

## PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

### **By Mail:**

ABA Retirement Funds Program  
P.O. Box 990073  
Hartford, CT 06199

### **By Overnight Delivery:**

ABA Retirement Funds Program  
One Orange Way  
Windsor, CT 06095

### **By Email: [ProgramForms@voyaplans.com](mailto:ProgramForms@voyaplans.com)**

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only one request (in most cases just one form) at a time per a plan, per a participant. Also only one disbursement or loan request should be submitted per a business day
- Forms received in good order via email by **1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not "cc" any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.
- If you are going to password-protect the form, please use only "abafunds" or "Abafunds\*1."

### **FORMS THAT CANNOT BE ACCEPTED VIA EMAIL**

- If the form is being submitted to claim the assets in a deceased participant's account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received "not in good order," which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

*Note: after your email is received by the transaction processing group, you'll receive an auto reply with a "Task" confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call **800.752.6313**. Participants should call **800.348.2272**.*



# HARDSHIP WITHDRAWAL FORM

ABA Retirement Funds Program ("Program")  
P.O. Box 990073 • Hartford, CT 06199

Customer Contact Center: 800.348.2272  
Website: abaretirement.com

Complete this form for hardship withdrawals. Please complete a separate form for each transaction. The participant completes section 2, section 3 and section 4, as applicable; then signs section 5. The Authorized Plan Representative completes section 1, signs section 5, and submits the form to the Program.

## 1. EMPLOYER INFORMATION

Program Plan Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_ - \_\_\_\_\_ IRS Plan Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Business Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Employer Email: \_\_\_\_\_

## 2. PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: ☐ M ☐ F Marital Status: ☐ Single ☐ Married

Daytime Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Participant Email: \_\_\_\_\_

Participant Primary Residence\*: \_\_\_\_\_  
(MAXIMUM OF 30 CHARACTERS EACH LINE)

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Applicable tax withholding will be based on this address.

## 3. HARDSHIP WITHDRAWAL INFORMATION

To be eligible for a Hardship Withdrawal, you must have a financial hardship. You will be deemed to have a financial hardship if you certify to your Employer that you have a financial need as a result of one of the following reasons:

- Purchase of your primary residence (excluding mortgage payments)
- To prevent eviction from or foreclosure of mortgage on your primary residence
- Payment of tuition and related expenses for the next 12 months of post-secondary education for you, or your spouse, children, dependents or primary beneficiary\*\*
- Payment of medical expenses (of the type that are deductible on an income tax return) for you, or your spouse, children, dependents or primary beneficiary\*\*
- Payment of burial or funeral expenses for your deceased parent, spouse, children, dependents or primary beneficiary\*\*
- Payment of expenses to repair damage to your principal residence that would qualify as a casualty deduction under Section 165 of the Internal Revenue Code (without regard to whether the loss exceeds 10% of adjusted gross income)
- Payment of expenses and losses (including loss of income) incurred on account of a disaster declared by the Federal Emergency Management Agency or its successor, but only if your principal residence or principal place of employment at the time of the disaster was located in the designated disaster area.

\*\* Your "primary beneficiary" is an individual who is your beneficiary under Section 6.4 of the Plan at the time the hardship is incurred, and who has an unconditional right to all or a portion of your account balance under the Plan in the event of your death.

I elect to withdraw the amount described below, as provided below. I certify that I have obtained all distributions (other than hardship distributions) available to me under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by my Employer. I also certify that the amount I elect to withdraw does not exceed the amount required to satisfy my immediate and heavy financial need, and I have insufficient cash or other liquid assets reasonably available to satisfy my financial need.

#### 401(k) Withdrawal\*:

☐ A total amount of \$ \_\_\_\_\_, or greatest available amount, if less.

#### Roth 401(k) Salary Deferral Withdrawal\*\*:

☐ A total amount of \$ \_\_\_\_\_, or greatest available amount, if less.

#### Non-401(k) Withdrawal\*\*\*:

☐ A total amount of \$ \_\_\_\_\_, or greatest available amount, if less.

I understand that if an investment option is a Personal Choice Retirement Account® ("PCRA"), I may need to liquidate my PCRA and transfer those assets to the Base Plan before my hardship withdrawal can be processed.

(You may use the Electronic Direct Deposit Form to request direct deposit instead of a check.)

\* A 401(k) Withdrawal will include, on a pro rata basis, your Pre-Tax Elective Contributions and the following employer contributions, to the extent applicable under your plan: Safe Harbor Matching Employer Contributions; Safe Harbor Nonelective Contributions; Qualified Matching Contributions; and Qualified Nonelective Contributions. For SIMPLE 401(k) plans, a 401(k) Withdrawal will include, on a pro rata basis, your Pre-Tax Elective Contributions and the following employer contributions, to the extent applicable under your plan: SIMPLE Matching Contributions and SIMPLE Nonelective Contributions.

\*\* Only Roth 401(k) Contributions will be included with this withdrawal.

\*\*\* In order to take a Non-401(k) Hardship Withdrawal, you must be 100% vested in these contribution sources. Non-401(k) Withdrawals include Employer Profit Sharing Contributions and Matching Contributions. This option is not available for SIMPLE 401(k) plans.

## 4. WITHHOLDING ELECTION NOTICE

### Tax Withholding

Regardless of whether or not federal or state income tax is withheld, you are liable for taxes on the taxable portion of the payment. If you do not have a sufficient amount withheld, you may be subject to tax penalties under the Estimated Tax Payment rules.

A hardship withdrawal from the Plan is a single non-recurring distribution. It is non-periodic and non-rollover eligible. Your tax withholding election made for a hardship withdrawal applies only to the payment for which it is being made and remains effective until revoked. You may change or revoke your election at any time prior to a payment being made by submitting IRS form W-4R.

Generally, hardship withdrawals payable to U.S. persons are subject to a flat 10% federal withholding rate unless you choose not to have federal income tax withheld. You can choose not to have withholding applied to your non-periodic distribution by checking the applicable box below. You may also elect withholding in excess of the flat 10% rate as a total percentage (no decimals), for example 15%. Dollar amounts are not allowed. You may also submit IRS Form W-4R to make this election. Alternatively, you may request withholding that is less than 10% and more than 0% by submitting IRS Form W-4R with this withdrawal form. To obtain Form W-4R please go to the [www.irs.gov](http://www.irs.gov) website or call 800-829-3676. Form W-4R also contains Marginal Rate Tables that can be used as a guide to determine how much to have withheld from your payment.

U.S. persons having their payment delivered outside the U.S. or its possessions may not make an election of NO withholding or choose withholding that is less than the default. In this case, if you choose no withholding or withholding that is less than the default, the default rate will be applied. Non-resident aliens are subject to a mandatory 30% withholding rate unless they are eligible for a reduced rate or exemption under a tax treaty and the required documentation is submitted.

**Federal Withholding Instructions** (If you do not check any of the boxes below or provide a Form W-4R, then we will withhold based on the IRS default):

☐ **DO NOT** withhold any federal income tax unless mandated by law

☐ **DO** withhold federal taxes at the default percentage or at the following percentage (no decimals) that is greater than the default percentage \_\_\_\_\_.0%.

## State Income Tax Withholding Election Notice

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding may require state income tax to be withheld from payments if federal taxes are withheld or may mandate a fixed amount regardless of your federal tax election. States with voluntary withholding let individuals determine whether they want state taxes withheld.

Some states have no income tax on retirement payments. You may wish to consult with a tax advisor or your state's tax authority for additional information on your state requirements.

Please select if applicable:

- ☐ I elect to NOT have state income tax withheld from my retirement account distribution (only for residents of states that do not require mandatory state tax withholding or allow you to elect out of mandatory state withholding).
- ☐ Withhold \_\_\_\_\_% or \$ \_\_\_\_\_ state income tax in addition to the mandatory state withholding amount.

State income tax will be withheld per your state's tax requirements if no election is made above or if you make an election that is inconsistent with your state's requirements.

## 5. SIGNATURES

The participant certifies that, to their knowledge, the information on this form is accurate and complete. The participant further certifies that the participant is eligible to receive a hardship withdrawal under one of the safe harbor reasons listed in section 3 above. The employer certifies that the employer does not have actual knowledge that is contrary to the participant's representations.

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SIGNATURE OF PARTICIPANT

DATE

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SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

DATE



# NOTICE OF BENEFITS AND BENEFIT PAYMENT FORM

ABA Retirement Funds Program ("Program")  
P.O. Box 990073 • Hartford, CT 06199

Customer Contact Center: 800.348.2272  
Website: [abaretirement.com](http://abaretirement.com)

Read this notice carefully -- it contains important plan distribution information you and your spouse will need before you decide how to receive your benefits from your employer's plan through the ABA Retirement Funds Program.

## HOW ARE BENEFITS PAID?

You will receive your benefit under the plan as a single lump sum distribution.

## OPTIONAL FORMS OF DISTRIBUTION

If your vested account balance is greater than \$5,000, you may elect instead to receive payment of your plan account in the form of installment payments (monthly, quarterly, semi-annual, or annual installment payments) or in the form of a partial withdrawal.

## WHEN WILL PAYMENT OF MY BENEFITS BEGIN?

You are entitled to receive a distribution of your plan account upon your termination of employment as soon as administratively practicable after you submit the appropriate distribution form to the address shown on such form. Unless you elect otherwise, payment of your plan account will begin no later than the 60th day after the end of the plan year which includes the latest of the date of your termination of employment, your 65th birthday, or the 10th anniversary of the date you became a participant in the plan. You may elect, however, to defer payment of your plan account until April 1 following the later of the year you attain age 73 and the year you terminate employment except that if you are a 5% owner, certain minimum distributions must begin no later than April 1 following the year you attain 73, regardless of whether you have terminated employment.

## WHAT DEATH BENEFIT IS PAYABLE IF I DIE AFTER DISTRIBUTION BEGINS?

If the distribution of your account balance has begun in the form of installment payments, then any remaining portion of your account will, after your death, continue to be paid to your surviving spouse (or, with the consent of your spouse, any other designated beneficiary) in the form of installments at least as rapidly as those installments were paid prior to your death.

No benefit is payable after your death if you previously received a single lump sum payment of your entire vested account balance.

## WHAT DEATH BENEFIT IS PAYABLE IF I DIE BEFORE DISTRIBUTION BEGINS?

If you are married at the time of your death and you die before the distribution of your account balance has begun, your surviving spouse will receive a distribution of your account in the form of a single lump sum distribution or installment payments (as elected by your surviving spouse). If you are not married at the time of your death or you designated, with the consent of your spouse, a beneficiary other than your spouse, your beneficiary will receive distribution of your plan account in the form of a single lump sum distribution or installment payments, as elected by your beneficiary.

## YOUR RIGHT TO RECEIVE ADDITIONAL INFORMATION AND REVOCATION

You have the right to receive information from the Plan Administrator (i.e., the Employer/Plan Sponsor) about the relative value of your plan account within a reasonable time before your benefit begins to be paid to you. You may change or revoke your elected benefit form at any time during the 180-day period ending on the date your benefits are paid to you.

## FUTURE CHANGES

Once you sign the appropriate distribution form, you agree that benefits under the plan will be paid in the form stated on the distribution form.

## INVOLUNTARY CASH-OUTS

Unless you elect otherwise, if your vested account balance is \$1,000 or less, the Plan will automatically pay your benefit to you in a single lump sum payment. Unless you elect otherwise, if your benefit is between \$1,000 and \$5,000, it will be rolled over to a Citibank IRA. The Citibank IRA will be invested in an investment product designed to preserve principal and provide a reasonable rate of return and liquidity. Any fees and expenses will be charged to your IRA.

## IMPORTANT INFORMATION REGARDING YOUR RIGHT TO DEFER DISTRIBUTIONS

As a participant who is eligible to receive benefits, you will make a decision about what to do with your retirement savings in the plan. You may leave your money in your account, where it will continue to be invested as you choose and will continue to defer federal income tax.

If you decide to take money out of the plan, any amount that is not directly rolled over to an IRA or another eligible plan will be subject to 20% income tax withholding. Any amount received that is not rolled over within 60 days must be included in your taxable income and may be subject to an additional 10% penalty tax if you received the amount before age 59 1/2. If you decide to keep your money in the plan, you must begin taking at least a minimum payment beginning April 1st of the calendar year following the year you reach age 73 or retire, whichever is later.

If you decide to keep your money in the plan, you may continue to invest in any of the plan's investment options. Your account will still be subject to investment gains and losses. While there is a general inability to borrow against your account, you may take a partial or complete distribution at any time.