

Hardship Withdrawal Request



SECTION A: PARTICIPANT INFORMATION

Group Number:		Plan Name:	
Participant's Name: (Last, First, M.I.)		Date of Birth:	Social Security Number:
Participant's Address:			<input type="checkbox"/> Check here if this is an address change
City:	State:	Zip:	Daytime Phone Number:

Please refer to the Plan, Summary Plan Description, or contact your Plan Administrator for information on the availability of hardship withdrawals. If available, please note these important facts:

- Your contributions to the Plan may be subject to **six month suspension** following the hardship withdrawal
- You may be required to exhaust any available loan provisions first, AND any existing loan must still be repaid

SECTION B: Amount of Withdrawal

I request a hardship withdrawal of \$ _____

Net Check Amount

The amount requested above will be withdrawn as a gross withdrawal **before** Income Tax Withholding unless the Net Check Amount box is chosen. See Section C for additional tax withholding information.

SECTION C: Income Tax Withholding Instructions

As a hardship withdrawal is not eligible for rollover, withholding is not mandatory, but we are required to apply 10% withholding unless you elect otherwise.

If you elect not to have Federal Income Tax withheld, you are still liable for payment of Federal Income Tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate.

10% Federal Income Tax and applicable State withholding will apply by default unless you elect otherwise below:

- I do not want Federal or State Income Tax withheld from my withdrawal
- I elect the mandatory 10% withholding, plus additional (\$ or %) _____

If your state of Residence is

Your options for state tax withholding are:

DE, IA, KS, ME, MA, NC, NE, OK, VT, VA	If you elected Federal Income Tax to be withheld, these states require Mandatory State withholding based on the state's applicable minimum requirements. You may not opt out.
AR, CA, GA, OR	You may opt out of the mandatory state withholding by electing below: <input type="checkbox"/> I elect no state income tax withholding
AL, AZ, CO, CT, DC, HI, ID, IL, IN, KY, LA, MD, MI, MN, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WV, WI	You may elect voluntary state income tax withholding. You must provide a percentage or dollar amount to be applied for state tax withholding below: _____ % or \$ _____



SECTION D: Participant Authorization

I hereby consent to the payment indicated in this form. I acknowledge that 10% Federal Income Tax withholding will apply unless I elected otherwise in Section C. I have reviewed and understand both the State Income Tax withholding section and the Full Disclosure Statement, as applicable to my state.

IMPORTANT NOTICE: PLEASE NOTE THAT A DISTRIBUTION IS A TAX REPORTABLE EVENT THAT MAY NOT BE REVERSED.

PLEASE NOTE: All checks will be sent via first class mail by the US Postal Service unless otherwise directed.

Participant's Signature _____

Date _____

**** PARTICIPANT MUST SUBMIT THIS DOCUMENT TO PLAN ADMINISTRATOR FOR COMPLETION **
** THE HARTFORD CANNOT ACCEPT THIS INSTRUCTION WITHOUT PLAN APPROVAL ****

SECTION E: Plan Administrator or Authorized Representative: Please complete the following information (as applicable) for submission to The Hartford.

Provided the form includes vesting information and the plan's third party administrator's initials, you are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge and that I have obtained any Spousal Consent forms that may be required by ERISA and the Internal Revenue Code.

Date of Hire:	Vesting Percent: Profit Sharing	Vesting Percent: Employer Match	Vesting Percent: Other	TPA Initials:
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Reminder: If required, you must suspend contributions for this participant for a period of six months and continue to remit payments on any outstanding loans.

Plan Administrator Name (please print) _____

Plan Administrator's Signature _____

Date _____

Instructions for submission of paperwork once completed and signed by the Participant and Plan Administrator, and initialed by the TPA: Fax to 860-843-6100 or mail to The Hartford, P.O. Box 1583, Hartford, CT 06144-1583.

Please note that forms should not be forwarded to The Hartford for processing if the request has already been processed by the TPA via Hartford On-line. Duplicate requests for distribution, such as a fax followed by a mailed original or on-line processing, may result in multiple distributions. The Hartford will not be responsible for any gain/loss or charges that arise from multiple submissions.

Hartford Home Office Use Only: Special Instructions

Full Disclosure Statement

Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Indiana

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Hampshire

"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

New Jersey

"Any person who knowingly includes any false or misleading information on an application for an insurance policy, or files a statement of claim containing any false or misleading information, is subject to criminal and civil penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."