

Participant Identification

Please Print All Information

Social Security Number:

Name: _____
Last First

Home Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone Number: (Area Code First)

Evening Phone Number: (Area Code First)

Important Disclosures

Please read the following important disclosures carefully before completing this application.

- You do not have sufficient cash or other liquid assets available to satisfy the financial need. You do not need to include assets earmarked for payment of an obligation in the near future, for example, rent. Also you must have obtained all other withdrawals available to you under any employer-sponsored plan.
- The amount you withdraw cannot be greater than what is required to satisfy the immediate and heavy financial need plus what is required to pay the taxes you owe as a result of the withdrawal.
- To find out how much money you have available for a hardship, please log on to www.benefits.ml.com or call 800-228-4015 to speak to a representative.
- If you apply for multiple hardship reasons, you will only be approved for the reason(s) for which you submitted appropriate documentation.
- If your application is approved and you do not have enough assets in your core retirement plan account to cover the hardship withdrawal, you will have to process a fund transfer from your Self-Direct Brokerage account to your core retirement plan account to fund your withdrawal.
- Your hardship check will be sent to the address listed on Merrill Lynch's record keeping system. If the address does not match your current mailing address, please contact your Company's Human Resources Department. If your address is outside the United States, please ask your Company's Human Resources Department for any additional required tax forms.
- A \$15 distribution fee will be charged if the application is approved.
- Review of your application will be completed within 10 business days from its receipt. If approved, your check will be sent within 4 business days after the application is approved. If your application is denied, you will receive notification via U.S. mail at your address listed on Merrill Lynch's record keeping system.

Hardship Reason(s)

FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION WILL RESULT IN THE DENIAL OF YOUR REQUEST

With this application you have chosen to apply for:

Medical

Unreimbursed medical or dental expenses that would be deductible under the Internal Revenue Code Section 213(d) determined without regard to whether the expenses exceed the applicable statutory percentage of adjusted gross income. See IRS Publication 502 for more details.

- The expenses must be unpaid.
- A notice from a collection agency alone is NOT sufficient proof of hardship.
- Also an outstanding balance that is not itemized will not be accepted.

The medical expenses are for:

- Myself
- My Spouse (including same-sex spouse)
- My Dependent*
- My Primary Beneficiary on file for this plan

Select one of the below medical hardship reasons:

- 1. The claim has already been incurred and is covered in part by health insurance.**

Required Documentation:

An outstanding itemized bill or treatment plan from the health care provider (**OR**) an explanation of benefits from your health insurance carrier for unpaid medical expenses. This document must be dated no more than 120 days prior to receipt of your application and include:

1. The patient's name
2. A list of service(s) provided
3. The service provider's name and address
4. The current amount due that is not covered by insurance

- 2. The claim has already been incurred and is not covered in any part by health insurance.**

Required Documentation:

An outstanding itemized bill or treatment plan from the health care provider dated no more than 120 days prior to receipt of your application that includes:

1. The patient's name
2. A list of service(s) provided
3. The service provider's name and address
4. The current amount due

AND

You must provide 1 of the following:

1. A bill that states the insurance was not applicable and the balance is still outstanding
2. A letter from your insurance provider stating that the claim is not covered by insurance
3. A signed statement from you indicating you do not have insurance to cover this claim

3. The claim has not yet been incurred, but pre-payment is required.

Required Documentation:

An outstanding itemized bill or treatment plan from the health care provider dated no more than 120 days prior to receipt of your application that includes:

1. The patient's name
2. A list of service(s) to be provided
3. The service provider's name and address
4. A statement that indicates pre-payment is required
5. The pre-payment amount

AND

You must provide 1 of the following:

1. A predetermination of benefits from your insurance provider
2. A letter from the insurance provider stating there is no insurance policy that covers this claim
3. A signed statement from you indicating you do not have insurance to cover this claim

***If the expenses are for your dependent, you must prove dependency by:**

- Submitting the first page of your most recent Federal income tax return (e.g. Form 1040 or 1040A) that lists the dependent's name and his/her relationship to you (**OR**) by submitting a document from your Health Insurance provider indicating that this individual is a dependent.
- If the person that you are claiming as a dependent is not listed on your most recent Federal income tax return and you cannot provide an appropriate health insurance provider document, you will need to certify that the person with respect to whom Medical expenses have been incurred is your dependent for these purposes.

Foreclosure on Mortgage of Principal Residence

The need to prevent foreclosure on the mortgage of my principal residence.

- Foreclosure address **MUST** match the address on your account.
- If your permanent address on file is a P.O. Box, your certification of this application attests to the fact that your principal residence is being foreclosed upon.
- Correspondence requesting payment (e.g. notice of default) without threatening foreclosure **WILL NOT** be sufficient.
- The originator of the foreclosure notice may be contacted for additional information. By signing this application, you authorize such contact.
- If the supporting documentation provided includes a notary, the application must be submitted via U.S. mail.

Required Documentation:

A copy of a letter from the mortgage company dated no more than 30 days prior to receipt of your application indicating foreclosure is imminent. The letter must include:

1. The amount that is needed to prevent foreclosure
2. The address of the property being foreclosed upon
3. The mortgage company's name, address, and phone number
4. The letter is to be on the mortgage company's letterhead (**OR**) on the letterhead of a legal representative of the mortgage company

Eviction of Principal Residence

The need to prevent eviction from my principal residence.

- Eviction address **MUST** match the address on your account.
- If your permanent address on file is a P.O. Box, your signature on this application attests to the fact that you are being evicted from your principal residence.
- Correspondence requesting payment (e.g. late notice) without threatening eviction **WILL NOT** be sufficient.
- The originator of the eviction notice may be contacted for additional information. By signing this application you authorize such contact.

- If the supporting documentation provided includes a notary, the application must be submitted via U.S. mail.

Required Documentation:

A copy of a letter from the landlord dated no more than 30 days prior to receipt of your application indicating you are going to be evicted. The letter must include:

1. The amount that is needed to prevent eviction
2. The eviction address
3. The landlord's name, address and phone number
4. The letter is to be on the apartment complex / realtor letterhead (**OR**) the letter must be notarized

Post-secondary Education

The payment of unpaid tuition, related educational fees and room and board expenses for up to the next 12 months of post-secondary education.

- This includes college, masters, other graduate degree courses, trade schools, or vocational education which is intended to enhance your job skills.
- This hardship is for current or future semesters only. Payment of prior semesters (such as outstanding balances or student loan payments) is not included (even if required for a new enrollment).
- Requests to pay student loans DO NOT qualify.

The educational expenses are for:

- Myself
- My Spouse (including same-sex spouse)
- My Child
- My Dependent*
- My Primary Beneficiary on file for this plan

Required Documentation:

A bill, letter or statement from the institution dated no more than 60 days prior to receipt of your application that states the following:

1. Student's name
2. Term(s) and Year(s) for which the student has registered (e.g. Fall 20XX, Spring 20XX)
3. A list of costs for tuition, on-campus housing, books, and fees for up to the next 12 months
4. Current amount due less financial aid received
5. Institution needs to be identified

***If the expenses are for your dependent, you must prove dependency by:**

- Submitting the first page of your most recent Federal income tax return (e.g. Form 1040 or 1040A) that lists the dependent's name and his/her relationship to you (**OR**) by submitting a document from your Health Insurance provider indicating that this individual is a dependent.
- If the person that you are claiming as a dependent is not listed on your most recent Federal income tax return and you cannot provide an appropriate health insurance provider document, you will need to certify that the person with respect to whom Post-Secondary Education expenses have been incurred is your dependent for these purposes.

Burial or Funeral

Payment for burial or funeral expenses. In-laws do not qualify as your parents. (Food and travel expenses do not qualify.)

The burial or funeral expenses are for:

- My Spouse (including same-sex spouse)
- My Parent
- My Child
- My Dependent*
- My Primary Beneficiary on file for this plan

Required Documentation:

A copy of a detailed bill or a receipt from the funeral parlor, crematorium and/or cemetery dated within the last 12 months prior to receipt of your application.

***If the expenses are for your dependent, you must prove dependency by:**

- Submitting the first page of your most recent Federal income tax return (e.g. Form 1040 or 1040A) that lists the dependent's name and his/her relationship to you (**OR**) by submitting a document from your Health Insurance provider indicating that this individual is a dependent.
 - If the person that you are claiming as a dependent is not listed on your most recent Federal income tax return and you cannot provide an appropriate health insurance provider document, you will need to certify that the person with respect to whom Burial/Funeral expenses have been incurred is your dependent for these purposes.
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Purchase of Principal Residence

The purchase of a principal residence for myself (excluding mortgage payments).

- It must be your principal residence, not your vacation or second home, trailers, fifth-wheelers, motor homes, RVs. This includes a mobile home (on blocks), but does not include the construction of buildings such as garages, barns or other home improvements.
- Lease to purchase contracts do not qualify.

Required Documentation:

A complete purchase agreement that includes the following:

1. The purchase price
2. A closing date (in the future)
3. The signatures of the buyer and seller
4. The street address of the property being purchased
5. The name and address of the buyers
6. If the contract is not a traditional realtor's purchase agreement it must be notarized.

Please note:

- A HUD contract must include the HUD Acceptance Confirmation Number and the HUD Authorized Signature verifying that you have been awarded the bid and the sale has been approved.
 - If this is a Short Sale transaction, you will also need to provide the bank approval letter showing that they have accepted the short sale offer.
 - Bank-owned, Fannie Mae or Freddie Mac contracts require the Asset Manager's signature, the Attorney-in-Fact signature, or the Fannie Mae Representative's signature on the Purchase Agreement confirming they have accepted the buyer's offer.
 - If the address of the property being purchased matches the address listed on Merrill Lynch's record keeping system, please submit a signed letter of explanation as to why the address matches.
 - If the supporting documentation provided includes a notary, the application must be submitted via U.S. mail.
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Construction of Principal Residence

The construction of principal residence for myself.

- This does not include your vacation home, second home or the construction of buildings such as garages, barns or other home improvements.

Required Documentation:

MUST PROVIDE ONE FROM EACH BULLET:

- A copy of a signed purchase agreement for the purchase of land (**OR**) a deed to land that is in your name.

AND

- A copy of a signed construction contract that includes the following: the purchase price, closing date/completion date (in the future), signatures of the buyer and seller, street address of the property being purchased (**OR**) a signed declaration stating that you have an immediate intention to build your principal residence and an itemized materials list with prices.

Please note:

- Private Sale contracts, Non-Standardized purchase agreements, For Sale by Owner contracts, Manufactured Home contracts,

or any other type of hand-written contracts between two parties (buyer and seller) must be signed, dated and both signatures notarized. This includes any purchase agreement that does not include a real estate agent's name and/or company name.

- If the supporting documentation provided includes a notary, the application must be submitted via U.S. mail.

Casualty / Home Repair

Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under Internal Revenue Code §165 (determined without regard to the limitations of §165(h)(5) and whether the loss exceeds 10% of adjusted gross income).

- In order to qualify, the damage to your principal residence must be due to fire, storm or other destruction resulting from an identifiable event of a sudden, unexpected or unusual nature that is not reimbursable by insurance or otherwise.
- Your request may only be for the difference between any amount that FEMA, an insurance company, or any other source will cover and the amount needed to repair the casualty damage to your home.
- Normal wear and tear, aging, gradual insect or pest damage, equipment malfunction or home improvement does not qualify for hardship withdrawal.

YOU MUST PROVIDE ONE FROM EACH NUMBER:

1. Proof that damage was caused by an event of a sudden, unexpected or unusual nature. Such documentation may include: a copy of the insurance claim estimate, a FEMA statement, contractor statement, or any other sufficient evidence which specifies the cause of damage (self-certification will not be accepted).

AND

2. One of the following: a copy of a construction contract (dated within 120 days of this submission), a written estimate from a contractor (dated within 120 days of this submission) or an itemized materials list with prices on store letterhead.

Income Tax Withholding

A hardship withdrawal (except for any after-tax contributions) is subject to income tax in the year the check is dated and may be subject to additional Federal and state taxes and penalties. It is recommended that you consult your legal and/or tax advisor before completing this application.

Please complete the following:

Federal taxes. For taxable amounts withdrawn select one. *(If you do not make a selection 10% will be withheld)*

Do not withhold

Withhold _____% (whole percentage, with a maximum allowed of 40%)

State taxes.

Depending on the state in which you reside, state taxes may be withheld automatically.

Payment Instructions

Based on the required documentation I am providing with the application, I am requesting:

The amount of my check AFTER taxes are withheld to be \$ _____,

OR

Maximum available

If the amount you request is greater than the maximum available to you, we will process your hardship for the maximum available minus your tax withholding election. If you do not enter an amount, your check will equal the maximum amount for which you are approved.

The amount of your check may be reduced if:

- You do not have enough funds to cover the withdrawal plus the tax withholding election.

- You do not qualify for this amount based on the supporting documents that you provide.
- OVERNIGHT DELIVERY:** Have your hardship check delivered to you via overnight delivery. This service costs \$25.00 which will be deducted from your account. The check will be overnighted after the funds have settled (typically after 2-4 business days). Checks cannot be sent overnight to a P.O. Box.

Certification of Hardship/Participant Signature

As part of the submission process you are required to authorize the instructions contained in this application and certify that:

1. My financial need cannot be reasonably relieved:
 1. from liquid assets available (not including assets earmarked for payment of an obligation in the near future, for example, rent)
 2. other currently available distributions, under the plans (whether qualified or nonqualified) maintained by the employer or by any other employer
2. All bills I have submitted have not been paid.
3. I certify the accuracy and truthfulness of all and any information provided.
4. To the extent my expense is for a dependent who I have not been able to provide supporting documentation for, I certify the person is a dependent.

I certify that taking a loan would be counterproductive as I cannot afford to make the loan repayments on any loan that may be available from this plan.

Participant Signature: _____ Date: _____

Submission Instructions

Prior to submitting ensure you have:

- Provided the necessary paperwork required for your hardship to be approved.
- Made copies of your application and necessary paperwork. The documents you submit will not be returned to you.

Submission Options:

- Mail the application and supporting documentation to:
Merrill Lynch
Retirement & Benefit Plan Services
1400 American Blvd., NJ2-140-03-50, Pennington, NJ 08534
- Fax the application and supporting documentation to 609-274-0333. Applications can only be faxed if there are no notarized documents included.

Bank of America Merrill Lynch is a marketing name for the Retirement Services business of Bank of America Corporation (“BofA Corp.”). Banking activities may be performed by wholly owned banking affiliates of BofA Corp. including Bank of America, N.A., Member FDIC. Brokerage services may be performed by wholly owned brokerage affiliates of BofA Corp., including Merrill Lynch, Pierce, Fenner & Smith Incorporated (“MLPF&S”), is a registered broker-dealer and Member SIPC.

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