## (Hardship Withdrawal Sample for Schwab Paying Agent)



Important Notice to the Plan Sponsor: Schwab will process this distribution after collecting a \$30 processing fee, which must be deducted from your company's Schwab Master 401k Account. This processing fee cannot be deducted from the recipient's Schwab self-directed account. Please call us at

or an IRA Roth Conversion? Yes No Lawred Distribution (Added to 15 CM)  1099R Only	(800) 660-0050 X3	for assistance.	*Also used for Broker-Dealer Enhanced Paying Agent Services.	
Principant/Beneficiary Information Social Security Humber 123-96-789  Marker [295 Fourth Street   23 Fourth Street   24 Fourth Street   24 Fourth Street   25 Fourth	Account Number: 1234-5789	Plan Name: XYZ Company 401k Plan		
Social Security Number (124-56/189)    Marker   John Smith	Please indicate	e plan's master account number		
Name   Ephth Smith   State   CA   Zip   State   Zip   Zip   State   CA   Zip   Zip				
Payment Detail   Taxability	-	39		
Payment Detail Total Gross Payment Amount See Federal Ex Withholding Less State/Local Tax Withholdi			'	
Payment Detail    Total Gross Payment Amount   S   10,600.00		State: CA Zin: 88000		
Total Gross Payment Amount  2 10,000.000  East February and Withholding  2 2,120.000  East State/Local Tax Withholding  3 0,000  Frander in-Kindi Market Value  2 0,000  Transfer in-Kindi Market Value  3 0,000  Frander Obtail (number of shares)  5 0,000  Frander Obtail (number of shares)  6 0,000  Frander Obtail (number of shares)  7 0,000  Frander Obtail (number of shares)  7 0,000  Frander Obtail (number of shares)  8 0,000  Frander Obtail (number of shares)  9 0,000  Payment Type:  1	oity. ArryCity	State. CA 219. 88000	otty. State. 21p.	
Total Gross Payment Amount  2 10,000.000  East February and Withholding  2 2,120.000  East State/Local Tax Withholding  3 0,000  Frander in-Kindi Market Value  2 0,000  Transfer in-Kindi Market Value  3 0,000  Frander Obtail (number of shares)  5 0,000  Frander Obtail (number of shares)  6 0,000  Frander Obtail (number of shares)  7 0,000  Frander Obtail (number of shares)  7 0,000  Frander Obtail (number of shares)  8 0,000  Frander Obtail (number of shares)  9 0,000  Payment Type:  1	Payment Detail		Tavahility	
Less Patel Card Tax Withholding Less Statet Card Tax Withholding Less Outstanding Loan Balance Transfer Dealin (unweb of shares) 3 0.00 Transfer Dealin (unweb of shares) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•	\$ <mark>10,600.00</mark>		
Less State/Local Tax Withholding \$0.00   Gain/Loss   Transfer in-Hidth Market Value   Transfer Detail (number of shares)   Number of shares)   Number of Detail (number of shares)   Number of Institution   Name of Institution   Number of Detail (number of shares)   Number of Number   Number of Shares   Number of Number   Number of Number of Number   Number of Number   Number of Number of	<u>-</u>		<u> </u>	
Transfer Detail (number of shares)  Note Check Amount    Ves   No   Number of shares	Less State/Local Tax Withholding	\$ 0.00	Gain/Loss \$	
Transfer Detail (number of shares)  Net Check Amount    Symbol   Total Distribution   Yes   No   No   No   No   No   No   No   N	Less Outstanding Loan Balance	\$ 0.00	First Year of Designated Roth Contribution	
Net Check Amount   \$8.480.00   Total Distribution   es   No   Name   National Amount Not Determined   es   No   Name   National Amount Not Determined   es   No   Name   National Amount Not Determined   es   No   Name	Transfer in-Kind: Market Value	<u>*</u>		
Payment Type:  Achder Type:  A	· · · · · · · · · · · · · · · · · · ·			
Payment Type: Check/Regular Mail   Wire   ACH/EFT (if ACH or Wire, fill out fields below).   Transfer to Schwab Account   Tax Form On Namo of Institution   ASA Number   Account Number   Ghecking   Savings    BROFFEC (further credit)   Schwab Account Number   Ghecking   Savings    BRecipient Prione Number (required):   Schwab Account Number   Ghecking   Savings    BRecipient Prione Number (required):   UPS9/FedExeNumber:   Recipient Prione Number (required):   UPS9/FedExeNumber:   Ghecking   Savings    Distribution Codes   For use in preparation of the RIS tax form, (Select one or more).   Payable to Participant   General distribution—no known exceptions, in most cases under age 59½)   General distribution—oxeoptions apply, under age 59½)   General distribution—oxeoptions apply, under age 59½)   General Gistribution—oxeoptions apply, under age 59½)   General Gistribution (at least age 59½)   General	Net Check Amount	\$ <mark>8,480.00</mark>		
Name of Institution  ABA Number			Taxable Amount Not Determined Yes No	
Payable to Participant   Learly (premature distribution—no known exceptions, in most cases under age 59½)   Learly (premature distribution—exceptions apply, under age 59½)   Searly (premature distribution—exceptions apply, under age 59½)   Cally (premature distribution exceptions)   Cally (premature distribution exceptions)   Cally (premature distribution exceptions)   Cally (premature distribution exceptions)   Cally (premature distribution)   Cally (prematur	Name of Institution  ABA Number			
Automatic Rollover to CSTB RA   In-Service Withdrawal-Non-Hardship   Return of Employee Contributions/Earnings Under §414(w)   Other   Automatic Rollover to CSTB Roth IRA   Pass-through Dividend   Taxable Roth Conversion   Death   Qualified Domestic Relations Order (QDRO)   Termination of Service   Withdrawal of EE After-Tax Contributions   Returnent   Disability   Returnent   Disability   Return of Excess Deferrals/Contributions   Employee After-Tax Contributions   Employee After-Tax Contributions    By signing below, the Authorized Party certifies that the Administrator has obtained such participant's and participant's spouse's waiver and/or consents and tax elections forms, including any necessary supporting documentation, for the above distribution as required by the Plan and the Internal Revenue Code and applicable regulations.  Authorized Signature  Signature(s) and Date(s) Required  X	1. Early (premature distribution 2. Early (premature distribution 3. Disability 4. Death (spouse is eligible to r 5. Prohibited Transaction 7. Normal Distribution (at least 8. Excess Contributions Plus Earl P. Excess Contributions Plus Earl E. Distributions Under Employe A. May be eligible for 10-Year 1 U. Dividend distribution from Earl	roll over funds) roll over funds) rage 59½) rarnings/Excess Deferrals Taxable in Current \ arnings/Excess Deferrals Taxable in Prior Yea re Plans Compliance Resolution System (EPC fax Option mployee Stock Ownership Plan (ESOP) under	age 59½)  G. Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan or an IRA Roth Conversion?  H. Direct rollover of a Designated Roth Account to a Roth I  1099R Only L. Loan Default "Deemed Distribution" (See IRC Section 72[p].)  9. PS58 Costs M. Qualified Plan Loan Offset	
and tax elections forms, including any necessary supporting documentation, for the above distribution as required by the Plan and the Internal Revenue Code and applicable regulations.  Authorized Signature  Signature(s) and Date(s) Required  X John Smith  Authorized Signature  Print Name  Date	Automatic Rollover to CSTB RA Automatic Rollover to CSTB Roth IF Death Designated Roth Distribution Disability	Pass-through Dividend Qualified Domestic Relations Order (QDI Required Minimum Distribution at Age 7 Retirement	Taxable Roth Conversion  O  O  Withdrawal of EE After–Tax Contributions  Distribution at Age 70½ (amount above required minimum)	
Signature(s) and Date(s) Required  X	and tax elections forms, including a Code and applicable regulations.	•		
X Smith Authorized Mature John Smith Print Name Date	Signature(s) and Date(s) Required			
Authorized Appature Print Name Date		•		
Plan Trustee XYZ Company Inc.	Authorized Menature	Print Name	Date	
	Plan Trustee	XYZ C	ompany Inc.	