of post – secondary education. See the discussion of ‘dependent’ in the earlier section of this form packet.

Post – secondary education generally refers to education that commences after the completion of high school. Expenses that would qualify for a hardship withdrawal would include tuition, fees charged for the use of technological or other facilities required for the post – secondary program (such as computer fees or gym facility fees), dormitory expenses and expenses of a room or apartment close to the educational facility, and meals while attending the educational program. Loan repayments of student loans are not educational expenses for this purpose.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payment of Tuition & Related Fees Documentation (*Check all that apply and enclose with Hardship Withdrawal Request Form and documentation*)

- Copy of the tuition bill (or estimate of tuition bill that is signed by the educational institution) that appears on letterhead paper containing the name of the educational institution and the name of the participant or dependent. Must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.
- Copy of the bill for dormitory fees or housing fees (or estimate of dormitory fees that is signed by the educational institution) that appears on letterhead paper containing the name of the dormitory or housing provider and the name of the participant or dependent. A copy of a lease indicating rent and signed by participant or student may be substituted. The bill must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.
- Copy of the bill for board (meals) expenses (or estimate of boarding expenses that is signed by the owner or manager of the boarding establishment) that appear on letterhead paper containing the name of the establishment providing the board and meals and the name of the participant or dependent. Must specify the amount due and must refer to a future period ending not more than one year later than the date of submission.

NOTE: Only estimates must be signed by the educational institution (or owner or manager of the room and board establishment)

Total Amount Requested: \$ _____

I am requesting this amount due to my:

- Own educational expenses Spouse’s
- educational expenses Child’s
- educational expenses
- Primary Beneficiary’s educational expenses
- Dependent’s medical expenses (enter name and relationship)

Dependent for Beneficiary Name

Relationship

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of payment of tuition and related expenses.

Participant’s Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Payments to Prevent Eviction or Foreclosure

Expenses necessary to prevent the eviction of the employee from the employee’s principal residence or foreclosure on the mortgage of that residence.

The participant can only qualify for a hardship withdrawal for this reason if he must pay some dollar amount by some certain date in order to prevent foreclosure or avoid eviction.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

Payments to Prevent Eviction or Foreclosure Documentation (Check all that apply and enclose with Hardship Withdrawal Request Form and documentation)

- Copy of the eviction notice printed on letterhead of owner of the unit or a real estate or condominium management company that names the participant. Date of the notice must be within the last 90 days. Must specify the amount due and indicate that eviction proceedings will follow if the amount is not paid by a due date.
- Copy of the foreclosure notice printed on letterhead of bank or court naming the participant in a foreclosure proceeding or judgment. Must specify the amount due. Date of the notice must be within last 90 days.
- Copy of a notice naming the participant as obligee or debtor issued by a bank or mortgage company that describes that there will be an acceleration of the mortgage note if the delinquency remains unpaid, dated no earlier than 90 days before withdrawal date. Must specify the amount due.

Total Amount Requested: \$ _____

Participant’s Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Payment for Burial or Funeral Expenses Documentation

Payments for burial or funeral expenses for the employee’s deceased parent, spouse, primary beneficiary, children or dependents
The participant can only qualify for a hardship withdrawal for this reason due to the death of the participant’s parent, spouse, children, primary beneficiary, or dependents. See the discussion of ‘dependent’ in an earlier section of this forms packet.

Please check the documentation that you have enclosed and be sure to indicate the total amount requested. In the event that the amount requested is more than the amount available for withdrawal in your account, the withdrawal will be limited to the amount available in your account. Please note that when there is a submission of more than one bill, you must circle the subtotals from each and provide a summation of the total amount requested.

- Copy of the burial or funeral expenses printed on letterhead paper of funeral home or cemetery management company, church, or synagogue or other service provider naming the parent, child, spouse, primary beneficiary, or dependent. The bill must specify the dollar amount due or estimate of the cost of burial or funeral.

Total Amount Requested: \$ _____

I am requesting this amount due to my:

- Parent’s death Spouse’s death Child’s death
- Primary Beneficiary’s death Dependent’s death (enter name and relationship)

Dependent for Beneficiary Name

Relationship

I certify that the expenses for which I am requesting a hardship withdrawal are for purposes of burial or funeral expenses for deceased parent, spouse, primary beneficiary, child or dependent.

Participant’s Signature

Date

ATTACHMENT TO THE HARDSHIP WITHDRAWAL REQUEST

Expenses and Losses on Account of a Disaster Declared by the Federal Emergency Management Agency (FEMA)

Expenses and losses (including loss of income) incurred on the account of a disaster declared by FEMA, provided that the participant's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

Total Amount Requested: \$ _____

I am requesting this amount for the following reason:

My principal residence was located in one of the covered disaster areas.

My place of employment was located in one of the covered disaster areas.

You must enclose documentation of any expenses for which you are requesting reimbursement under this section with the Hardship Withdrawal Request Form.

I certify that the expenses for which I am requesting a hardship withdrawal have not and will not be reimbursed through insurance or otherwise.

Participant's Signature

Date