HARDSHIP STATEMENT

IMPORTANT: Use this form for hardship loans or hardship withdrawals when the "safe harbor" determination of hardship is used by the Plan. If "facts and circumstances" method is used for approving withdrawal of any contributions under the Plan, additional information would be necessary.

Do not submit this form to MassMutual.

Participant's Name _____ _____ _____
first middle last

Social Security No. _____

HARDSHIP REQUEST

1. ☐ I request a (check one) ☐ withdrawal ☐ loan of $_____ due to hardship for the following reason(s):

   ☐ **Expenses for Medical Care** for myself, my spouse, or my dependent.

   ☐ **Purchase of My Primary Residence** excluding mortgage payments.

   ☐ **Tuition and Related Education Fees** including room and board expenses, for the next 12 months for post-secondary education for myself, my spouse, or my dependent.

   ☐ **Prevention of Eviction or Foreclosure** on my primary residence.

   ☐ **Expenses for the Repair of Damage** on my primary residence that would qualify for the casualty deduction under IRC §165.

   ☐ **Payment for Burial or Funeral Expenses** for my deceased parent, spouse, children or dependents.

   Please attach documentation evidencing the expense for which this hardship is requested. If the expense is for someone other than the Participant, list the recipient and his or her relationship to the Participant on the expense document.

2. ☐ I request an additional amount to pay anticipated federal, state, or local income taxes or excise taxes due to this distribution.

3. ☐ I certify that the ☐ withdrawal/☐ loan amount requested is not in an amount more than my immediate and heavy financial need, due to the reason stated in item (1) above.

Consult your tax advisor and the Special Tax Notice for additional details on tax consequences.

Note: All distributions and nontaxable loans from this Plan and all other plans maintained by the employer must be exhausted prior to receiving a hardship distribution as long as they are reasonably available (i.e., the loan(s) will not increase the level of need).

Consequence of Withdrawal: I understand that my elective deferral (before-tax) and my after-tax contributions to this Plan and all other plans maintained by the Employer may be suspended for a 6-month period or as provided by the terms of the Plan, after the hardship withdrawal is made.

SIGNATURE

_____ _____
Participant Signature Date