



Athletico LTD. Employees' Profit Sharing Plan (“Plan”) Streamlined Hardship Withdrawal Service Letter of Instruction

Dear Plan Participant:

You have requested a hardship withdrawal from your Plan account. Only individuals who have an immediate and heavy financial need are eligible for hardship withdrawals. Hardship withdrawals are limited to the amount necessary to satisfy that need. Before you go further, you should understand your responsibilities in requesting the hardship withdrawal and completing the enclosed form:

1. Your Plan restricts hardship withdrawals to certain specific hardship circumstances. Your hardship must be due to one of those circumstances.
2. You must provide certain facts about your hardship.
3. You must have supporting documents that prove your specific hardship.
4. You must retain and, if asked, present those documents.

If you wish to complete a hardship withdrawal request, please read this letter carefully, complete the enclosed form, and return it (without additional documents) to the address listed below.

Hardship Circumstances

Consistent with Plan provisions and Internal Revenue Service (“IRS”) guidelines, in order to receive a withdrawal from your Plan account due to a financial hardship, your hardship must be due to one or more of the following circumstances:

- Medical expenses for you, your spouse, qualifying dependent* and/or your primary plan beneficiary** that are not reimbursed by insurance and are otherwise deductible for federal income tax purposes under Internal Revenue Code Section 213(d) (regardless of whether the expenses exceed 10% of adjusted gross income)
- Costs directly related to the purchase (excluding mortgage payments, refinancing, and loans for purchase of land only) of your principal residence
- Payment of tuition, related educational fees, and room and board expenses, for the next 12 months of post-secondary education for you, your spouse, your child, qualifying dependent* and/or your primary plan beneficiary**
- Payments necessary to prevent eviction from, or foreclosure on the mortgage of, your principal residence
- Payment for burial or funeral expense for your deceased parent, your spouse, your child, qualifying dependent* and/or your primary plan beneficiary**
- Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165 (regardless of whether the loss exceeds 10% of your adjusted gross income and without regard to whether the loss is attributable to a federally declared disaster)
- Expenses and losses (including loss of income) incurred to your principal residence or principal place of employment at the time of a disaster that was located in an area designated by Federal Emergency Management Agency (FEMA) for individual assistance with respect to the disaster



**Qualifying dependent is an individual that meets the definition of "dependent" as set forth in Internal Revenue Code Section 152 as either a qualifying child or a qualifying relative.*

Generally, a qualifying child is an individual (i) who is your child (or a descendant of such a child), a brother, sister, stepbrother, or stepsister of the participant or a descendant of any such relative; (ii) who has not attained age 19 as of the close of the calendar year in which the taxable year of the participant (taxpayer) begins or is a student who has not attained age 24 as of the close of such calendar year (iii) who has lived with you for more than half of the year; (iv) who has not provided more than half of his or her own support; and (v) who is not filing a joint return for the year with a spouse (other than only for a claim for refund). The age requirement in (ii) shall be treated as met in the case of a dependent who is permanently and totally disabled at any time during such calendar year.

Generally, a qualifying relative is an individual (i) who is a child (or a descendant of a child), brother, sister, stepbrother, stepsister, father, mother (or ancestor of father or mother), stepfather, stepmother, son or daughter of a brother or sister of the participant, brother or sister of the father or mother of the participant, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, or an individual who, for the taxable year of the participant, has the same principal place of abode as the participant and is a member of the participant's household; (ii) with respect to whom the participant provides over one-half of the individual's support for the calendar year taxable year begins; and (iii) who is not a qualifying child of such participant or of any other taxpayer for any taxable year beginning in the calendar year in which such taxable year begins.

The information above is meant to be a general description. Please consult your professional tax advisor regarding your particular situation.

***Primary plan beneficiary is the individual that you designated as the primary beneficiary of your Plan account in case of death, as reflected on T. Rowe Price's recordkeeping system on the day that your hardship withdrawal request is processed.*

Supporting Document Requirements

In order for your hardship withdrawal request to be processed, you must complete the information requested on the form that describes your financial hardship. In addition, **you must have appropriate supporting documents that prove the existence and amount of your financial hardship.** You are not required to submit supporting documentation for your hardship withdrawal request at this time. The enclosed document, Examples of Hardship Withdrawal Supporting Documents, includes examples of the type of supporting documents that you are required to have at the time of your hardship withdrawal request to prove your financial hardship. **You must maintain supporting documents for at least four (4) years from the date your hardship withdrawal request is processed and produce those documents** upon request of your Plan Administrator, its agent, or the IRS. Misrepresentation of a hardship or providing false or misleading information in connection with a hardship withdrawal request from the Plan is serious and could subject you to personal liability, disciplinary action, and/or claims for restitution.

Additional Requirements

Prior to requesting a hardship withdrawal from your Plan account, you must first take all other currently available withdrawals under the plan and all other plans of deferred compensation, whether qualified or nonqualified in which you participate.

The amount of your hardship withdrawal may not exceed the amount necessary to satisfy your financial need. If the amount requested is greater than the current amount you have available for a hardship withdrawal under the Plan's guidelines, 100% of what is available for a hardship withdrawal from your Plan account will be distributed. To obtain the amount you have available for a hardship withdrawal, please contact T. Rowe Price at 1-800-922-9945. You may also contact your Plan Administrator.

There is a \$500 minimum hardship withdrawal amount and a limit of 2 hardship withdrawal(s) you may request per calendar year.

If your hardship withdrawal request is accepted, the actual amount of the withdrawal may vary from the



amount initially requested due to changes in the securities market that impact the value of your Plan account. If market fluctuations cause the amount available to be lower than the amount of your hardship withdrawal request, your hardship withdrawal will be processed at the lower amount. Your hardship withdrawal will be processed pro rata across all available investments.

Please note that some fund families assess redemption fees on withdrawals if shares are held for less than a designated period. The amount of the redemption fees may vary. For more information on redemption fees, please consult each fund's prospectus or call 1-800-922-9945. When you request a hardship withdrawal from a fund that assesses a redemption fee, any redemption fee paid to the fund will be deducted from your requested withdrawal amount. The redemption fee paid to the fund is not treated as a distribution to you for tax purposes.

Designated Roth Account

If all or a portion of your hardship withdrawal is from a designated Roth account, please note the following: A qualified Roth distribution is tax-free only if taken at least five years after the year of your first Roth contribution to the Plan **and** if it is either (i) made on or after you have reached age 59½, (ii) attributable to you being totally disabled, or (iii) made after your death. If any part of your hardship withdrawal taken from your Roth account is not qualified, any earnings on the withdrawal from your Roth account will be taxable.

Income Tax and Withholding

If your hardship withdrawal request is approved, the money you will receive is not eligible for rollover and the taxable portion is subject to 10% federal income tax withholding unless you elect otherwise, as indicated on the form. Your withdrawal may also be subject to state income tax withholding, as applicable. Withholding will apply only to the taxable portion of your hardship withdrawal.

In addition, your withdrawal may be subject to a 10% penalty tax if you are under age 59½.

You should consult a tax advisor with specific questions about your personal situation if you are considering a hardship withdrawal from your Plan account.

Gross-Up Elections

You may request that the amount of your hardship withdrawal be increased to cover the amount of federal and state income tax withholding on your hardship withdrawal. If the amount requested, plus the gross-up for income tax withholding (if applicable), is greater than the current amount you have available for a hardship withdrawal under the Plan's guidelines, 100% of what is available for a hardship withdrawal from your Plan account will be distributed.

Please review this letter and the instructions on the form carefully prior to completing the form. **Make a copy of the completed and signed form, keep a copy of the completed form, along with your supporting documents, in your records for at least four (4) years, and be prepared to provide those documents upon request.** Please return the completed form (with no additional documents) to:

Regular Mail

T. Rowe Price Retirement Plan Services, Inc.
Special Attn.: Forms Enclosed
P.O. Box 17215
Baltimore, Maryland 21297-1215

Overnight/Express Mail

T. Rowe Price Retirement Plan Services, Inc.
Mail Code: 17215
4515 Painters Mill Road
Owings Mills, Maryland 21117-4903



If your hardship request is accepted, the funds will be distributed approximately two business days after the withdrawal has been processed from your account. If the request is denied, you will be notified. A confirmation letter will be mailed to your address of record detailing the type of withdrawal and payee information.

If you have any questions, please contact T. Rowe Price at 1-800-922-9945. For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price website at rps.troweprice.com, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.

A service fee will be charged to and withdrawn from your account for each wire requested. To learn more about the specific fee amount, reference the Plan and Investment Disclosure.



Participant Information (Please print clearly)

Name _____ Social Security Number _____
Street Address _____
City, State, ZIP Code _____
Daytime Phone Number _____ Evening Phone Number _____ Date of Birth _____

Hardship Withdrawal Request Certification

You are responsible for completing this form accurately. You must maintain supporting documents for at least four (4) years from the date your hardship withdrawal request is processed and produce those documents upon request of your Plan Administrator, its agent, or the IRS. Misrepresentation of a hardship is serious and could subject you to disciplinary action as well as a claim for restitution.

I hereby request a withdrawal of \$ _____ from the above plan due to the financial hardship indicated below. This amount should be equal to the amount of your immediate need (including any amounts necessary to pay any federal or state income tax withholding or penalties reasonably anticipated to the result from the distribution). If the amount requested is greater than the amount available, then your requested withdrawal amount will be equal to the total amount available for the hardship withdrawal.

1. I certify that my hardship withdrawal request is for the reason indicated below:

Please check the appropriate box(es) and complete the information requested.

- Medical expenses for myself, my spouse, my qualifying dependents, and/or my primary plan beneficiary that are unreimbursed by insurance and otherwise deductible for federal income tax purposes under Code Section 213(d).

Name of person receiving the medical services: _____

Relationship of person who received services to me:

- Self Spouse Qualifying Dependent Primary Plan Beneficiary

What was the general purpose of the medical services?

(Please choose all that apply.)

- Diagnosis Treatment Prevention Associated Transportation Long-Term Care

Name and address of the medical service provider (e.g., hospital, doctor/dentist/chiropractor/other, pharmacy):

Name _____ Street Address _____

City _____ State _____ ZIP _____

Total amount of medical expenses: _____

Amount of medical expenses not covered by insurance: _____

- Costs directly related to the purchase (excluding mortgage payments, refinancing, and loans for purchase of land only) of my principal residence.

Will this be my principal residence? Yes No





Address of the principal residence I am purchasing:

Street Address _____

City _____ State _____ ZIP _____

Purchase price of the principal residence: _____

Types of costs and expenses covered:

(Please choose all that apply.)

- Down Payment Closing Costs Title Fees
 Purchase of Principal Residence in Cash (no need to complete lender information)

Name and address of the lender (if financing is needed):

Name _____ Street Address _____

City _____ State _____ ZIP _____

Date of the purchase/sale agreement: _____

Expected date of closing (must be a future date): _____

- Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for myself, my spouse, my child, my qualifying dependents, and/or my primary plan beneficiary.

Name of student: _____

Relationship of student to me:

- Self Spouse Child Qualifying Dependent Primary Plan Beneficiary

Name and address of the educational institution (still need address for online education):

Name _____ Street Address _____

City _____ State _____ ZIP _____

Categories of educational expenses involved:

(Please choose all that apply.)

- Tuition Related Educational Fees Room and Board

Period covered by the educational expenses:

(Please indicate the beginning and ending dates of the period, not to exceed 12 months.)

Begin (MM/YY): _____ End (MM/YY): _____

Total amount of educational expenses for the period indicated above: _____

- Payments necessary to prevent eviction from, or foreclosure on the mortgage of, my principal residence.

Is this my principal residence? Yes No





Address of the residence:

Street Address _____

City _____ State _____ ZIP _____

Type of event: Foreclosure Eviction

Name and address of the party that issued the foreclosure or eviction notice:

Name _____ Street Address _____

City _____ State _____ ZIP _____

Date of the foreclosure or eviction notice: _____

Due date of the payment to avoid foreclosure or eviction (must be a future date): _____

Total amount due to avoid foreclosure or eviction: _____

Payment for burial or funeral expenses for my parent, my spouse, my child, my qualifying dependents, and/or my primary plan beneficiary.

Name of deceased: _____

Relationship of deceased to me:

Parent Spouse Child Qualifying Dependent Primary Plan Beneficiary

Date of death: _____

Name and address of the service provider (cemetery, funeral home, etc.):

Name _____ Street Address _____

City _____ State _____ ZIP _____

Total cost of the burial or funeral expenses due: _____

Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction under Code Section 165 (regardless of whether the loss exceeds 10% of your adjusted gross income and without regard to whether the loss is attributable to a federally declared disaster).

Is this my principal residence? Yes No

Address of the residence that sustained damage:

Street Address _____

City _____ State _____ ZIP _____

Cause of the casualty loss:

Fire Flooding Weather-Related Damage Natural Disaster





Briefly describe the repairs: _____

Date(s) of repairs (MM/YY): _____

Date of the casualty loss (MM/DD/YYYY): _____

Total cost of repair of damage to my principal residence: _____

- Expenses and losses (including loss of income) incurred to my principal residence or principal place of employment at the time of a disaster that was located in an area designated by Federal Emergency Management Agency (FEMA) for individual assistance with respect to the disaster.

FEMA Disaster Area and Code: _____

Date of Disaster (MM/DD/YYYY): _____

Where did the disaster impact?

My principal residence? Yes No

My principal place of employment? Yes No

Address of the residence or employment that sustained damage:

Street Address

City

State

ZIP

Briefly describe the expense or loss (loss of income, fire, flooding, type of weather-related damage, etc):

Total cost of repair of damage to my principal residence or loss of income: _____

Income Affidavit (loss of income only)

I hereby certify that I have incurred a loss of \$_____, of income due to a disaster located in an area designated by Federal Emergency Management Agency (FEMA) for individual assistance with respect to the disaster.

I understand that this information is subject to verification and that I am responsible for maintaining supporting documentation to support the loss of income during the time frame of the disaster located in an area designated by Federal Emergency Management Agency (FEMA) for individual assistance with respect to the disaster.

2. I certify that the amount I have requested as a hardship withdrawal is no larger than the amount of my immediate need described in 1 above. I further certify that:
- I have obtained all other available distributions under the plans of the employer (deferred compensation plans qualified or non-qualified). This includes all currently available distributions but not hardship distributions.
 - I have insufficient cash or other liquid assets to satisfy the immediate financial need described above.





Income Tax Withholding

Hardship withdrawals are not eligible for rollover. **Therefore, 10% will be withheld from your hardship withdrawal as a credit against your federal taxes unless you elect otherwise.** Your withdrawal also may be subject to state taxes and an additional 10% penalty tax if you are under age 59½. Federal withholding will apply only to the taxable portion of your withdrawal.

If you are a nonresident alien, 30% will be withheld from your hardship withdrawal as a credit against your federal taxes unless you have a valid IRS Form W8-BEN on file with T. Rowe Price or submit a Form W8-BEN with this hardship withdrawal request.

1. You may elect to not have withholding apply to your hardship withdrawal by checking the applicable box below. Federal tax withholding will be 10% unless you elect otherwise:
 I elect **NO** federal income taxes to be withheld.
OR
 I elect 10% federal income tax withholding plus the additional amount I have indicated here _____.
(Note: If you are under age 59½, your withdrawal may be subject to a 10% penalty tax; you may want to consider that when making your election above.)
2. You may elect to have a fixed amount of state withholding applied to your withdrawal, or elect to not have state withholding apply to your withdrawal by checking the applicable box below; however, state income tax withholding will be applied, in any event, to the extent required by law.
 I elect **NO** state income taxes to be withheld unless required by law.
 I elect voluntary state income tax withholding in the amount I have indicated here _____.

Gross-Up Election

If taxes are withheld, you may elect to gross-up or increase the withdrawal (to the extent amounts are available) to cover federal and state withholding on the withdrawal by checking the applicable box below. The amount of the withdrawal you requested will be increased by the amount of your withholding elected above. The gross-up amount will be sent to the appropriate taxing jurisdiction as withholding. You will receive the lesser of the amount needed to satisfy your financial hardship or the amount available for withdrawal less the amount withheld for taxes.

If you do not elect the gross-up option, your hardship amount will be reduced by the taxes you have elected to have withheld or that are required to be withheld. As a result, the net amount of your hardship withdrawal may be less than the amount you need.

- I elect to gross-up my hardship withdrawal for the federal and state income tax withholding elected above.

Payment Information

- Please send check to my address of record.
 Please send wire to:*

Wire Information:

Bank/Financial Institution Name: _____
ABA Number (nine digits): _____
Account Name: _____
Account Number: _____
Further Credit to: _____





Participant Account Name: _____

Note: IF YOU ELECT PAYMENT BY WIRE, YOU MUST RETURN A VOIDED CHECK WITH YOUR COMPLETED FORM. To wire proceeds to a personal bank account, you must be listed as an owner of that account. The bank account registration on the voided check will be used to confirm wiring instructions and confirm that you are listed as an owner of the bank account.

By signing this form below, you agree that if a voided check is not attached, T. Rowe Price is not required to send the withdrawal proceeds by wire and may instead, without prior notice to you, send the proceeds by check to your address of record.

**Check with your bank or financial institution to obtain complete wiring instructions; please note that there may be a fee for accepting wires.*

A service fee will be charged to and withdrawn from your account for each wire requested. To learn more about the specific fee amount, reference the Plan and Investment Disclosure.

By signing below, I agree to the understanding set forth above and I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information submitted on this form or maintained and provided by me for this hardship request may subject me to personal liability, disciplinary action, and/or claims for restitution.

Participant's Signature

_____ Date

_____ Participant's Signature

Please ensure that the form is completed in its entirety, dated and signed, and enclose a voided check if you requested that the withdrawal proceeds be electronically deposited to your bank. Aside from a voided check, if electronic deposit information is provided, no other documents should be returned with this form. Please retain a copy of this form and all supporting documents for your records.





EXAMPLES OF HARDSHIP WITHDRAWAL SUPPORTING DOCUMENTS

In order for your hardship withdrawal request to be processed, **you must have appropriate supporting documents that prove the existence and amount of your financial hardship.** This document includes examples of the type of supporting documents that you are required to have at the time of your hardship withdrawal request to prove your financial hardship. **You must maintain supporting documents for at least four (4) years from the date your hardship withdrawal request is processed and produce those documents** upon request of your Plan Administrator, its agent, or the IRS. Misrepresentation of a hardship or providing false or misleading information in connection with a hardship withdrawal request from the Plan is serious and could subject you to personal liability, disciplinary action, and/or claims for restitution.

MEDICAL EXPENSES – Medical expenses for you, your spouse, your qualifying dependent,* and/or, if your Plan allows, your primary plan beneficiary** that are not reimbursed by insurance and are otherwise deductible for federal income tax purposes under Internal Revenue Code Section 213(d) (regardless of whether the expenses exceed 10% of adjusted gross income).

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current statement or bill from the medical provider that states the amount of expenses that you are responsible for paying, date due, services rendered, date services rendered, and the name of the person receiving services.
- Explanation of Benefits or insurance statement indicating the amount of expenses that are not covered.

For more information about deductible medical expenses, contact your tax advisor or refer to IRS Publication 502, Medical and Dental Expenses, which can be found at the IRS website, <http://www.irs.gov>.

PURCHASE OF A PRINCIPAL RESIDENCE – Costs directly related to the purchase (excluding mortgage payments, refinancing, and loans for purchase of land only) of your principal residence.

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Copy of estimated settlement costs
- Official loan estimate
- Sales contract

If building a home, a contractual agreement for the purchase of land for the construction of your principal residence with a signed contract from a licensed builder.

UNREIMBURSED EDUCATION EXPENSES – Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for you, your spouse, your child, your qualifying dependent,* and/or, if your Plan provides, primary plan beneficiary.**

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current statement or bill from the educational institution specifying name of student enrolled, amount of tuition due for the 12 months from the date of the hardship request, and date due.

EVICTION/FORECLOSURE OF PRINCIPAL RESIDENCE – Payments necessary to prevent eviction from, or foreclosure on the mortgage of, your principal residence.

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Eviction notice that includes the address of the principal residence and indicates that eviction will result without payment.
- Notice of foreclosure that includes the address of your principal residence and indicates that foreclosure will result without payment.
- Notice to vacate the premises.
- Letter threatening eviction for nonpayment from the landlord.





PAYMENT FOR FUNERAL EXPENSES – Payment for burial or funeral expenses for your deceased parent, your spouse, your child, qualifying dependent,* and/or, if your Plan allows, primary plan beneficiary.* *

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current statement or bill from the funeral home, cemetery, and/or religious institution showing current amount due, name of decedent, and date due.

EXPENSES FOR REPAIR OF DAMAGE TO PRINCIPAL RESIDENCE – Expenses for the repair of damage to your principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165 (regardless of whether the loss exceeds 10% of your adjusted gross income and without regard to whether the loss is attributable to a federally declared disaster).

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current bill or estimate from contractor indicating nature of repairs and cost. Invoice or estimate should indicate the address of your principal residence.
- A statement from your insurance company evidencing denial of coverage of the cost of repairs regarding the casualty event.

For more information about casualty deductions, contact your tax advisor or refer to IRS Publication 547, Casualties, Disasters, and Thefts, which can be found at the IRS website, <http://www.irs.gov>.

EXPENSES AND LOSSES INCURRED FOR A FEMA DECLARED DISASTER – Expenses and losses (including loss of income) incurred to your principal residence or principal place of employment at the time of a disaster that was located in an area designated by Federal Emergency Management Agency (FEMA) for individual assistance with respect to the disaster.

You must have supporting documents that prove the information you provide on the form. Examples of supporting documents may include:

- Current bill, receipts or estimate indicating nature of repairs and cost to your principal residence.
- A statement from your employer (on company letterhead or email with company signature) indicating loss of income in the specified area designated by FEMA for individual assistance with respect to the disaster, or other documentation such as payroll records that demonstrates a loss of income due to the FEMA declared disaster.

For more information about a FEMA federally declared disaster area or impacted localities, please refer to the FEMA website at www.fema.gov/disasters.

**Qualifying dependent is an individual that meets the definition of “dependent” as set forth in Internal Revenue Code Section 152 as either a qualifying child or a qualifying relative.*

Generally, a qualifying child is an individual (i) who is your child (or a descendant of such a child), a brother, sister, stepbrother, or stepsister of the participant or a descendant of any such relative; (ii) who has not attained age 19 as of the close of the calendar year in which the taxable year of the participant (taxpayer) begins or is a student who has not attained age 24 as of the close of such calendar year (iii) who has lived with you for more than half of the year; (iv) who has not provided more than half of his or her own support; and (v) who is not filing a joint return for the year with a spouse (other than only for a claim for refund). The age requirement in (ii) shall be treated as met in the case of a dependent who is permanently and totally disabled at any time during such calendar year.

Generally, a qualifying relative is an individual (i) who is a child (or a descendant of a child), brother, sister, stepbrother, stepsister, father, mother (or ancestor of father or mother), stepfather, stepmother, son or daughter of a brother or sister of the participant, brother or sister of the father or mother of the participant, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, or an individual who, for the taxable year of the participant, has the same principal place of abode as the participant and is a member of the participant’s household; (ii) with respect to whom the participant provides over one-half of the individual’s support for the calendar year taxable year begins; and (iii) who is not a qualifying child of such participant or of any other taxpayer for any taxable year beginning in the calendar year in which such taxable year begins.

The information above is meant to be a general description. Please consult your professional tax advisor regarding your particular situation.

***Primary plan beneficiary is the individual that you designated as the primary beneficiary of your Plan account in case of death, as reflected on T. Rowe Price’s recordkeeping system on the day that your hardship withdrawal request is processed.*



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