PARTICIPANT
REQUEST FOR WITHDRAWAL DUE TO FINANCIAL HARDSHIP (CURRENT EMPLOYEES)

RPG CONSULTANTS

IMPORTANT: You may initiate withdrawals directly from your Participant portal. Withdrawals initiated online have a shorter turnaround time, fewer steps, lower fees, and fewer supporting documentation requirements. For withdrawals initiated online, there is no identity verification phone call, no requirement for a notarized signature, no requirement to submit a copy of a valid photo ID, no requirement to submit hardship supporting documentation. As a result, requests initiated online are processed in a shorter overall timeframe and are not subject to the additional $25 manual processing fee. To initiate a withdrawal online, login to your Participant portal and visit the Loans & Withdrawals page. Any withdrawal options available to you in accordance with Plan provisions will be available on your portal.

Instructions:

1) **Complete each section of your application form as follows:**

Section A – Please type or print all entries. All fields in this section must be completed in full (no redactions please).

Section B – The IRS permits withdrawals due to Financial Hardship under specific circumstances. Select all that apply.

Section C – Specify the withdrawal amount and attach documentation in support of your claim of immediate heavy financial need. Applications submitted without supporting documentation will be considered incomplete and will not be processed. The amount of the withdrawal must not exceed the sum total of the amounts stated in your supporting documentation. If you select the "maximum amount available" option, the withdrawal amount will be based on your supporting documentation. The withdrawal amount may not exceed the amount necessary to satisfy the immediate and heavy financial need. By signing the withdrawal form, you are certifying that your immediate and heavy financial need cannot be relieved from liquid assets or any other resources reasonably available to you.

Section D – All payments will be made by check payable to you and mailed to your home address using USPS First Class Mail. You have the option to have your check sent via UPS/FedEx/Overnight (cannot send to a PO Box) for an additional fee. Electronic fund transfers such as wire, direct deposit, or ACH are not available. Additional fees may apply for rejected, returned, or reissued checks. Your distribution and payment elections are irrevocable.

Section E – Withdrawals due to financial hardship are subject to federal income tax withholdings. By default, 10% will be withheld in federal income taxes. However, because financial hardship withdrawals are not rollover-eligible, you have the option to opt out of federal income tax withholdings. If no election is made in section E of the hardship withdrawal form, the default 10% will be withheld for federal income tax. You may instead elect to withhold an amount greater than 10% for federal income taxes and/or elect to have state income taxes withheld. Note: In general, withholdings will only apply to the portion of your distribution that is included in your income subject to income tax. If you elect not to have withholding apply to your distribution, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. For individuals under 59½ years of age, a 10% early withdrawal penalty is applicable (but will not be withheld) unless an IRS-approved exception applies.

Section F – Notarized signature is required. Do not submit your completed application form to your former Employer. See section 2 and 3 below for instructions for submitting your form for processing.

2) **Attach to your application a copy of one of the following forms of photo ID (must be valid or recently expired):**
(Cell phone/tablet images that show the entire ID clearly, as well as black and white photocopies, are accepted)
- Driver's license or photo ID card issued by federal, state or local government agency
- U.S. Passport, U.S. Passport Card, or Foreign Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- College/University ID card that contains a photograph
- U.S. Military card or U.S. Coast Guard Merchant Mariner Card
- Native American tribal document that contains a photograph
- Employment Authorization Document that contains a photograph (Form I-766)

3) **Return the completed (and signed) application form to RPG Consultants for processing**. Do not send your form directly to your Employer. Our office will obtain your Employer's authorization and signature on a separate document. Partially completed forms will be rejected and returned to sender. You may upload your completed application form securely to our website using our secure file transfer portal at https://files.rpgconsultants.com/filedrop/Support or visit www.rpgconsultants.com, click on the "Secure File Upload" link from the Resources > Client Resources menu and select the "Support" department. On the file upload page, enter your email address, Plan name and your full name in the subject line, enter an optional message in the body, and attach your application form and copy of picture ID (see section 2 above). Be sure to click the "Send" button at the bottom of the screen and wait for appearance of the "**Files Sent, Thank you!**" on-screen confirmation message (shown below) before closing the web page.

Important Information: Our processing timeline is 30 days from the receipt of a complete hardship withdrawal request (including supporting documentation). Please allow an additional 2-3 business days for Plan Sponsor approval. Processing fees apply. A Form 1099-R tax document will be issued and mailed to you in early February of the following year. We encourage you to consult an accountant or tax professional for further information about the tax treatment of withdrawals due to Financial Hardships.

REQUEST FOR FINANCIAL HARDSHIP WITHDRAWAL (FOR CURRENT EMPLOYEES)

SECTION A - PERSONAL INFORMATION

Plan Name:		Social Security No.:	
Participant Name:		Date of Birth:	
Address:		Date of Hire:	
Apt/Suite:		E-mail Address:	
City, State, Zip:		Phone No.:	
Current Age:		Account Balance (*):	

(*) Enter the exact account balance as of the date of your signature at the bottom of this form. Please call RPG Support if you require assistance.

SECTION B - SAFE HARBOR HARDSHIP EVENT

□ **Unreimbursed Medical Expenses**: Medical care expenses for the employee, spouse, dependents, or beneficiary
□ **Purchase of Principal Residence**: Costs directly related to the purchase of an employee's principal residence
□ **Educational Expenses**: Tuition, related educational fees and room and board expenses for the employee, spouse, children, dependents, or beneficiary
□ **Prevention of Eviction or Foreclosure**: Payments necessary to prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage of that residence (**)
□ **Funeral Expenses**: Funeral expenses for the employee, the employee's spouse, children, dependents, or beneficiary
□ **Repair to your Principal Residence**: Only for repairs that would qualify for the casualty deduction under IRS Code Section 165 (determined without regard to whether your residence is located in a Federal Emergency Management Agency (FEMA) declared disaster area as described section 165(h)(5) and whether the loss exceeds 10% of adjusted gross income) (https://www.irs.gov/pub/irs-pdf/p547.pdf)
□ **Federally Declared Disaster Area**: Expenses and losses (including loss of income) incurred by you on account of a disaster declared by FEMA, provided that your 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

(**) Note: No more than two hardship withdrawals will be approved for reasons of foreclosure and/or eviction within a 12-month period.

SECTION C - WITHDRAWAL AMOUNT

□ Maximum amount available to me (based on supporting documentation and my account balance at the time of processing)
□ $_____ (amount must be supported by documentation; restrictions may disallow withdrawal of requested

SECTION D - PAYMENT ELECTIONS

Optional:	□ Send my check overnight via USPS/UPS/FedEx (additional fee applies; not available for P.O. box addresses)

SECTION E – TAX WITHHOLDINGS

Withdrawal from your retirement account to due financial hardship are subject to federal income tax withholdings. By default, 10% will be withheld in federal income taxes. However, because hardship withdrawals are not rollover-eligible, you have the option to opt out of federal income tax withholdings for your distribution. If no election is made below, the default 10% will be withheld for federal income tax. You may instead elect to withhold an amount greater than 10% for federal income taxes and/or elect to have state income taxes withheld.
□ No federal income tax withholding
□ Withhold 10% in federal income taxes (default if no election is made)
□ Withhold 10% in federal income taxes plus the following additional amount: $_____ or _____%
□ Withhold State Income taxes in the following amount: $_____ or _____%

SECTION F – SIGNATURE (NOTARY SIGNATURE & SEAL REQUIRED)

By signing below (notarized signature required), I agree to the following declarations: a) I have read the Plan's "Special Tax Notice" at http://specialtaxnotice.rpgconsultants.com; b) I understand that processing fees apply; c) I understand that processing will be completed within 30 days of receipt of a complete election form and required supporting documentation; d) I understand that accounts are liquidated pro-rata from all sources and investments; e) I understand that my hardship withdrawal is taxable and 10% will be withheld in federal income taxes unless I opt out of federal tax withholdings or elect to withhold amounts greater than 10% in section E above; f) I understand that additional taxes and/or penalties may apply, such as the 10% tax on early distributions (I will consult a tax professional if I have any questions about the amount of tax I may owe); g) I have attached the relevant documentation to support my claim of immediate heavy financial need, my financial circumstances, and my safe harbor hardship event; h) I certify that my immediate and heavy financial need cannot be relieved from liquid assets or any other resources reasonably available to me; i) I certify that the withdrawal amount does not exceed the amount of the need; j) I understand that the Plan will rely solely on the information provided by me on this form and is not responsible for errors in my instructions; k) I certify that the information I provided in this withdrawal request is true and accurate.

Date	Name (Please Print)	Signature

(Notary Only) State of _____, in the County of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his or her own free act and deed, on _____/_____ /_____.

My commission expires _____/_____ /_____.

Notary Signature	Print Notary Name	Date (MM/DD/YYYY)
	_____	_____/_____/_____

Notary Seal/ Stamp