

**STANDARD FEMA DISASTER HARDSHIP WITHDRAWAL SPONSOR DIRECTED
* SPOUSAL CONSENT FORM**

Social Security Number --**Plan Number:** _____

Plan Name: _____

Please use this form to obtain a FEMA Disaster Hardship Withdrawal according to the extent permitted by the Plan, and if you meet the eligibility requirements.

Participant Name: _____
Last First Middle Initial

FEMA Disaster Hardship Withdrawal Amount (Plan rules apply, and the number of hardships may be limited)

Loss Related FEMA Event and Date _____

Description and Amount of FEMA Event related expense and / or loss of income _____

Amount Requested: Specific dollar amount \$ _____

The taxable portion of your distribution will be subject to Federal and state, if applicable, income tax. In addition, that amount will be subject to a 10% early withdrawal penalty if you are under the age of 59 ½ unless you meet one of the statutory exceptions.

Please note that if the maximum available at the time of distribution is less than the amount requested, the maximum available amount will be distributed.

Delivery (select one)

Timing: Your FEMA Disaster Hardship Withdrawal request will be processed by Fidelity as soon as it is received in good order with all required information, including your spouse's consent, if required.

- Electronic Funds Transfer** Bank account transfer information must be on file. To set-up or confirm your electronic funds transfer information go to NetBenefits.com.
- Regular mail** A check will be mailed to your address of record at the time of processing. To change your mailing address, please contact Fidelity.
- Overnight Mail** (\$25 fee will apply).
Phone number is required for overnight mail delivery. _____-_____-_____

Marital Status Verification

- Married (Your spouse must sign this form) NotMarried

Spouse's consent-Spouse to complete. Required by Federal tax regulations and by the terms of the Plan.

By signing below, you, the participant's spouse, voluntarily consent to the transaction(s) indicated on this form, knowing that the participant's request is not valid without your consent.

- Acknowledge that you cannot take back your consent once this transaction has been processed.
- Acknowledge that you may be giving up your right to receive assets from this transaction that would otherwise go to you upon the participant's death and acknowledge that you are giving up the right to have these benefits paid in a Qualified Joint and Survivor Annuity (QJSA).
- Notary services must be from a United States notary, military officer, or consulate.

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Notary Public or Plan Representative Witness)

Witnessed by (either Notary Public or Plan Representative):

STATE OF _____
(ss.)
COUNTY OF _____

On this _____ day of _____, _____, before me appeared the above named individual who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public or Plan Representative Witness
My commission expires:

Participant Certifications and Signature

<ul style="list-style-type: none"> • Certify that the amount requested is necessary to cover expenses and losses (including loss of income) on account of a FEMA-declared disaster. • Certify 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. 	<ul style="list-style-type: none"> • Represent that you have obtained all other currently available distributions (including distributions of ESOP dividends under Internal Revenue Code section 404(k), but not hardship distributions) and nontaxable loans (if required by the Plan) under this Plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the employer; and that you have insufficient cash or other liquid assets reasonably available to satisfy your financial need. 	<ul style="list-style-type: none"> • Certify that this withdrawal is being taken for you. • Authorize Fidelity to act on all instructions given on this form. • Certify that all information you have provided, is true, authentic and correct to the best of your knowledge, that you have not previously requested and received a hardship withdrawal for the expense(s) and/or losses submitted as part of this request, and that you have satisfied all the requirements for a hardship withdrawal under the terms of your Plan.
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Signature and Date: Participant must sign and date.
By signing below, you: authorize Fidelity to act on all instructions given on this form, accept all terms and conditions described in this form and certify that all information you provided is correct to the best of your knowledge.

Participant Signature _____ **DATE** _____

Choose one option to return all pages of this form.

- **NetBenefits® app** Use the Send a Document Action found under Actions Menu.
- **Regular Mail** Fidelity Investments, P.O. Box 770003, Cincinnati, OH 45277-0065
- **Overnight Mail** Fidelity Investments, Mailzone KC1F, 100 Crosby Parkway, Covington, KY 41015