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Inlandboatmen's Union of the Pacific National 401(k)  
Plan  
c/o John Hancock Retirement Plan Services, LLC  
P.O. Box 940  
Norwood, MA 02062-0940



November 9, 2021

John Sample  
123 Main Street  
AnyTown, CA 93612

Re: Hardship Withdrawal

Enclosed is your hardship withdrawal package. It includes a **SPOUSAL CONSENT FORM, HARDSHIP WITHDRAWAL FORM** and **HARDSHIP WITHDRAWAL GUIDELINES**. Use this package to withdraw available monies to satisfy a financial hardship. You may want to seek the advice of a professional tax advisor prior to choosing a withdrawal option. **Please follow the instructions in this package carefully.**

To process your request, follow all steps below:

- Step 1: review the **HARDSHIP WITHDRAWAL GUIDELINES***
- Step 2: fill in the dollar amount to be withdrawn under option A in the Request for Hardship Withdrawal section*
- Step 3: check the reason for your hardship withdrawal under option B in the Request for Hardship Withdrawal section and submit the appropriate documentation*
- Step 4: check your tax withholding election in the Tax Withholding section and provide requested information*
- Step 5: check your marital status in the Marital Status section*
- Step 6: attach a signed and witnessed **SPOUSAL CONSENT FORM** (required if you are married)*
- Step 7: sign the **HARDSHIP WITHDRAWAL FORM** where indicated in the Signature section*
- Step 8: return all pages of the **HARDSHIP WITHDRAWAL FORM** (even if there is no election made on the page)*

Return form to:

Inlandboatmen's Union of the Pacific National 401(k) Plan, PMB #116, 5331 S Macadam Avenue, Ste 258, Portland, OR 97239.

If your withdrawal request is approved, payment will be sent to your address of record within 2 business days (a day on which the New York Stock Exchange is open) following receipt of the Plan Administrator approved form(s) by John Hancock Retirement Plan Services, LLC. Payment will be sent to the banking account you have provided on [myplan.johnhancock.com](http://myplan.johnhancock.com). If you have not elected direct deposit, distribution check(s) will be mailed to the address on your account as of the date the distribution is processed. Checks over \$500,000 are sent via Priority Mail.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and you will be notified and provided with the reason(s) for denial and any corrective actions. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package. Also, please be aware that this form package may only be used once, and copies of this form may not be accepted for future use.



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If you have any questions about the above, please log on to [myplan.johnhancock.com](http://myplan.johnhancock.com) or call 1.833.388.6466. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.



TH44025003

# HARDSHIP WITHDRAWAL FORM

## Inlandboatmen's Union of the Pacific National 401(k) Plan

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| PARTICIPANT'S NAME   | SOCIAL SECURITY NO. |
|----------------------|---------------------|
| John Sample          |                     |
| CONTACT PHONE NUMBER | E-MAIL ADDRESS      |
|                      |                     |

**I. REQUEST FOR HARDSHIP WITHDRAWAL**

**NOTE:** You may obtain the dollar amount of your vested account that is available for a hardship withdrawal by contacting John Hancock.

- A.** I am applying to make a hardship withdrawal from my vested account in the amount of \$\_\_\_\_\_.
- This amount cannot exceed the amount of your financial need as supported by your acceptable documentation (see below) and is subject to the balance available for withdrawal in your account.
  - If the amount available to withdraw is less than the amount you requested, you will receive your entire available amount.
  - Any amount paid to you may be reduced by applicable taxes.
  - Only the amount supported by acceptable documentation will be processed, even if it is less than the amount requested. A subsequent request will be treated as a new hardship withdrawal and be subject to an additional fee.
- B.** Please check the reason for the hardship request below and submit the appropriate documentation to substantiate this request. Please see the attached **HARDSHIP WITHDRAWAL GUIDELINES** for additional details regarding the required documentation.

| <b>Reason</b>  | <b>Documentation to substantiate request</b>   |
|--|--|
| <input type="checkbox"/> To purchase my principal residence (excluding mortgage payments)  | Fully executed purchase and sales agreement which satisfactorily indicates that the amount requested will be used for the purchase of your principal residence   |
| <input type="checkbox"/> To pay unreimbursed expenses for medical care for me, my spouse, or any of my dependents or primary beneficiaries   | Copy of medical bill(s) not more than 6 months old. Medical bill(s) must identify name of individual, service rendered, date of service, billed amount, amount paid by insurance (if applicable), outstanding amount   |
| <input type="checkbox"/> To pay unreimbursed tuition and related educational expenses for the next 12 months of post-secondary education for myself, my spouse, or any of my dependents or primary beneficiaries | Copy of tuition bill for current semester and/or next semester/copy of bill(s) for related educational expenses  |
| <input type="checkbox"/> To make payments necessary to prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence   | Copy of eviction or foreclosure notice.<br>Note: The address on the eviction or foreclosure notice must be the same as the address on your account, unless the address on your account is a P.O. Box. If the address on your account is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice. |



TH44025003

# HARDSHIP WITHDRAWAL FORM

## Inlandboatmen's Union of the Pacific National 401(k) Plan

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| PARTICIPANT'S NAME | SOCIAL SECURITY NO. |
|--------------------|---------------------|
| John Sample        |                     |

|  |   |
|--|---|
| <input type="checkbox"/> To pay for funeral and/or burial expenses for my deceased parent, spouse, child or dependent or primary beneficiary   | Copy of funeral and/or burial bill not more than 6 months old   |
| <input type="checkbox"/> To repair damage to my principal residence due to fire, storm, disaster, or other casualty that can be deducted on tax return under casualty provision (determined without regard to whether the disaster is federally declared or whether the loss exceeds 10% of adjusted gross income) | Copy of repair bill(s) to principal residence which satisfactorily indicate that the repairs are needed due to casualty loss and are not more than 6 months old |

C. If your hardship reason is tuition, medical or funeral expenses and the hardship is for your primary beneficiary under the Plan, you must provide the name of that primary beneficiary below for verification purposes:

**Primary Beneficiary Name:** \_\_\_\_\_  
Print Name

### II. TAX WITHHOLDING

You may elect to have (or not have) federal income tax withheld from your hardship withdrawal by checking Option A or B below.

If you elect to have no amount withheld, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You should consult your tax advisor for more information.

**NOTE:** If no election is made, 10% will automatically be withheld for federal income tax, and the appropriate percentage will be withheld for state income tax (if applicable). In addition, the amount withdrawn **will not** be increased to cover the tax withholding. The distribution may also be subject to an additional 10% early withdrawal penalty if you are under age 59½.

**Elect One**

- A.** I **elect** to have federal income tax, at the rate of 10%, and state income tax (if applicable) withheld from my hardship withdrawal. **Additional Amount to be Withheld (if any):** \$ \_\_\_\_\_
  - I also elect to increase the amount of my withdrawal to cover the applicable federal and state income tax withholding.
  - I do not elect to increase the amount of my withdrawal to cover the applicable federal and state income tax withholding.
  
- B.** I **do not elect** to have federal or state income tax withheld from my hardship withdrawal.



**HARDSHIP WITHDRAWAL FORM**  
**Inlandboatmen's Union of the Pacific National**  
**401(k) Plan**

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| <b>PARTICIPANT'S NAME</b> | <b>SOCIAL SECURITY NO.</b> |
|---------------------------|----------------------------|
| John Sample               |                            |

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**III. MARITAL STATUS**

I am legally married     YES     NO

If you checked "Yes," your spouse must complete the attached **SPOUSAL CONSENT FORM**.

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**IV. SIGNATURE**

I certify that I have insufficient cash or other liquid assets to satisfy this financial need.

I certify that I have obtained all other currently available distributions (other than hardship distributions) under the Plan and any other deferred compensation plans (qualified and nonqualified) maintained by my employer and currently available loans under the Plan.

I understand that I have the option to have this distribution directly deposited into my bank account by accessing [myplan.johnhancock.com](http://myplan.johnhancock.com) to set up my banking information or to confirm existing banking information on file, if applicable.

I certify that there is no pending domestic relations order or court approved domestic relations order which has, or will, assign all or a part of my vested account to my spouse, former spouse, child or other dependent. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

In the event the hardship is for my primary beneficiary under the Plan, I certify that the person named in Section I.C. is my, or one of my, primary beneficiaries under the Plan.

I also understand that a fee of \$50.00 will be charged to my account for the processing of the withdrawal. I certify that the information provided, including the attached documentation, is true and accurate. I acknowledge that the payment amount may be less than the specific dollar amount I may have requested above due to Plan limitations, processing fees, and/or market fluctuations that may affect the amount available for withdrawal at the time payment is made. I understand that this withdrawal may not be repaid to the Plan.



TH44025003

**HARDSHIP WITHDRAWAL FORM**  
**Inlandboatmen's Union of the Pacific National**  
**401(k) Plan**

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| <b>PARTICIPANT'S NAME</b> | <b>SOCIAL SECURITY NO.</b> |
|---------------------------|----------------------------|
| John Sample               |                            |

Under penalties of perjury, I certify that:

1. The Social Security number / taxpayer identification number I provided on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

**Certification Instructions**

You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Since the Plan is an account held in the United States, you are not required to provide a code indicating that you are exempt from FATCA reporting.

Note: The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I certify under penalty of perjury (under the laws of the United States of America) that the information I have provided, including any attached documentation, is true and accurate.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PLAN ADMINISTRATOR**

The request for the above Participant is:  APPROVED  NOT APPROVED

If the hardship is for the Participant's primary beneficiary under the Plan, I confirm that the person named under Section I.C. is the Participant's primary beneficiary on file:  Yes  NO

If approved, the Custodian is hereby authorized to process the request.

Plan Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Plan Administrator: \_\_\_\_\_

**Return this form to: Inlandboatmen's Union of the Pacific National 401(k) Plan, PMB #116, 5331 S Macadam Avenue, Ste 258, Portland, OR 97239.**



TH44025003

# HARDSHIP WITHDRAWAL GUIDELINES

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## REASON: Purchase of Principal Residence

### Basic Requirements

- withdrawal request must be for purchase of principal residence of participant
- **amount requested cannot exceed amount needed as supported by documentation**

### Required Documentation

#### FOR PURCHASE OF EXISTING HOUSE

- sales contract - must include closing date, buyer's (participant's) signature, seller's signature, current date, amount needed to purchase house, address of property
- mortgage/loan commitment letter - must include buyer's (participant's) name and signature, current date, amounts (such as closing costs) required to be paid to purchase house, address of property

#### FOR PURCHASE OF MOBILE HOME OR MANUFACTURED HOME

- sales contract - must include buyer's (participant's) signature, seller's signature or signature of authorized representative of company, current date, purchase price of home; may include down payment and closing costs

#### FOR CONSTRUCTION OF PRINCIPAL RESIDENCE

- contract - must include buyer's (participant's) signature, contractor's signature, current date (unless proof of extension), building cost; may include copy of construction loan

#### PURCHASE OF LAND FOR CONSTRUCTION OF PRINCIPAL RESIDENCE OR PLACEMENT OF MOBILE OR MANUFACTURED HOME

- contract - must include buyer's (participant's) signature, seller's signature, current date, purchase price, location of property
- documentation by contractor - must show intent for construction of principal residence within one-year timeframe

### Non-Eligible Expenses

- amounts already paid (for example, down payment, deposits, earnest money) are not eligible for hardship withdrawal (Exception: bridge loan (i.e., where a loan is taken for a short term while the hardship is being processed))
- refinancing of the mortgage of a principal residence is not eligible

## REASON: Payment of Unreimbursed Medical and Dental Expenses

### Basic Requirements

- must be eligible medical\* and/or dental expense (\*for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of treating any structure or function of the body)
- amount must (1) not be covered by insurance, (2) not paid in its entirety by insurance, or (3) not previously paid by participant
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

### Required Documentation

#### FOR MEDICAL EXPENSES INCURRED

- copy of bill(s) - must identify name of participant or dependent or primary beneficiary, service rendered, date of service, billed amount, amount paid by insurance (if applicable), outstanding amount

#### FOR MEDICAL EXPENSES NOT YET INCURRED

- doctor/hospital statement - must identify name of participant or dependent or primary beneficiary, service to be rendered, estimated cost of service; statement must be on doctor's/hospital's letterhead; and
- letter from insurance carrier (if applicable) - must identify amount to be paid by insurance or denying coverage



TH44025003

# HARDSHIP WITHDRAWAL GUIDELINES

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## Non-Eligible Expenses

- cosmetic surgery is generally not eligible (unless required due to accident or medical condition)

## REASON: Payment of Tuition and Related Educational Expenses

### Basic Requirements

- tuition and/or related educational fees must be for a post-secondary education at an accredited college, university or trade school for either the participant, participant's spouse, or participant's dependents or primary beneficiary (post-secondary education must require individual to have a high school diploma or GED)
- expenses must be for the current semester or for next 12 months of education
- **amount requested cannot exceed amount needed as supported by documentation**

### Required Documentation

#### TUITION AND BOARD

- copy of tuition and/or board bill - must include name of student and name of educational institution, fee for tuition (may be broken down by class) for the **current** or **next semester**, fee for board for **current** or **next semester**

RELATED EDUCATIONAL FEES - must include copy of tuition bill or letter of college enrollment along with the following appropriate documentation:

- copy of bill(s) or booklist - must show fees for labs or list from bookstore with price of books, current date
- copy of bill for computer - must have current date

### Non-Eligible Expenses

- payment of outstanding student loan is not eligible

## REASON: Prevention of Eviction or Foreclosure from the Participant's Principal Residence

### Basic Requirements

- eviction or foreclosure must be on participant's principal residence
- date of eviction or foreclosure must be in the future
- **amount requested cannot exceed amount needed as supported by documentation**

### Required Documentation

#### FOR EVICTION FROM APARTMENT COMPLEX OR PROPERTY RENTED BY INDIVIDUAL

- eviction notice - must identify name of participant (as tenant); provide participant's address, amount needed to prevent eviction, and date on which amount must be paid; be dated and signed by owner or representative of apartment complex or landlord; state that eviction proceedings will begin if amount not paid

#### FOR FORECLOSURE

- foreclosure notice - must be from mortgage company, other appropriate agency, or state or local taxing authority; identify name of participant; provide participant's address; amount needed to prevent foreclosure; date on which amount must be paid; be dated and signed by authorized representative of mortgage company, other appropriate agency and/or taxing authority; state that foreclosure proceedings will begin if amount not paid

Note: The address on the eviction or foreclosure notice must be the same as the address on your account, unless the address on your account is a P.O. Box. If the address on your account is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice.



TH44025003

# HARDSHIP WITHDRAWAL GUIDELINES

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## Non-Eligible Expenses

- past due utility, water, and property tax bills are not eligible (*Exceptions*: Property tax bills that may lead to sale of principal residence if bill is not paid and utility and water bills that are included in an eviction notice.)

## REASON: Payment of Funeral and/or Burial Expenses

### Basic Requirements

- funeral and/or burial expenses must be for the participant's deceased parent, spouse, child or dependent or primary beneficiary
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

### Required Documentation

- copy of funeral and/or burial bill – must identify names of family member (i.e., deceased parent, spouse, child or dependent or primary beneficiary) and billed amount

## Non-Eligible Expenses

- amounts already paid through insurance

## REASON: Repair Damage to Principal Residence Due to Casualty Loss

### Basic Requirements

- damage to principal residence must be due to a casualty loss (fire, storm, disaster, or other casualty) that can be deducted on your tax return under casualty provision (determined without regard to whether the disaster is federally declared or whether the loss exceeds 10% of adjusted gross income)
- documentation cannot be older than 6 months
- **amount requested cannot exceed amount needed as supported by documentation**

### Required Documentation

- documentation must describe cause of casualty loss (fire, storm, disaster, or other casualty) and date of casualty loss
- documentation must show amount covered/not covered by insurance
- copy of repair bill(s)/estimate to have damage repaired – must satisfactorily indicate that the repairs are needed due to casualty loss, describe the repairs, including the date(s) of repair (in process or completed), and cost/estimated cost of repairs

## Non-Eligible Expenses

- amounts already paid through insurance



TH44025003



**SPOUSAL CONSENT FORM**  
**Inlandboatmen's Union of the Pacific National**  
**401(k) Plan**

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| <b>PARTICIPANT'S NAME</b> | <b>SOCIAL SECURITY NO.</b> |
|---------------------------|----------------------------|
| John Sample               |                            |

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**SPOUSAL CONSENT (To be completed by the spouse of the Participant)**

I understand that my spouse (the Participant named above) has requested a distribution from the Plan in the amount requested on the attached Withdrawal/Distribution Form and that this amount may not be repaid to the Plan.

As the spouse of the Participant, I hereby consent to the distribution. In the event that my spouse (the Participant) dies before I do, I hereby voluntarily and irrevocably agree to waive any and all claim to any Plan benefits otherwise payable to me to the extent of the amount distributed.

\_\_\_\_\_  
Spouse's Name (Print)

\_\_\_\_\_  
Signature of Spouse  
(Must be signed and dated in presence of Notary)

\_\_\_\_\_  
Date

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**WITNESSED BY (To be completed by Notary Public or Plan Representative)**

**NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me personally appeared \_\_\_\_\_ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Certification and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

(SEAL)

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OR**

**PLAN REPRESENTATIVE**

\_\_\_\_\_  
Signature of Plan Representative

\_\_\_\_\_  
Date

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**Return this form to: Inlandboatmen's Union of the Pacific National 401(k) Plan, PMB #116, 5331 S Macadam Avenue, Ste 258, Portland, OR 97239.**

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