

Hardship Withdrawal Request

The Hardship Withdrawal Request Form is used for requesting hardship withdrawals from your retirement plan. *Note: Keep a copy of all documentation for your records. Documentation will NOT be returned to you. If you have any questions regarding this form please contact the Retirement Service Center at _____.*

Participant Instructions

- Section I** Complete all applicable information.
- Section II** Complete all applicable information.
- A. If your hardship withdrawal request is for someone other than yourself, please indicate the relationship by checking the appropriate box.
 - B. If your hardship withdrawal request is for expenses related to home purchase, prevention of eviction or foreclosure, the funds must be used for your primary residence only. Please certify this by checking the appropriate box.
 - C. If your hardship withdrawal request is for repairs to your primary residence that qualifies as a casualty-deduction under IRS code section 165, please certify this by checking the appropriate box.
- Section III** Place a check in the box indicating either the amount of funds you are requesting or the maximum amount available. If you are requesting a specific dollar amount, please indicate the amount in the space provided.
- Section IV** Place a check in the box indicating your gross-up election. You **MUST** make a gross-up election. You may be eligible to gross-up your hardship amount up to 30%. The IRS allows you to include in the hardship withdrawal amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated as a result of this withdrawal.
- Section V** Indicate your Federal and State Income Tax withholding elections.
- Section VI** If applicable, attach or note any additional instructions that may be required to facilitate the processing of your distribution.
- Section VII** You must sign this section as authorization of the hardship withdrawal requested.

* If this form is not complete, this will cause a delay in processing. Please print clearly.

Call _____ with questions on completing this form.

If you have an address change, please contact your company's Human Resources department.

Section I – Participant Information

Plan Name Saks Incorporated 401(k) Retirement Plan			Plan Code WF104935	
Participant Name (Please Print)		Social Security Number	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
Address		City	State	ZIP Code
Date of Birth	Date of Hire	Participation Date	Daytime Phone Number	Home Phone Number

Section II – Additional Payment Validation: Complete this section only if applicable.

(Refer to the Hardship Distribution Guide for documentation requirements.)

- A. If the hardship withdrawal is for eligible expenses incurred by someone other than the account holder, indicate the relationship:
 Spouse Child Other legal dependent
- B. If your hardship request is for expenses related to home purchase or the prevention of eviction or foreclosure, the funds must be used for your primary residence only. (Please certify this by marking the box below.)
 I certify that my hardship request is for my primary residence.
- C. If your hardship request is for repairs to your primary residence that qualifies as a casualty deduction under IRS code section 165, you must certify by checking the box below.
 I certify that this request qualifies as a casualty loss under IRS code section 165.

Section III – Payment Election (Select one of the following options.)

Important: You may receive a lesser amount than requested, as you can only be paid the maximum hardship amount that your documentation supports, minus any taxes withheld. If additional funds are needed, please refer to your plan rules.

- Distribute the maximum amount available. Distribute this amount \$: _____.

Section IV – Gross-up Election

You may be eligible to gross-up your hardship amount up to 30%. The IRS allows you to include in the hardship withdrawal amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated as a result of this withdrawal. **If no election is made, your election to gross-up will be waived.**

Please select **one** of the following options:

- Gross-up my approved amount by 30%.
- Gross-up my approved amount by _____% (maximum allowed is 30%).
- I elect to waive my option to gross-up.

Section V – Tax Withholding

Note: Tax withholding elections cannot be changed after the withdrawal is processed.

Federal

- Hardship withdrawals from retirement plans are considered taxable income. Wells Fargo automatically withholds 10% for federal tax unless otherwise specified.
 - You may be liable for an early withdrawal penalty imposed by the IRS.
- Do NOT withhold Federal income taxes.
- Withhold Federal income taxes.
- Withhold \$ _____ for Federal income taxes.

State

- You may specify a dollar amount to withhold for state taxes. However, for some states, mandated tax withholding might override specific elections.
 - Hardship withdrawals are considered taxable income.
- Do NOT withhold State income taxes.
- Withhold State income taxes.
- Withhold \$ _____ for State income taxes.

Section VI – Special Instructions

Section VII – Participant Authorization

I request a hardship withdrawal to be made in accordance with the Plan Document, Internal Revenue Code, and my election for an immediate and significant financial need, as outlined in the Hardship Guide. In addition, the IRS allows me to include in the hardship withdrawal amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated as a result of this withdrawal. My choice to withdraw additional funds for taxes is independent of my choice for actual tax withholdings.

I hereby irrevocably request and consent to a hardship distribution from my account on the terms stated above.

Under penalties of perjury, I certify that the above information is correct and my social security number shown on this form is my correct taxpayer identification number.

I certify any funds requested for hardship reasons:

- Will not exceed the amount of the immediate financial need plus the amount needed to pay any taxes and penalties on the withdrawal.
- Will be used exclusively to satisfy the financial need.
- Have not previously been requested with the attached documentation.

I further certify that I have obtained all loans and other withdrawals available to me from my employer-sponsored retirement plan(s).

I further certify that the financial need giving rise to this hardship cannot be relieved by:

- reasonable liquidation of my assets, or those assets of my spouse and minor children which are reasonably available to me, to the extent such liquidation would not itself cause an immediate and heavy financial need;
- cessation of deferral contributions to this employer-sponsored retirement plan;
- any available insurance reimbursement;
- any commercial loans available.

Participant Signature _____

Date _____



Notary Addendum

Participant Name: _____ Plan Code: _____ SSN(last 4) _____

Before we can process your request, we will need the following documentation:

- For disbursements less than \$400,000, you will need to sign and return the attached Notarization.
- For disbursements \$400,000 and above, you will need to sign and return the attached Notarization, **AND** photocopy of a government issued ID.
- For address changes, you will need to sign and return the attached Notarization, **AND** photocopy of a government issued ID.

Acceptable forms of government issued ID's include:

- Driver's Licenses or *other state photo identity cards issued by Department of Motor Vehicles (or equivalent) for the sole purpose of identification*, and not for evidence of employment status, student status, weapons permit, or other status.
- Passport
- Military ID
- Native American Tribal Photo ID

Failure to have this form properly notarized may further delay the processing of your distribution request. Your retirement account remains invested per your investment directives while this form and other information is gathered and reviewed for completeness, and is subject to market volatility. You may wish to consider how your retirement account is invested while your distribution is being processed. If you would like to change your investment elections, please visit wells Fargo.com or call the Retirement Service Center at 1-800-728-3123.

This information is for educational purposes only and does not constitute investment, financial, tax, or legal advice. Please contact an investment, financial, tax, or legal advisor regarding your specific situation.

Please mail all documentation and this addendum to the following address, or fax to (336) 773-6726 (Attn: Daily Distribution Unit):

Wells Fargo Institutional Retirement and Trust
Daily Distribution Unit
D1118-026
1525 West W. T. Harris Blvd.
Charlotte, NC 28262-8522

Participant or Beneficiary Signature

Date

Witness to Participant's Signature

Notary Public:

STATE OF _____ COUNTY OF _____

I, a Notary Public in and for said County and State, acknowledge that _____
(Participant's Name)

known to me (or satisfactorily proven) to be the person whose name is subscribed above, appeared before me on this _____ day of _____, 20_____, and signed the above consent in my presence.

Notary Public Signature: _____

My Commission Expires: _____

Notary Seal: