

401(k) Plan Financial Hardship Withdrawal Request

1-800-748-6128

<https://stateofmi.voya.com>

If you are over 59½, you do not need to apply for a hardship withdrawal to receive a distribution from the 401(k) Plan. Instead, you may take an in-service withdrawal by completing a Payout Request Form. Call the Plan Information Line or visit the Plan website for details.

A special distribution provision from your 401(k) Plan account for withdrawal of funds due to financial hardship is available as outlined in IRS Regulation Section [1.401(k)-1(d) (2) (iv)(A)]. Participants in the 401(k) plan may be permitted to withdraw their salary deferral contributions (excluding earnings) and some other funds in some situations without separating from State service or otherwise becoming eligible for distribution from the plan. Under the safe harbor rules (State of Michigan's hardship withdrawal standards), the circumstances that may be considered an immediate and heavy financial need are limited to the following:

- 1** Deductible medical expenses described in IRS 213(d) without regard to whether expenses exceed 7.5 percent of the participants adjusted gross income (includes spouse and dependents).
- 2** Payment of tuition for the next quarter or semester of post-secondary education for the employee, spouse, children, and dependents; education expenses, including room and board billed by the educational institution for up to a full year. Payment will be based on expenses currently billed by the university plus other current expenses and can be made for the participant, spouse, children or dependents.
- 3** Purchase of a principal residence (excluding mortgage payments.)
- 4** Payment to prevent eviction from or foreclosure of principal residence.
- 5** Burial or funeral expenses for parents, spouse, children, or dependents*
- 6** Repair of damage to principal residence that would qualify as deductible casualty expenses under Code Section 165 (without regard to the 10% floor for deductibility)

WHO IS CONSIDERED THE PARTICIPANT'S DEPENDENT?

A dependent is one of the following individuals who receives more than half of their support for the year from the participant: child or child's dependent, step-child, sibling or step-sibling, parent or ancestor, step-parent, niece or nephew, aunt or uncle, in-law, or an individual who has their principal place of abode with the participant and is a member of the participant's household as per IRC Code section 152. Documentation must be supplied with the application to support the identification of the affected individual as meeting this definition as a dependent.

The following rules also apply:

- 1** The distribution cannot be in excess of the amount needed to satisfy the need.
- 2** The employee must first take all distributions and loans available under the plan.
- 3** The employee is prohibited from making any elective contributions to this plan and the 457 plan for six months after receiving the hardship distribution.
- 4** Distributions received before age 59½ are subject to an early distribution penalty of 10%. Anyone over age 59½ may take the withdrawal without the 10% penalty.

If you believe your situation qualifies as a valid financial hardship, you must determine whether you have other resources that can be used to meet your financial hardship. If you feel that your situation warrants a financial hardship distribution from your 401(k) Plan, then complete, sign, and mail the attached forms to the Financial Hardship Withdrawal Committee. If your request is approved, you will receive a taxable distribution from the Plan in seven to ten business days and you will be prohibited from making new deferrals for 6 months. If you are a member of the 401(k) Defined Contribution Plan, your 3% State match will be eliminated for the same period of time (the 4% mandatory employer contribution is not impacted). If you do not specify a tax-withholding amount, a default of 10% federal withholding will be applied to your payment. A 10% early withdrawal penalty may also apply to the distribution. If your request is not approved, Voya Financial® will notify you in writing and advise as to what next steps are available to you.

**DIRECT INQUIRIES AND SEND
YOUR COMPLETED FORM TO:**

Phone 1-800-748-6128

**Voya Financial
State Of Michigan Hardship
Withdrawal Committee
P.O. Box 57669
Jacksonville, FL 32241-7669**

**Overnight Mail:
State Of Michigan Hardship
Withdrawal Committee
8900 Freedom Commerce Way
Jacksonville, FL 32256-8264**

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FORM MUST BE COMPLETED *IN ITS ENTIRETY* WITH ALL REQUESTED DOCUMENTATION BEFORE IT WILL BE CONSIDERED. PLEASE PRINT OR TYPE.

Name		SSN or Employee ID (circle one)
Address		Daytime Phone
City	State	Zip

In accordance with the provisions of IRS Reg. Section 1.401(k)1(d)(2)(iv)(A) and provisions of the Plan, and based on my answers to the following questions, I hereby request withdrawal from my account as follows:

Withdrawal in the amount of: \$ _____

Federal Tax Withholding — you may select zero: \$ _____ or % _____

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons having their payment delivered outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

☐ I would like to have my withdrawal mailed to me using expedited delivery for a fee of \$50.00 that will be charged to my account.

☐ I understand there is a onetime fee of \$50.00 for this transaction that will be charged to my account.

The participant/beneficiary/alternate payee certifies, under penalty of perjury that to the best of his/her knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

SIGNATURE _____

DATE _____

TIME STAMP _____

ONLY FOR STATE OF MICHIGAN HARDSHIP WITHDRAWAL COMMITTEE USE

EXPLANATION AND INSTRUCTIONS IF REQUEST FOR HARDSHIP DENIED:

Reason Circumstances Do Not Qualify:

Specific Additional Documentation Required:

HARDSHIP WITHDRAWAL COMMITTEE SIGNATURE _____

DATE _____

PLEASE RESUBMIT FORMS ALONG WITH ADDITIONAL REQUESTED DOCUMENTATION TO VOYA® FOR FINAL APPROVAL.

EXPLANATION AND INSTRUCTIONS IF REQUEST FOR HARDSHIP DENIED:

IF FINAL REQUEST IS DENIED, YOU MAY RESUBMIT ALL FORMS AND DOCUMENTATION FOR REDETERMINATION TO:
DTMB, Office of Retirement Services, 401(k) Plan, PO Box 30171, Lansing, MI 48909-7671.

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QUESTIONNAIRE

Please describe the event, which caused this financial hardship:

DO NOT FORWARD APPLICATION UNLESS THE FOLLOWING DOCUMENTATION IS INCLUDED:

- LAST YEAR'S FEDERAL 1040 TAX FORM
- MOST RECENT BANK OR CREDIT UNION STATEMENTS (SAVINGS & CHECKING)
- MOST RECENT PAYCHECK STUB

PLEASE INDICATE WHAT CIRCUMSTANCE YOUR FINANCIAL HARDSHIP QUALIFIES

- ☐ **A.** Medical expenses
- ☐ **B.** Tuition and/or education expenses
- ☐ **C.** Purchase principal residence
- ☐ **D.** Notorized eviction/foreclosure of principal residence
- ☐ **E.** Funeral expenses
- ☐ **F.** Repair of damage to principal residence

Attach official verification: Tuition invoice, medical insurance claims statements, doctor or hospital bills, fully executed Purchase and Sales agreement, notarized notification of foreclosure and/or eviction, etc.

List other sources of financial assistance you have contacted such as insurance policies, banks, credit unions.

What amount was or will be recovered from insurance or other restitution? (Attach insurance adjuster's estimate or explanation of benefits form or other document.) \$ _____

What amount can you finance through conventional sources? \$ _____

What is the total amount required to meet this Hardship? (Attach bills, estimates, and for layoffs, worksheet listing liabilities and obligations to support your statement of this amount.) \$ _____

REASON FOR HARDSHIP WITHDRAWAL AND CHECKLIST

Attach copies of any documents that will substantiate both the nature and the amount of the immediate heavy financial need.

These copies will not be returned; therefore, you should not send originals.

The Plan allows Hardship withdrawals only under the following circumstances for immediate and heavy financial needs.

Please choose all applicable to your circumstance: (see next page) ➡

Please be assured that Voya will handle your request with empathy, hold this information as confidential, and will not share it outside of the Financial Hardship Withdrawal Committee.

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REASON	REQUIRED DOCUMENTATION AND INFORMATION THAT MUST BE REFLECTED ON DOCUMENTATION	UNACCEPTABLE REASONS/DOCUMENTATION
<input type="checkbox"/> Unreimbursed medical expenses for medical care previously incurred or anticipated by: () You () Your spouse () Your child () Your dependent	1) Explanation of Benefits and/or Corresponding bill from the provider Must: <input type="checkbox"/> be dated within 90 days, and <input type="checkbox"/> reflect amount paid by insurance company, and <input type="checkbox"/> reflect the amount owned by the insured 2) If for your dependent, documentation to support the identification of the affected individual as meeting IRC Code section 152 definition of a dependent, and 3) Last year's federal 1040 tax form, and 4) Most recent bank or credit union statements (savings and checking), and 5) Most recent paycheck stub	<ul style="list-style-type: none"> Medical bills that do not show portion paid by insurance Collection agency notices
<input type="checkbox"/> Tuition, related educational fees, room and board for the next 12 months post-secondary education for: () You () Your spouse () Your child () Your dependent	1) Itemized tuition bill, and/or Room and Board statement provided by school, and Must: <input type="checkbox"/> be dated within 4 months of the beginning of the quarter or semester, and <input type="checkbox"/> contain student's name, and <input type="checkbox"/> be due in the next 12 months 2) If for your dependent, documentation to support the identification of the affected individual as meeting IRC Code section 152 definition of a dependent, and 3) Last year's federal 1040 tax form, and 4) Most recent bank or credit union statements (savings and checking), and 5) Most recent paycheck stub	<ul style="list-style-type: none"> Estimate for tuition with no student name (general estimate from school). You need to provide an actual tuition bill. Student loans Financial aid award letters Bills already paid
<input type="checkbox"/> Purchase of your principal residence or costs directly related to your purchase	1) If borrowing, loan estimate from lender, and 2) Signed purchase contract or intent-to-purchase agreement, and All above must: <input type="checkbox"/> be dated within last 30 days, and <input type="checkbox"/> reflect the address of the residence being purchased, and <input type="checkbox"/> reflect the purchase price, and <input type="checkbox"/> reflect the amount of the down payment, and <input type="checkbox"/> reflect a closing date no more than 6 months in the future, and <input type="checkbox"/> reflect signatures of both buyer and seller 3) If building, copy of builder's permit, and 4) Last year's federal 1040 tax form, and 5) Most recent bank or credit union statements (savings and checking), and 6) Most recent paycheck stub	<ul style="list-style-type: none"> Rental/lease agreement for purchase of a primary residence Mortgage applications Truth in lending disclosures Bills already paid
<input type="checkbox"/> Prevention of mortgage foreclosure or eviction from your principal residence () You () Your spouse () Your child () Your dependent	1) Notorized proof of foreclosure or eviction, and <input type="checkbox"/> Tax lien, or <input type="checkbox"/> Bank/mortgage statement, or <input type="checkbox"/> Letter from bank/mortgage company, or <input type="checkbox"/> Letter from landlord, or <input type="checkbox"/> Copy of the court document substantiating the eviction or foreclosure legal proceedings All above must: <input type="checkbox"/> be dated within last 90 days, and <input type="checkbox"/> reflect the amount necessary to prevent eviction/foreclosure, and <input type="checkbox"/> contain eviction/foreclosure date. This date must be in the future. 2) Last year's federal 1040 tax form, and 3) Most recent bank or credit union statements (savings and checking), and 4) Most recent paycheck stub	<ul style="list-style-type: none"> IRS tax liens that do not specify address of property to be foreclosed Late payment statements that do not threaten eviction or foreclosure Lease agreements Bills already paid
<input type="checkbox"/> Funeral/Burial expenses for: () Your spouse () Your child () Your dependent	1) Statement of relationship with the deceased, and 2) Copy of the death certificate, and 3) Funeral/burial billing statement, and Must: <input type="checkbox"/> reflect name of deceased, and <input type="checkbox"/> reflect date of services provided within the past 90 days, and <input type="checkbox"/> reflect your name as individual billed, and <input type="checkbox"/> include itemized funeral/burial expenses 4) If for your dependent, documentation to support the identification of the affected individual as meeting IRC Code section 152 definition of a dependent, and 5) Last year's federal 1040 tax form, and 6) Most recent bank or credit union statements (savings and checking), and 7) Most recent paycheck stub	<ul style="list-style-type: none"> Pre-purchase of lot or headstone Bills already paid