



# Alcon



MG4K 34059 800000218332913

JOE WILLIAMS  
2210 WESLEY PLANTATION DRIVE  
DULUTH GA 30096

<b>Confirmation</b>	211730344W879
<b>Request ID</b>	800000218332913
<b>Transaction</b>	HARDSHIP WITHDRAWAL - SPONSOR DIRECTED
<b>Plan Number</b>	34059
<b>Plan Name</b>	ALCON 401K PLAN

**Don't let your request expire!** Complete, **SIGN** and return **ALL** pages of this application and required documents in time to arrive by 07/22/2021.

**Questions? Go to [www.netbenefits.com/alcon](http://www.netbenefits.com/alcon) or call 800-724-2997**

## Hardship

### Helpful To Know

- **Accuracy and completeness matter! If you do not attach valid proof of eligible expenses, your request will be reduced or denied.**
- If the market value of your account declines before your request is processed, your distribution could be less than is shown in this form.
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- For more detail about which of your assets will be sold for this distribution, visit the website above.
- If the available amount in your account is less than the amount you requested, we will distribute only the available amount.

Return this page  
Form continues on next page ►►



4.DC-CS-PWK



## Distribution Details

Any federal tax withholding shown below reflects your request or applicable law. Each state sets its own withholding rates and requirements on taxable distributions. Any state tax withholding shown below reflects either your request or applicable state law.

### Terms of Request

<b>Request Date</b>	06/22/2021
<b>Requested Amount</b>	\$695.33
<b>Taxable Amount</b>	\$695.33
<b>Federal Tax Withholding</b>	Yes
<b>State Tax Withholding</b>	No

### Delivery

<b>Delivery Method</b>	Electronic <i>Sent electronically to your account. Allow 3 business days after Fidelity receives all required materials back from you.</i>
------------------------	--

### Values Could be lower if your account value changes.

<b>Cash</b>	
<b>Withdraw as Cash</b>	\$695.33
<i>Includes any tax withholding.</i>	
<b>Federal Tax Withholding</b>	\$69.53
<i>Includes any amount withheld at your request</i>	
<b>GA State Tax Withholding</b>	\$0.00
<i>Includes any amount withheld at your request</i>	

<b>Estimated Amount you will Receive</b>	\$625.80
--	----------

*Withholding amounts do NOT include early withdrawal penalties, which you could owe because you are under age 59½.*

## Documenting Your Distribution Reason

You **MUST** provide acceptable documentation to support your requested amount. Below are the expenses your plan rules allow you to claim and the types of documentation to submit. **Documentation that is not acceptable will not be considered. We cannot distribute more than the amount you requested, even if you supply documentation for a higher amount.**

### Post-Secondary Education

Required Documentation	Action Steps
<input type="checkbox"/> MUST include a <b>term/semester or start/finish date</b> , identifying <b>current enrollment or</b> active enrollment within the next 12 months	<input type="checkbox"/> Underline the <b>term/semester or start/finish dates</b> on your supporting documentation
<input type="checkbox"/> MUST include the <b>student's name</b>	<input type="checkbox"/> Underline the <b>student's name</b> on your supporting documentation
<input type="checkbox"/> MUST include copies of the following which show the <b>actual (not estimated) amount(s) due</b> : <ul style="list-style-type: none"> <li><b>Tuition</b>: Itemized invoice or receipt for tuition/fees (must be on school stationary or printout of an online account statement)</li> <li><b>*Room &amp; Board</b>: Copy of lease that includes landlord's name, address, the monthly payment \$ amount, and term of lease</li> <li><b>*Books</b>: Dated receipt</li> </ul> <p><b>*Additional information required for Room &amp; Board and Books</b>: Proof of registration, which can include a copy of tuition invoice/receipt or a class schedule that includes the institution's name</p>	<input type="checkbox"/> Underline the <b>actual \$ amount due on each/all of your supporting documentation</b> (tuition/room & board/books)
<input type="checkbox"/> <b>Total amount</b> from all supporting documentation MUST be close to the <b>Requested Amount</b> in the "Distribution Details" section. Your plan's rules may provide a gross up % to account for tax withholding.	<input type="checkbox"/> Enter the <b>total amount</b> from all supporting documentation: \$ _____ Ensure this amount is close to the <b>Requested Amount</b> in the "Distribution Details" section

Return this page

Form continues on next page ►►



**Note:** Financial Aid award letters or a generic list of expenses from the school's website will not be considered for reimbursement

**Eligible Individuals:** Participant, spouse, children, dependents (as defined by the IRS), primary beneficiary (if allowed by Plan)

**Eligible Expenses:** Tuition, fees, books, room & board (**Note** - See Internal Revenue Code (IRC) section 213(d) for a full list of eligible expenses)

**Ineligible Expenses:** Student loan payments, student loan payoff

## Signature and Date *You must sign and date.*

By signing below, you:

- Certify that the hardship represents an immediate and heavy financial need and the amount requested is necessary to satisfy that financial need.
- Represent that you have obtained all other currently available distributions (including distributions of ESOP dividends under Internal Revenue Code section 404(k), but not hardship distributions) and nontaxable loans (if required by the Plan) under this Plan and all other plans of deferred compensation,
- whether qualified or nonqualified, maintained by the employer; and that you have insufficient cash or other liquid assets reasonably available to satisfy your financial need.
- Certify that this withdrawal is being taken for you or for a family member or dependent as defined by the IRS (in the Internal Revenue Code section 152) or your primary beneficiary(ies) as designated under the plan and as allowed by your plan.
- Authorize Fidelity to act on all instructions given on this form.
- Certify that all information you have provided, including all attached documentation, is true, authentic and correct to the best of your knowledge, that you have not previously requested and received a hardship withdrawal for the expense(s) submitted as part of this request, and that you have satisfied all the requirements for a hardship withdrawal under the terms of your Plan.

Your Name JOE WILLIAMS

Your Signature <b>Required</b>	Date MM DD YYYY	Daytime Phone Number NNN-NNN-NNNN
<b>SIGN</b> ▶	▶	▶

### AVOID PROBLEMS WITH YOUR REQUEST!

Use this **checklist** to be sure your request is complete:

- ☐ SIGN the form.
- ☐ Attach copies of acceptable documents backing up your request.
- ☐ Write your last name and 800000218332913 (your request ID number) on any documents that you attach.
- ☐ Remember to return the ENTIRE application including the first page and all necessary documents.

### Still have questions?

Call 800-724-2997 (TTY, 1-888-343-0860), business days (except NYSE holidays) from 8:30 a.m. - 8:30 p.m. ET or go to [www.netbenefits.com/alcon](http://www.netbenefits.com/alcon).

### Ways to Return This Form to Fidelity:

#### Electronically

Use the Send a Document Action found in the NetBenefits Mobile apps. under Actions Menu.

#### Regular mail

Fidelity Investments  
PO Box 770003  
Cincinnati, OH 45277-0065

#### Overnight mail

Fidelity Investments  
100 Crosby Parkway KC1F  
Covington, KY 41015

#### FAX 1-877-236-8116

Allow 2 hours for our system to validate receipt of your document (if sending electronically or faxing after 4:00PM Eastern Time, allow until the next business day). An automatic confirmation will be sent to the email address we have on file for you.

Return this page





On this form "Fidelity" shall mean Fidelity Investments Institutional Operations Company, Inc., 245 Summer Street, Boston, MA 02210 644058.12.0

Return this page

