

**STANDARD FEMA DISASTER HARDSHIP WITHDRAWAL SPONSOR APPROVED  
\* 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:* Complete and send this form to your Plan Sponsor.

*Plan Sponsors:* Return this form to Fidelity through a Plan Sponsor Webstation Service Request, mail to Fidelity Investments, P.O. Box 770003, Cincinnati, OH 45277-0065 or overnight delivery to Fidelity Investments, Mailzone KC1F, 100 Crosby Parkway, Covington, KY 41015.

**Participant Information**

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.)  Not Married

