

Please read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at [www.startright.bokf.com](http://www.startright.bokf.com) under the forms section of your Participant Account (must login and register for online access).

(Please use black ink only.)

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Branch/Dept: \_\_\_\_\_

**DISTRIBUTION ELECTION**

The Plan allows you to withdraw funds from your Salary Deferral Account and your Discretionary Employer Contribution Accounts at any time for specific hardship reasons as outlined below. Please complete the "Certification of Hardship" on page 2.

I hereby make application for benefits under the above Plan due to heavy and immediate financial hardship as determined under the Plan Administrator's nondiscriminatory criteria as outlined on the back of this form. With limited exceptions, I understand that in addition to ordinary income tax, this distribution will be subject to a 10% nondeductible penalty tax if I receive it before I attain age 59½. The distribution will be withdrawn on a pro-rata basis from each investment fund. **I HAVE ATTACHED THE REQUIRED DOCUMENTATION AND REQUEST THE FOLLOWING AMOUNT TO BE WITHDRAWN FROM MY DEFERRAL ACCOUNT AS SHOWN:**

**TOTAL AMOUNT REQUESTED** \$ \_\_\_\_\_

(Limited to one (1) hardship distribution per six(6) months.)

*Contingent upon a sufficient balance of eligible funds in your account for this Hardship withdrawal, the amount of your distribution will be increased to allow for applicable federal and/or state taxes in order to provide you with a net distribution equal to your approved Hardship expense(s).*

**WITHHOLDING INFORMATION**

Hardship withdrawals are not subject to the mandatory federal withholding, but instead will be subject to 10% federal withholding unless you indicate "do not withhold " or you indicate a different rate. State withholding may also apply.

- ☐ Do not withhold.
- ☐ Withhold at applicable federal and state tax rate. State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.
- \_\_\_\_\_ Withhold state tax. \_\_\_\_\_ Do not withhold state tax.
- ☐ Withhold at higher federal rate. Indicate percent to be withheld \_\_\_\_\_ %.

**CERTIFICATION OF HARDSHIP**

**I hereby certify that I am experiencing financial hardship due to the following hardship circumstances:**

(Check applicable items)

- ☐ Expenses incurred or necessary for medical care, described in Code section 213(d) for me, my spouse, or my other qualified dependents; (Attach statements.)
- ☐ The purchase (excluding mortgage payments) of my principal residence; (Attach good faith estimate of closing cost and signed sales contract for home purchase.)
- ☐ Payment of tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse, or my other qualified dependents; (Attach statements for unpaid tuition and other fees.)

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- ☐ The need to prevent the eviction of my principal residence (or a foreclosure on the mortgage on your principal residence); (Attach proper notices. - Notices must be notarized.)
- ☐ Payments for burial or funeral expenses for my spouse, deceased parents, or my other qualified dependents; (Attach statement from funeral home certifying relationship and applicable expenses.)
- ☐ Payment of expenses to repair damage to my principal residence that would qualify as a casualty deduction; (Attach proper documentation.)
- ☐ Expenses and losses (including loss of income) incurred by the Employee 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 the Employee's 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. (Attach proper documentation.)

**METHOD OF PAYMENT**

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Based on your vested balance, please select the option in which you would like to receive your distribution. If choosing distribution via direct deposit or wire, please print legibly and make sure the information provided below has been verified by your financial institution. *(In the event that there is any uncertainty about your method of payment election, the Bank will issue your payment by check.)*

- ☐ **Check** (This is the default option for all participants.) - **Distribution fee: \$50.00**  
Checks will be mailed to your address on record.
- ☐ **Direct Deposit - Distribution fee: \$50.00**  
Submit the Direct Deposit Authorization (ACH Transfer) form with this Application for Benefits.
- ☐ **Wire - Distribution fee: \$75.00**  
If you have a vested balance of \$25,000 or more, you may choose to have the wire proceeds sent directly to the new Trustee, Custodian, or if not a rollover election, to your personal bank account. Receiving Financial Institution must be a US Entity.

Name of Financial Institution	Routing Number
Account Name	Account Number
For further credit	Account Number

**CERTIFICATION**

I hereby further certify that:

- the amount being applied for is no greater than the amount necessary to relieve the financial hardship described above (including any amounts necessary to pay any federal, state, or local income taxes or penalties anticipated to result from the distribution);
- that the funds will be used exclusively for the purpose stated;
- that the amount being applied for is not available to me from other sources currently available under this Plan or any other plans;
- that I have insufficient liquid assets and no other resources available to me to meet this financial hardship; and
- that, if I am requesting a distribution for expenses of my dependents, such dependents meet the requirements to qualify as my dependents under applicable IRS rules and regulations.

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**SIGNATURE – Please read and check the below statements.**

- ☐ I acknowledge that I have read the Special Tax Notice regarding plan payments (available at [www.startright.bokf.com](http://www.startright.bokf.com)) and have hereby made the above election.
- ☐ I have attached the required proof of financial hardship to BOK Financial. Proof of financial hardship is written documentation supporting the amount needed to satisfy the financial hardship.
- ☐ I do not have a pending Qualified Domestic Relations Order (QDRO). A QDRO is an order that may be part of a divorce decree or court-approved property settlement.

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return completed form and proof of financial hardship to BOK Financial.**

**Fax:           Attn: Client Plan Services**  
**918.280.4198**

**Mail:          BOK Financial**  
**Client Plan Services**  
**P.O. Box 22131**  
**Tulsa, OK 74121-2131**

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**IMPORTANT:** To avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, **a check will be issued** as the default payment method.

**INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT**

PARTICIPANT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_  
BRANCH / ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
BANK PHONE: (\_\_\_\_\_) \_\_\_\_\_ TYPE OF ACCOUNT ☐ Checking ☐ Savings  
ABA / ROUTING NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
(Please call your bank for verification)

**A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.**  
**The following preprinted information must be included: participant's (or alternate payee's) name and address.**  
**PLEASE NOTE** that if this information is not received, then a check will be issued.

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**AUTHORIZATION**

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**