

In-Service Withdrawal Request



Group Number:		Plan Name:			
Participant's Name: (Last, First, M.I.)			Date of Birth:	Social Security Number:	
Participant's Address:					
City:		State:	Zip:	Daytime Phone Number:	Date of Hire:
Vesting Percent: Profit Sharing	Vesting Percent: Employer Match		Vesting Percent: Other		TPA Initials:

A. TYPE OF WITHDRAWAL (Please refer to the Plan, the summary plan description or contact your Plan Administrator for information on the withdrawal options and any applicable suspensions.)

- Hardship (a suspension of employee contributions may apply)**
- Amounts available after age 59 1/2**
- Attainment of normal retirement age (while still employed)**
- Rollover Sources (after-tax rollover source will be withdrawn first)**
- After-Tax Source** **Other** _____

B. AMOUNT OF PAYMENT Please note that the dollar amount requested will be withdrawn as a gross withdrawal before Income Tax Withholding unless the Net Check Amount box is chosen.

- All funds available per type of withdrawal selected in Section A, in accordance with the Plan's provisions. **or**
 - Partial lump sum payment of \$ _____
- Check here if you would like this amount withdrawn first from one of the following contribution sources or pro rata from both:
- Traditional After-Tax Contributions
 - Roth 401(k) Contributions
 - \$ _____ **Net Check Amount** - The gross amount to be withdrawn is an amount that results in a net check amount after Income Tax Withholding of the amount requested.

C. DIRECT ROLLOVER (Check if applicable)

- I elect a Direct Rollover of my benefit payment to my employer's eligible retirement plan or IRA as indicated below. Unless indicated otherwise below, pay my Traditional After-Tax and/or Roth 401(k) Contributions directly to me. I understand that Traditional After-Tax contributions may only be rolled over to another 401(a) qualified plan or Traditional IRA and that Roth 401(k) Contributions may only be rolled over to another plan with a Roth 401(k) feature or a Roth IRA.

Direct Rollover to (check and complete as applicable):

For Non-Roth Amounts:

- Eligible Retirement Plan* IRA
- Include Traditional After-Tax Contributions

For Roth 401(k) Contributions:

- Eligible Retirement Plan* with Roth 401(k) Feature
- Roth IRA

Account Number: _____

*Plan Name: (as applicable) _____

Financial Institution: _____

Address: _____



D. PARTICIPANT AUTHORIZATION

I hereby consent to the payment indicated above. I acknowledge that I have read and understand the Special Tax Notice. I understand that for an eligible rollover distribution, if I do not elect a direct rollover, 20% mandatory Federal Income Tax withholding will apply. For a hardship withdrawal, 10% Federal Income Tax withholding will apply unless I elect otherwise via the Withholding Authorization Form. I have reviewed the state income tax withholding section of the Withholding Authorization Form and understand that, if applicable, I must complete and return the form with this request. I also acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state.

Participant's Signature

Date

E. PLAN ADMINISTRATOR OR REPRESENTATIVE AUTHORIZATION

(Required before submitting form to Hartford Life Insurance Company for processing)

Provided the form includes vesting information and the plan's third party administrator's initials, you are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge and that I have obtained any Spousal Waiver Consent forms that may be required by ERISA and the Internal Revenue Code.

Plan Administrator Signature

Date

Full Disclosure Statement

Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Indiana

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Hampshire

"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

New Jersey

"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."