

FREDDIE GARCIA FLORES
618 SOMERSTONE DR
VALRICO, FL 33594

HUM

June 16, 2019

FREDDIE GARCIA FLORES
618 SOMERSTONE DR
VALRICO, FL 33594

Dear FREDDIE GARCIA FLORES:

Enclosed is the Application needed to process your withdrawal request from the Humana Retirement Savings Plan. Please review and complete the Application. To ensure timely processing of your request:

- 1) Sign and date the Application;
- 2) Return the Application to one of the following addresses:

For U.S. Mail:

Schwab Retirement Plan Services, Inc.
Participant Services
P.O. Box 81675
Austin, TX 78708

For Overnight Mail Only:

Schwab Retirement Plan Services, Inc.
Participant Services
2309 Gracy Farms Lane
Austin, TX 78758

For expedited delivery, you may fax your completed forms to 877-312-3347 or you may upload them via the message center in workplace.schwab.com.

Please note, the application is valid for 90 days from the date of this letter. If we do not receive your application prior to the 90 day deadline, you will be required to request and complete a new application.

If you have any questions about your account, the withdrawal process or how Schwab Retirement Plan Services, Inc. can help you, please call us at **800-724-7526**. We're here Monday through Friday from 7:00 a.m. to 11:00 p.m. Eastern Time. Spanish speaking participants should call **1-877-905-2553**.

Sincerely,

A handwritten signature in cursive script that reads "Catherine Golladay".

Catherine Golladay
SVP and Chief Operating Officer, Schwab Retirement Plan Services

Humana Retirement Savings Plan Hardship Withdrawal Application

Complete this Application to request a Hardship Withdrawal from your Plan. Typically, your distribution will be processed and the funds sent within 3-5 business days after we receive your completed application. However, Schwab Retirement Plan Services, Inc. (SRPS) is not able to guarantee the exact timing due to possible unexpected circumstances, which may include the need to verify or obtain additional information regarding your account or this application. Your account value will be subject to market fluctuation until the distribution trading occurs. If you are concerned with market fluctuation, you may submit an investment change to be processed prior to submitting your distribution request, and then upon completion of the investment change, submitting your distribution request to SRPS. You are urged to consult with your tax advisor before you elect a withdrawal.

Please return your completed, signed and dated Application to one of the following addresses:

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Participant Services
P.O. Box 81675
Austin, TX 78708

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STEP 1: Participant Information - Complete this section before proceeding to the next step

Your Name: FREDDIE GARCIA FLORES Social Security #: _____

Phone Number: _____ E-Mail Address*: _____

Mailing Address*: _____

Street

City/State/Zip

Note: If the address provided above is different than the address we have on file for you, processing of your request may be delayed. If you have moved, please notify your employer of your change of address.

* If additional information is needed to complete your application request, we will notify you by email and/or U.S. mail.

Complete Section A or B below as it applies to your Citizenship status. Note: only one election should be made. Conflicting elections may delay distribution processing.

A. US Citizen:

- ☐ I am currently a US Resident. No additional documentation is needed at this time
☐ I am not currently a US resident and have included a completed IRS Form W-9** with this application

Note: If you reside in a US Territory, citizenship documentation is required along with a completed IRS form W-9.**

OR

B. Non-US Citizen:

- ☐ I am currently a legal US Resident and have included a completed IRS Form W-9** with this application
☐ I am not currently a legal US Resident and have included a completed IRS Form W-8BEN** with this application. **Note:** your permanent Non-US address should be provided on the W-8BEN.

** Tax forms can be found at IRS.gov and must be included for your distribution to be processed.



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Humana Retirement Savings Plan Hardship Withdrawal Application

STEP 2: Reasons for Withdrawal

Under the terms of your plan, a Hardship Withdrawal can ONLY be made in response to one of the following reasons. **Select the reason(s) that applies to you and complete ALL of the requested information under that reason. Make sure you sign and date the application in order to avoid a delay in the processing of your request.**

- ☐ **Medical expenses, which are not reimbursable by insurance and have been deemed medically necessary by a physician, that were incurred by you, your spouse, your primary beneficiary under the plan, or any of your dependents.** If the expenses are for your primary beneficiary under the plan, please attach a copy of your most recent primary beneficiary designation for the plan.

Relationship of the individual who incurred the medical expenses to you:

☐ Self ☐ Spouse ☐ Dependent ☐ Primary beneficiary under the plan

Name of individual who incurred the medical expenses: _____

Purpose of the medical care:

☐ Diagnosis ☐ Treatment ☐ Prevention ☐ Associated transportation ☐ Long-term care

Name of Provider(s): _____

Address of Provider(s): _____

Street

City/State/Zip

Total Amount of medical expenses not covered by Insurance: _____

- ☐ **Purchase of your primary residence (excluding mortgage payments).**

Address: _____

Street

City/State/Zip

Will this be your primary residence: ☐ Yes ☐ No

Purchase Price of the principal residence: \$ _____

Types of costs and expenses covered (may select more than one):

☐ Down-payment ☐ Closing costs ☐ Title fees

Name of Lender: _____

Address of Lender: _____

Street

City/State/Zip

Date of the purchase/sales agreement: ____/____/_____
(no more than 90 days in the past)

Expected date of closing: ____/____/_____
(no more than 7 days in the past or 30 days in the future)

Need more help?

Call 800-724-7526 (M-F, 7 a.m. to 11 p.m. Eastern Time).

Si prefiere hablar con alguien en español, llame al 1-877-905-2553.

*Or visit **workplace.schwab.com**.*

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- ☐ **Payment of tuition, related educational fees and room and board expenses for up to the next 12 months of post-secondary education for you, your spouse, your primary beneficiary under the plan, your children, or any of your dependents.** If the expenses are for your primary beneficiary under the plan, please attach a copy of your most recent primary beneficiary designation for the plan.

Relationship of the individual who incurred the expenses to you:

☐ Self ☐ Spouse ☐ Child ☐ Dependent ☐ Primary beneficiary under the plan

Name of individual who the educational expenses are for: _____

Name of Educational Institution: _____

Address of Educational Institution: _____

Street

City/State/Zip

Types of educational payments involved (may select more than one):

☐ Post-high school tuition ☐ Room and board ☐ Related fees

Period covered by the education payments: ____/____/____ to ____/____/____
(for current semester and up to 12 months in the future)

- ☐ **The need to prevent eviction from or foreclosure on your primary residence.**

Address: _____

Street

City/State/Zip

Is this your primary residence: ☐ Yes ☐ No

Types of event: ☐ Foreclosure ☐ Eviction

Issuer of Notice: _____

Address of Issuer: _____

Street

City/State/Zip

Date of the foreclosure/eviction notice: ____/____/____
(no more than 30 days in the past; cannot be in the future)

Due date of payment to avoid foreclosure/eviction: ____/____/____
(no more than 7 days in the past or 30 days in the future)

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- ☐ **Expenses, which are not reimbursable by insurance, for the repair of damage to your principal residence that would qualify for the casualty deduction under IRC 165 (determined without regard to IRC 165(h)(5) and whether the loss exceeds 10% of adjusted gross income).** Casualty losses generally arise from fire, storm, shipwreck, or other casualty, or from theft.

Address: _____

Street

City/State/Zip

Is this your primary residence: ☐ Yes ☐ No

Date of Casualty loss: ____/____/____
(no more than 12 months in the past)

Briefly describe the cause of the casualty loss (fire, flooding, type of weather-related damage, etc.): _____

Briefly describe the repairs, including the date(s) of repair (in process or completed): _____

- ☐ **Expenses and losses (including loss of income) you incurred on account of a disaster declared by the Federal Emergency Management Agency (FEMA) under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, provided that your principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.**

Address: ☐ Principal residence or ☐ Principal place of employment

Street

City/State/Zip

County

Date(s) of expenses/losses: ____/____/____ ____/____/____ ____/____/____
(no more than 12 months in the past)

Name of disaster: _____

Briefly describe the expenses or losses incurred as a result of the disaster: _____

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- ☐ **Payments for burial or funeral expenses for your deceased parent, spouse, child, your primary beneficiary under the plan or dependent.** If the expenses are for your primary beneficiary under the plan, please attach a copy of your most recent primary beneficiary designation for the plan.

Relationship of the deceased individual to you:

☐ Parent ☐ Spouse ☐ Child ☐ Dependent ☐ Primary beneficiary under the plan

Name of Deceased: _____

Date of Death: ____/____/____

Name of Service Provider: _____

Address of Service Provider: _____
Street
City/State/Zip

STEP 3: Hardship Withdrawal Election and Certification

A. I hereby request a Hardship Withdrawal from my Plan.

The total cost of the event causing the hardship is \$_____.

The amount I am requesting for this withdrawal is \$_____ (after federal and state tax withholding, if applicable). I understand the amount requested must be a specific dollar amount and cannot exceed the amount of financial need. **Note:** The requested amount may be limited to the maximum available withdrawal amount.

Note: Market Fluctuation, prior withdrawal activity and plan provisions may limit the amount available to you. If the amount for withdrawal is less than what you are requesting, we will distribute the maximum amount unless you elect below for us to contact you. By selecting this option, you acknowledge that this distribution request will be delayed.

- ☐ **Please contact me if the full amount of my request is unable to be fulfilled due to balance, insufficient evidence of need or plan limitations.**

B. The funds should be sold from my account as follows. If you do not make an election below, your funds will be sold as defined by the plan.

Please select one:

- ☐ from all available amounts as defined by the plan
- ☐ from the **Roth Portion** of my account **only**
- ☐ from the **Non-Roth Portion** of my account **only**
- ☐ from the Roth Portion of my account first followed by the Non-Roth Portion of my account
- ☐ from the Non-Roth Portion of my account first followed by the Roth Portion of my account

Need more help?

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Humana Retirement Savings Plan Hardship Withdrawal Application

STEP 4: Tax Withholding Election

Federal Income Tax Withholding

Hardship withdrawals are not rollover eligible distributions and therefore are not subject to automatic 20% federal income tax withholding. Therefore, you may elect or decline to have income tax withheld from your hardship withdrawal by selecting one of the following options. Regardless of your withholding election, your withdrawal is subject to federal income taxation, and you may be subject to a 10% federal tax penalty for early withdrawal (and possibly state tax penalties as well). You are personally liable for the payment of income tax on any payments received (including any penalties) if you do not have enough income tax withheld from your withdrawal and you fail to make adequate payments of estimated tax. *If you do not make an election, 10% will automatically be withheld from your withdrawal.*

Select one of the following:

- ☐ I want federal income tax withheld from my withdrawal. Please withhold the prescribed rate of 10%.
- ☐ I want federal income tax withheld from my withdrawal. Please withhold ____%.
- ☐ I do not want federal income tax withheld from my withdrawal.

State Income Tax Withholding

If you reside in Arkansas, Connecticut, Delaware, District of Columbia, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Nebraska, North Carolina, Oklahoma, Vermont, or Virginia, mandatory state income tax will automatically be withheld from the taxable portion of your withdrawal in accordance with State Income Tax withholding laws. If you do not make an election below, the state's required minimum will be withheld.

If you reside in California or Oregon, state income tax will be withheld from the taxable portion of your withdrawal in accordance with State Income Tax withholding laws, unless you specify another rate below (0% is an option). If you do not make an election, the state's required minimum will be withheld.

If you reside in Alaska, Arizona, Florida, Hawaii, New Hampshire, Nevada, South Dakota, Tennessee, Texas, Washington or Wyoming, state income tax withholding does not apply to your withdrawal, and no election should be made below.

If you reside in any other state that allows for state income tax withholding, you may elect to have state income tax withheld. If you do not make an election, state income tax withholding will not be applied to your withdrawal.

- ☐ I want state income tax withheld from my withdrawal. Withhold ____% for payment of income tax to the state of my residence. **Note:** If you reside in a mandatory withholding state, you must enter a percentage that is at least equal to your state's minimum.
- ☐ I do not want state income tax withheld from my withdrawal. **Note:** You may not elect this option if you reside in a mandatory withholding state.

Withholding Modification

- ☐ In the event my Federal and State withholding elections result in insufficient funds to cover the requested amount, please adjust the withholding to ensure I receive the full amount requested. Federal withholding will be adjusted first. If you do not make this election, your withdrawal elections will be followed and your net amount will be impacted.

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STEP 5: Payment Method

You may select to receive your funds via direct deposit. If you do not provide direct deposit information, your funds will be paid in the form of a check and mailed to you at your address on file via U.S. Mail.

If funds are sold from both the Roth and Non-Roth portions of your account, because of the different taxation rules for Roth withdrawals, separate checks/deposits will be made for the portion of your withdrawal distributed from your Roth balances and your non-Roth balances.

Funds being sent via Direct Deposit will be sent to your account using Automated Clearinghouse (ACH), **not as a wire**. Providing inaccurate information could result in a delay of your withdrawal and the possibility of an incorrect deposit of your funds. Therefore, it is essential that you verify the information with your Financial Institution prior to returning this Application. Common questions to review with your Financial Institution:

- Will the Financial Institution accept an ACH transaction?
- Is my account set-up to receive an ACH transaction?
- What is the exact format of the account number including leading zeros and non-numeric characters?
- Is the ABA/Routing number the same for a savings account versus a checking account?

By completing the Direct Deposit Information below, I am authorizing my funds to be electronically deposited into the account listed below. **Note:** If you do not complete this information OR if your ACH request is rejected, a check will automatically be issued and mailed to you at your address on file via U.S. Mail. Please allow ample mailing time to receive your check.

Direct Deposit Information - Provide your **CHECKING** account information

Financial Institution: _____

ABA/Routing Number:

--	--	--	--	--	--	--	--	--

Payee Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Please Note:

- Minimum hardship withdrawal \$1,000
- Limit of 2 hardships per year

If your maximum available amount is less than \$1,000, then the full amount available must be taken. Please do not request an amount below \$1,000, unless you know you do not have this much available. If your maximum available amount is less than \$1,000, please write "Maximum" in STEP 3.

To confirm the maximum amount available in your account, call Schwab at 800-724-7526.

Please also note:

As a result of making a Hardship Withdrawal, if your ESOP Stock Dividend Election is set to 'Reinvest', it will automatically be changed to 'Payout'. The new election will remain in place until it is updated by you.

Need more help?

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Humana Retirement Savings Plan Hardship Withdrawal Application

STEP 6: Read and Sign Below - This application cannot be processed without your signature.

1. By executing this Application, I hereby certify that I have not received any advice concerning my elections from Charles Schwab & Co., Inc. or its affiliates, and have had the opportunity to consult with my own tax advisor concerning my election.
2. I certify that the amount I have requested does not exceed the amount required to satisfy the need specified in Step 2 (including amounts necessary to pay any federal, state, or local taxes or penalties reasonably anticipated to result from this withdrawal). I understand that if I am currently contributing to the plan that my contributions will continue unless I direct Schwab Retirement Plan Services, Inc. otherwise.
3. I have already obtained all withdrawals (other than a hardship withdrawal) available to me from any plan in which I am a Participant.
4. I certify that I have insufficient cash or other liquid assets to satisfy this financial need.
5. I have the required documentation to substantiate this hardship request, and I will maintain this documentation and will make it available at any time upon request by my employer or administrator.
6. I understand that this Application is valid for 90 days after the date indicated in the lower left-hand corner of this page.
7. I hereby certify that the information contained on this Application is true, complete and correct to the best of my knowledge. By signing below, I am consenting to all of the elections made in this Application.

Your
Signature:

Date:

Need more help?

Call 800-724-7526 (M-F, 7 a.m. to 11 p.m. Eastern Time).

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Humana Retirement Savings Plan

Notice of Right to Postpone Your Distribution and Consequences of Failing to Defer Your Distribution

Notice of Right to Postpone Your Distribution

You do not have to take your distribution at this time if you have not attained normal retirement age under the Plan (or age 62, if later).

You should consider carefully your decision to take a distribution from the Plan. If you decide not to take your distribution, your account balance will continue to be subject to investment gains and losses of the investments available in the plan and may be subject to fees that are paid from plan assets. You may call Schwab at 800-724-7526 or visit workplace.schwab.com to learn more about your plan's current investment options.

For more information regarding special rules that may affect your decision to defer your distribution, please refer to your Summary Plan Description. You should review the below Consequences of Failing to Defer Your Distribution before you decide whether to take a distribution from the Plan.

Consequences of Failing to Defer Your Distribution

If you decide to take your distribution, you may be subject to immediate federal and state income tax, possible 10% penalty for distribution prior to age 59½, and you may lose the opportunity to accumulate earnings on your account on a tax-deferred basis.

Please note that some Investment options currently available in the plan may not be generally available on similar terms outside the plan. In addition, fees and expenses (including administrative or investment-related fees) outside the plan may be different from fees and expenses that apply to your account in the Plan. You may call Schwab at 800-724-7526 to learn more about which investments may not be available outside the plan and the fees and expenses that apply to your account in the Plan.

