HRSA-ILA Annuity & Savings Plan Participant Hardship Statement

Submit this form to HRSA-ILA. Participant's Name middle last Social Security Number Port Number _____ HARDSHIP REQUEST 1. I request a withdrawal of \$. This hardship is requested 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 the applicable worksheet detailing 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 certify that the withdrawal amount requested is not more than my immediate and heavy financial need, plus applicable tax withholdings due to the reason checked in item 1, above. Decline 3. I Accept to have such additional amounts as are necessary to pay anticipated federal, state, or local income taxes or excise taxes due to this distribution. (Recommended) Consult your tax advisor and the Special Tax Notice for additional details on tax consequences. Refer to the Explanation of Hardship and Supporting Documentation for additional detail on sources that can be withdrawn. Consequence of Withdrawal: I understand that my elective deferral and my after-tax contributions to this Plan are suspended for a 6-month period after the hardship withdrawal is made. **SIGNATURE** I am married and a notarized Waiver of Qualified Pre-retirement Survivor Annuity form is attached. Distribution payment will be delayed if all required items have not been completed. Submission of false or fraudulent information for the purpose of obtaining a benefit is a fraud, which under VA Code §18.2-178 is a crime punishable under applicable provisions of Virginia Law.

HRSA-ILA Annuity & Savings Plan
1355 International Terminal Blvd • Norfolk VA 23505 • 757 457-7090

Participant Signature

Date

Hardship Withdrawal Request for Purchase of a Principal Residence Form Updated 6/08/09

A. Principal Residence includes the	ne following items. Please itemize:
1. \$ Principal Reside	ence purchase
2. \$ The purchase of be immediately	f land upon which the principal residence shall built
\$	GRAND TOTAL QUALIFYING EXPENSES.
LIMITED TO THE LESSER OF:	(HRSA-ILA FILLS THIS IN FROM DATA SUPPLIED BY MASSMUTUAL)
\$	TOTAL VOLUNTARY CONTRIBUTIONS TO THE ACCOUNT (SALARY DEFERRALS) BEFORE EARNINGS; OR
\$	TOTAL VOLUNTARY ACCOUNT BALANCE
B. Principal Residence DOES NOT♦ Vacation homes	include:
 Mortgage payments 	

C. If you request a hardship distribution for the purchase of a principal residence, you must have documentation to support your request. HRSA-ILA requires that you produce this documentation. If you cannot produce the documentation to substantiate your hardship request, your application will be denied. The following documentation is acceptable:

(Check off documentation you are providing) Good Faith Estimate: Issued by a bank or mortgage company. The Good Faith Estimate must include the estimated total closing costs, any down payments and prepaid expenses, excluding any contributions from the seller. The Good Faith Estimate cannot be issued by a realty company. Contract: Must state that it is for the purchase of a principal residence; it must include a closing date (or, alternatively, written certification from the mortgage company of the closing date); it must be issued no more than 60 days prior to the closing date; and it must be signed by you and the seller. Purchase of land: For the construction of a principal residence, you must provide HRSA-ILA with an executed Contract between you and the seller (which may include dates and amounts of periodic disbursements to the builder), a copy of the construction loan and a commitment letter from a bank or mortgage company. Submission of false or fraudulent information for the purpose of obtaining a benefit is a fraud, which under VA Code §18.2-178 is a crime punishable under applicable provisions of Virginia Law. Form Submitted by: (Participant Name - Please Print) Port Number / SSN Participant Signature Date Reviewed by: Date Approved by: Plan Administrator Date

For use by participants still active in the Industry to request a hardship withdrawal. First complete the appropriate Hardship Statement and applicable worksheet. Submit to the Plan Administrator.

HRSA-ILA Annuity & Savings Plan Hardship Withdrawal Request

- Refer to the Explanation of Hardship and Supporting Documentation for additional detail on sources that can be withdrawn.
- The amount of withdrawal is prorated across all investments.
- After the withdrawal, you are not permitted to make any further before-tax or after-tax employee contributions for a 6-month period.

Account Number: 51506			
Sponsor Name: HRSA-ILA	A		
Plan Name: HRSA-ILA A	nnuity & Savings Plan		
Participant's Name	middle	last	
Participant's Address street			
city		state	
Social Security No	Telephone # o		zip
Social Security 140.	L-man Addres		
	consent if you are married. If you are published Pre-retirement Survivor Annual		and attach a completed
WITHDRAWAL OPTIC	ONS (Check only <u>one</u> box)		
Gross Amount:	Withdraw \$ from my votax withholding will be deducted from requested, I want to withdraw the amount of the control of the	m this amount. If the	amount available is less than
Net Amount:	Withdraw \$ from my vowithholding. If the amount available available: ☐ Yes ☐ No		

Rev. date 05.17.09
Page 1 of 2
Complete both pages.

FEDERAL WITHHOLDING: Some types of hardship w Unless you elect to have no federal income tax withheld, 10% for federal income tax. Please read the <i>Special Tax Notice</i> . questions concerning tax withholding.	% of the amount of the hardship withdrawal will be withheld
hardship withdrawal will be withheld. I elect to have federal income tax: withheld	 a. If withholding is elected below, 10% of the amount of the □ not withheld want an additional amount withheld of \$
2 is checked. You may elect an additional amount to be withheld in B	a who have federal income tax withheld will have state income tax ditional amount to be withheld in Box 1. have federal tax withheld, will have state income tax withheld unless Box
payment for state income tax in addition to any re 2. \(\subseteq \ \ No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	equired withholding.
SIGNATURES	
I understand that I have a right to a 30-day election period. period by making an affirmative election on this distribution for the state of the sta	
Distribution payment will be delayed if all required items	have not been completed.
Submission of false or fraudulent information for the under VA Code §18.2-178 is a crime punishable under VA Code	
Participant	//

Date

Plan Administrator

INCOME TAX WITHHOLDING

SPECIAL TAX NOTICE - HARDSHIP DISTRIBUTIONS

Updated 3/2/09

This Notice contains important information about federal income tax consequences of a hardship distribution from the HRSA-ILA Annuity & Savings Plan. Please read it carefully and discuss it with your tax advisor prior to making the election to receive a Hardship Distribution from the Plan.

HARDSHIP PAYMENT PAID TO YOU

NOT ELIGIBLE FOR ROLLOVER. Hardship distributions from the HRSA-ILA Annuity & Savings Plan are not eligible for rollover to another qualified plan. This means you will not have the option to continue to defer federal income tax on your retirement savings in the Plan through the rollover method.

VOLUNTARY INCOME TAX WITHHOLDING. Mandatory withholding rules for most Annuity & Savings Plan distributions do not apply. However, hardship withdrawals are taxable, and additional taxes will be due upon tax filing if an adequate amount is not withheld. You may elect to have additional federal and state taxes withheld in order to meet the tax obligation due on such distribution. If you do nothing, 10% will be taken out of this portion of your payment for federal income tax withholding. To make an additional tax withholding or to waive tax withholding, ask the Plan Administrator for the election form and related information.

ADDITIONAL 10% TAX IF YOU ARE UNDER AGE 591/2. If you receive a payment before you reach age 591/2 and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. Most hardship withdrawals, except for those made for medical or disability reasons, will be subject to the additional 10% tax in addition to federal and state income taxes. The additional 10% tax generally does not apply to (1) payments that are paid after you separate from service with your employer during or after the year you reach age 55, or if you are a qualified public safety employee as described in Code Section 72(t)(10)(A), payments that are paid to you from a governmental defined benefit plan after you separate from service with your employer during or after the year you reach age 50, (2) payments that are paid because you retire due to disability, (3) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (4) dividends paid with respect to stock by an employee stock ownership plan (ESOP) as described in Code Section 404(k), (5) payments that are paid directly to the government to satisfy a federal tax levy, (6) payments that are paid to an alternate payee under a qualified domestic relations order, (7) payments that do not exceed the amount of your deductible medical expenses, (8) qualified reservist distributions as described in Code Section 72(t)(2)(G) made to an individual who is a reservist or national guardsman and who was ordered or called to active duty after September 11, 2001 and before December 31, 2007 for a period in excess of 179 days or for an indefinite period, and (9) qualified hurricane distributions made to qualified individuals as described in Code Section 1400Q(a). See IRS Form 5329 for more information on the additional 10% tax.

HOW TO OBTAIN ADDITIONAL INFORMATION

This Notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules are complex and contain many conditions and exceptions that are not included in this Notice. Therefore, you may want to consult with a professional tax advisor BEFORE you take a payment of your benefits from the Plan. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in IRS Publication 575, *Pension and Annuity Income*, and IRS Publication 590, *Individual Retirement Arrangements*. These publications are available from your local IRS office, on the IRS's Internet Web Site at www.irs.gov or by calling 1-800-TAX-FORMS.

This form must be signed by the spouse of an active member who has requested a distribution.

HRSA-ILA Annuity & Savings Plan Waiver of Qualified Preretirement Survivor Annuity

Account Number FL/SF/RM 51506-1-1 Contract holder Name HRSA-ILA

PARTICIPANT INFORMATION

Participant's Name

Plan Name HRSA-ILA Annuity & Savings Plan

Social Security No.	first	middle	last
Spouse's Name			
Spouse s runne	First	middle	last
SAL CONSENT T	O WAIVE TH	E QUALIFIED PRER	ETIREMENT SURVIVOR ANNUITY
(QPSA) benefit if my of the period for which below the minimum digive up my right to the installments or as a Ql may receive less mornothing from the plan. I understand that I do the Participant's spouselect to relinquish su	spouse dies before h the retirement be distribution amount the QPSA benefits. PSA, described on any than I would lafter my spouse die not have to sign this se, I have a right to ch right. I further	beginning to receive retirements are paid). I also under the plan will pay the bene Depending on the Plan's paths second page of this form have received under the spees. Its form. I am signing this ago a limit my consent only to a understand that if I do not	the Qualified Preretirement Survivor Annuity nent benefits (or, if earlier, before the beginning erstand that if the value of the QPSA benefit is fit to me in one lump sum payment. I agree to provisions the benefit may be payable in cash, n. I understand that by signing this agreement, I ecial QPSA payment form and I may receive reement voluntarily. I also acknowledge that, as specific payment election and that I voluntarily at sign this form, I will receive the Qualified
Preretirement Survivo	r Annuity upon the	death of my spouse.	
(AT UKES			
Spouse's Signature			Date
Witness:		State	County
BEFORE ME, the undersatisfactory evidence of i preceding document in n voluntary act.	signed, a Notary Pub- dentification which was presence and who	lic, personally appearedwas/wereaffirmed to me that they execut	, and proved to me through, to be the person whose named is signed on the ed the above Consent of Spouse as a free and
IN WITNESS WHEREC	OF, I have signed my	name and affixed my official ne	otarial seal this day of
Notary Public's Signatur or Plan Administrator's S		Date	Commission Expiration Date

1. What is a Qualified Preretirement Survivor Annuity (QPSA)?

Your spouse has an account in the Plan. The money in the account that your spouse is entitled to receive is called the vested account. You are entitled to a death benefit payable from your spouse's vested account if your spouse dies before beginning to receive retirement benefits (or, if earlier, before the beginning of the period for which termination benefits are paid). You have the right to receive this monthly payment for your life beginning upon your spouse's death. The special death benefit is called a Qualified Preretirement Survivor Annuity (QPSA). The Plan will pay this death benefit in a one-sum cash payment, rather than an annuity, if the value of the death benefit is less than the Plan's minimum cash out amount (contact the Administrator for details). The Plan may exclude rollover contributions in determining account balance.

2. Can Your Spouse Choose Other Beneficiaries to Receive the Account?

Your right to the QPSA benefit provided by federal law cannot be taken away unless you agree to give up that benefit. If you agree, your spouse can choose to have all or a part of the death benefits paid to someone else. The person your spouse chooses to receive the death benefits is usually called the "beneficiary." For example, if you agree, your spouse can have the death benefits paid to his or her children instead of you.

3. How Can Your Spouse's Choice of a Loan or Distribution Change the Way Benefits are Paid?

If you consent to your spouse's request for a loan or distribution from the Plan, the QPSA benefit may be reduced. Example: Robin, the participant, elects to receive a loan from the Plan in the amount of \$2,000. To obtain the loan, Marion, Robin's spouse, must consent to the loan. If she consented and Robin dies soon after the loan, Marion may only be entitled to a benefit of the remaining account balance less the outstanding balance of the loan.

4. Do You Have to Give Up Your Right to the Qualified Preretirement Survivor Annuity?

Your choice must be voluntary. It is your personal decision whether you want to give up your right to the annuity.

5. Can Your Spouse Make Future Changes if You Sign this Form?

If you sign this form, you agree that some or all of the account balance may be withdrawn from the Plan as requested by your spouse via a voice response system, the Internet, or an employee activity form. Your spouse cannot change the withdrawn amount after payment is made.

6. Can You Change Your Mind After You Sign this Form?

You cannot change this form after you sign it. Your decision is final.

7. What Happens to this Agreement if You Become Separated or Divorced?

You may lose your right to the QPSA if you become legally separated or divorced from your spouse even if you do not sign this form. Under such circumstance, however, you may be able to get a special court order, called a Qualified Domestic Relations Order or "QDRO," that specifically protects your rights to receive the QPSA or gives you other benefits under this Plan. If you are thinking about separating or getting a divorce, you should acquire legal advice on your rights to benefits from the Plan.

8. What Should You Know Before Signing this Form?

This is a very important decision. Think very carefully about whether you want to sign this form. Before signing, be sure you understand what death benefits you are eligible to receive and the effect of reducing or eliminating the account balance. Be sure to review any applicable employee activity form completed by your spouse and the Summary Plan Description (SPD). For additional information, you may contact the Plan Administrator.

HRSA-ILA Annuity & Savings Plan Deferred Salary Agreement

PARTICIPANT DATA (Please print)				
D. C. C. A. M.				
Participant's Name	middle last			
Social Security No	□ NEW PARTICIPANT □ ELECTION CHANGE			
Port No.				
CONTRIBUTION DATA				
VOLUNTARY CONTRIBU	UTION ELECTION (Before-tax contributions):			
	r hour for each pay period to be deposited in my Deferred Salary may revoke my election at any time or I may change this election as			
PARTICIPANT AUTHORIZA	TION			
gain/loss resulting from them, and trefunds may involve financial risk. The notice in order to maintain the Plan's	mposed by law will be returned to me, adjusted for any investment reated as taxable income in accordance with current tax law. The ne Plan Administrator may reduce my contribution rate without prior is Internal Revenue Code qualification. My employer will reduce my above in order to make contributions to the Plan.			
ENROLLMENT FORM. IF NO	LETED ALONG WITH THE PARTICIPANT NEW INVESTMENT ELECTION IS MADE CONTRIBUTIONS IE DEFAULT INVESTMENT FUND.			
Participant Signature	Date			
Please Return the Form to:	Participant Services HRSA-ILA 1355 International Terminal Blvd. Norfolk, VA 23505			