

## Hardship Withdrawal Instructions for Group Annuity Plans

Federal regulations generally restrict distributions from retirement plans until a participant attains age 59½, terminates employment, or upon death or disability. In addition, many plans allow for hardship withdrawals. You should consult your Summary Plan Description or Highlights (as appropriate) for information concerning the withdrawal provisions in your employer's plan.

For purposes of a hardship withdrawal, the Internal Revenue Service (IRS) defines a hardship as an immediate and heavy financial need that cannot be met from any other source of income or assets. Reasons for hardship withdrawals are generally limited by the IRS to:

- **Medical expenses** for you, your spouse or your primary dependent.
- **Purchase of a home** that will be your principal residence.
- **Tuition** for the next 12 months of college or postgraduate school for you, your spouse, child or your primary dependent.
- **Rent** that must be paid to avoid your eviction.
- **Mortgage** that must be paid to avoid foreclosure on your primary residence.
- **Burial or funeral expenses** for your deceased parent, spouse, child or your primary dependent.
- **Repair of damage to your principal residence** that qualifies for casualty deduction under Section 165 of the Internal Revenue Code (you should consult your tax adviser to determine if you qualify).
- **Losses** resulting from a disaster declared by the Federal Emergency Management Agency (FEMA), if your primary residence or place of employment is located in the disaster area.

### The hardship withdrawal amount cannot exceed the amount needed to satisfy the financial hardship.

For this purpose, the amount required to satisfy the financial need may include amounts needed to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the withdrawal. The amount available to you is the **lesser** of the amount you need to satisfy your financial hardship or the amount you are permitted to withdraw from your plan as provided under your plan and as defined by law. Please refer to your Summary Plan Description or Highlights (as appropriate) for details.

### You may direct Mutual of America Financial Group to pay your hardship on a pro-rated basis your interest and investment alternatives.

The Pro-Rata feature allows you to enter the amount of the requested hardship withdrawal. Mutual of America will compare your requested hardship amount to the actual amount available for hardship withdrawal on the day we are paying your claim. If the requested amount is more than what is available for withdrawal, Mutual of America will pay out as much as is permitted. Mutual of America will process your hardship withdrawal according to the ratio of the participation in each of the Interest Account/investment alternatives.

Example – Jane Doe has a \$1,000 hardship need. She is invested in the following:

Interest Account:	\$1,000
Equity Index:	\$3,000
Total Balance:	\$4,000

The proportional participation for each investment alternative is: Interest Account 25%, Equity Index Fund 75%. The hardship withdrawal will be processed by withdrawing \$250 from the Interest Account and \$750 from the Equity Index Fund.

### Additional Hardship Withdrawal information:

By electing a hardship withdrawal, you hereby represent that you have insufficient cash or other liquid assets to satisfy the financial need, and you have taken all:

- Loans, if required by the plan. You should check to see if your plan with Mutual of America, or any other plan you participate in with your current employer, requires participant loans to be exhausted before hardship distributions are allowed. If so, you must generally take a loan to satisfy your financial need before applying for a hardship withdrawal.

For information on any loans available through your plan with Mutual of America, please refer to your Summary Plan Description or Highlights (as appropriate), or call us at 800.468.3785. Please see "In-Service Withdrawals" below for more information about this requirement.

- Available distributions from your retirement plan(s). This includes any distribution of any rollover account balance and any distribution that is available to you while you are still actively employed by the plan sponsor. Please refer to your Summary Plan Description or Highlights (as appropriate), or contact your service representative to determine if any such distributions are available to you. If so, please refer to the section below entitled In-Service Withdrawals before completing a Hardship Withdrawal form.

**Federal regulations allow you to self-certify as to the type of hardship you have (see Reasons for Hardship Amount, below) and the amount you need to withdraw from your account to alleviate the hardship. It is important to note that, if your employer has actual knowledge that the certification you are making is false, the certification will not be relied upon.**

While your request is pending, you may wish to transfer amounts from your Separate Account balance(s) to the Interest Accumulation Account, where your assets will not be subject to daily unit value fluctuations. You can transfer your Separate Account balance(s) to the Interest Accumulation Account by calling our toll-free number, 800.468.3785, or visiting our website, [mutualofamerica.com](http://mutualofamerica.com). To request this transaction in writing, please contact your local service representative.

### **Completing the Hardship Withdrawal Form**

- Provide your name, Customer Identification number, daytime phone number and address in the appropriate areas on the top of the form.
- If you would like your withdrawal amount sent directly to your bank account via Electronic Funds Transfer, complete the appropriate section. Please be sure to print the ABA and Account numbers clearly. If you want the funds sent to your checking account, please attach a voided check to the withdrawal form.
- Indicate the reason(s) for the hardship withdrawal by checking the appropriate box(es).
- In the Amount of Withdrawal section provided, enter the amount you need to withdraw in order to satisfy your financial hardship. If you have both Traditional and Roth accumulations in your account, you must indicate how much to withdraw from your Traditional balance and Roth balance.
- Check the Pro-Rata box if you want the request processed in proportion to participation in the fund(s) or indicate the fund(s) from which you wish to have the hardship amount withdrawn.
- Your hardship withdrawal may be taxable to you as income and may be subject to an additional 10% penalty tax for premature distribution. Please indicate in the Tax Withholding Election section whether or not you want federal taxes withheld from your distribution. State tax withholding may be elected and in some states may be required.
- If you are married and your plan requires Spousal Consent, your spouse must complete the Spousal Waiver section in the presence of a Notary Public or the Authorized Representative for the plan sponsor. Please consult with your Plan Administrator or local service representative to determine if your plan is subject to Spousal Consent.
- Please read the Statement and Signature section carefully before signing and dating the form.
- **If your plan is subject to ERISA and is not using Mutual of America's Aggregation and Monitoring Services, you must compile information to justify the amount and reason for your hardship withdrawal and complete the Statement and Signature section of this form (where you self-certify as to your need for a hardship withdrawal) and return this form to your Plan Administrator.**
- **If your plan is not subject to ERISA or is using Mutual of America's Aggregation and Monitoring Services, you should complete the Statement and Signature section of this form (where you self-certify as to your need for a hardship withdrawal) and return this form to Mutual of America.**

### **In-Service Withdrawals**

As indicated above, you cannot take a hardship withdrawal until you first receive a distribution of any amount in your account that is currently available to you as a regular, nonhardship withdrawal. This generally includes:

- Rollover account balances.
- In-service withdrawal of vested employer contributions plus earnings (some plans allow you to withdraw vested employer contributions after 5 years of participation).
- Employee contributions made before January 1, 1989, plus earnings.
- Loans, if required by the plan.

If any such “in-service” amounts are currently available to you, we will provide you with a standard Withdrawal Request as well as a Hardship Withdrawal form. If your financial need can be satisfied by taking a regular “in-service” withdrawal, you should not submit a Hardship Withdrawal form. If the amount of your financial need exceeds the total of your balance available as an “in-service” distribution, we will pay you the available balance first as a regular Withdrawal Request, and then pay out the remaining amount as a hardship withdrawal.

As indicated above, you must generally access any available loan from your Mutual of America account, or from any other retirement plan you may have, before requesting a hardship withdrawal. You should note that if your Mutual of America plan has a loan provision and requires you to take a loan before requesting a hardship withdrawal, the minimum loan amount available to you is \$1,000. If the amount you need to satisfy your financial hardship is less than \$1,000, you do not need to take a loan before requesting a hardship withdrawal. Also, if you have already taken the maximum loans available to you under all your retirement plans, you may request a hardship withdrawal without applying for an additional loan.

Unlike amounts paid to you as a hardship withdrawal, amounts paid as a regular withdrawal are subject to a mandatory withholding rate of 20% in federal taxes. Some states may also require state tax withholding. Your Plan Administrator does not need to authorize a regular withdrawal, but, if you are married, the spouse’s waiver must be completed.

## Hardship Withdrawal (for Group Annuity Plans)

Please read the preceding *Hardship Withdrawal Instructions for Group Annuity Plans* before completing this form.

If your plan is subject to ERISA and is not using Mutual of America's Aggregation and Monitoring Services, you will need to complete the Statement and Signature section of this form (where you self-certify as to your need for a hardship withdrawal) and return this form to your Plan Administrator.

If your plan is not subject to ERISA or is using Mutual of America's Aggregation and Monitoring Services, you will need to complete the Statement and Signature section of this form (where you self-certify as to your need for a hardship withdrawal) and return this form to Mutual of America.

You can contact your Plan Administrator to determine if your plan is subject to ERISA and/or using Mutual of America's Aggregation and Monitoring Services.

### Plan Information

Plan Sponsor's Name	Plan Number
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### Participant Information

Last 4 Digits of Social Security Number XXX-XX-	First Name	Middle Initial	Last Name
Home Phone Number (   )	Mobile Phone Number (   )	Office Phone Number (   )	
Email Address			

Please provide an email address to communicate any issues identified with this withdrawal request. The email address you provide will not update our records. Review the Mailing Instructions section below regarding submitting this withdrawal request to us.

### Electronic Funds Transfer (*Optional*)

**This section must be completed if you want your payment sent directly to your bank account. A check will be mailed to your home address of record if this section is not completed and/or appropriate documentation is not provided.**

**Depository (Bank or Credit Union) Information:** Deposits cannot be made into a foreign bank.

Bank or Credit Union Name

Bank Routing Number (9 Digit)

Account Number

Account Type (Check one.):

Checking [You must attach a copy of a preprinted check with name(s) of account holder(s).]\*

Savings [You must attach an account statement or a copy of a deposit slip with name(s) of account holder(s) preprinted on the slip.]\*\*

*\*If you do not have preprinted checks with your account, you must provide a bank document that contains the names of the account holders, the name of the bank, the ABA routing number and your account number. Starter checks and deposit slips will not be accepted.*

*\*\*If you do not have your bank statement or preprinted deposit slip, you must provide a bank document that contains the names of the account holders, the name of the bank, the ABA routing number and your account number.*

John Doe  
123 Main Street  
Anytown, USA 11234

0123

Pay to the  
Order of

VOID

First National Bank  
New York

: [123456789][5325325321] 0123

Routing Number Account Number

### Reason for Hardship Amount

You may only request a hardship withdrawal from your Plan for any one of the following reason(s). **Please check the reason(s) that pertains to this hardship withdrawal request:**

**Medical expenses** for me, my spouse or a person whom I claim as a dependent on my federal income tax return.

**Purchase of a home** that I will own and that will be my principal residence.

**Tuition** for the next 12 months of college or postgraduate school for me, my spouse or child, or a person whom I claim as a dependent on my federal income tax return.

**Rent** that must be paid immediately in order to avoid my eviction.

**Mortgage** payments that must be paid immediately in order to avoid foreclosure on my primary residence.

**Burial or funeral expenses** for my deceased parent, spouse, child or a person whom I claim as a dependent on my federal income tax return.

**Repair or damage to my principal residence** that qualifies for a casualty deduction under Internal Revenue Code Section 165.

**Losses** resulting from a disaster declared by the Federal Emergency Management Agency (FEMA).

### Amount of Withdrawal

Your hardship withdrawal amount cannot exceed the amount of your immediate financial need, including amounts necessary to pay any federal, state or local income tax or penalties reasonably anticipated to result from the withdrawal. Enter on the line below the amount you need to satisfy your financial hardship:

I need \$ \_\_\_\_\_ to satisfy the financial hardship identified above.

You may direct Mutual of America to pay your hardship withdrawal on a pro-rated basis between all of your interest and investment alternatives in an amount up to, but not to exceed, the amount of your financial hardship indicated above. If you make this election and you have both Traditional and Designated Roth Contributions you will also have to provide direction on which type of money to take your hardship withdrawal from. Please see the attached withdrawal instructions for additional information on a pro-rata withdrawal.

Please pay my hardship withdrawal on a pro-rated basis between all of the interest and investment alternatives in which I have a balance with all available funds up to the amount I indicated above as my financial need. I understand that Mutual of America Financial Group can only pay out those funds that are available for hardship withdrawal as defined by law.

Withdraw \$ \_\_\_\_\_ from my Traditional balance. Withdraw \$ \_\_\_\_\_ from my Roth balance.

**You must complete the Distribution Instructions on the next page if you have not elected pro-rata above.**

### Distribution Instructions

**You must complete the section below if you have not elected the pro-rata option. Mutual of America will only pay the amounts that you indicate on this page.**

Please pay me the amount shown below from each account or fund(s) I am currently using or, if less, my total balance in that account or fund(s).

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**Mutual of America Interest Account**

	<u>Traditional Dollars</u>	<u>Roth Dollars</u>
Interest Accumulation Account	\$ _____	\$ _____
<hr/> <b>MOA Funds</b>		
	<u>Traditional Dollars</u>	<u>Roth Dollars</u>
<b>Mutual of America Investment Corporation</b>		
Aggressive Allocation Fund	\$ _____	\$ _____
All America Fund	\$ _____	\$ _____
Balanced Fund	\$ _____	\$ _____
Clear Passage 2015 Fund	\$ _____	\$ _____
Clear Passage 2020 Fund	\$ _____	\$ _____
Clear Passage 2025 Fund	\$ _____	\$ _____
Clear Passage 2030 Fund	\$ _____	\$ _____
Clear Passage 2035 Fund	\$ _____	\$ _____
Clear Passage 2040 Fund	\$ _____	\$ _____
Clear Passage 2045 Fund	\$ _____	\$ _____
Clear Passage 2050 Fund	\$ _____	\$ _____
Clear Passage 2055 Fund	\$ _____	\$ _____
Clear Passage 2060 Fund	\$ _____	\$ _____
Clear Passage 2065 Fund	\$ _____	\$ _____
Conservative Allocation Fund	\$ _____	\$ _____
Core Bond Fund	\$ _____	\$ _____
Equity Index Fund	\$ _____	\$ _____
Intermediate Bond Fund	\$ _____	\$ _____
International Fund	\$ _____	\$ _____
Mid Cap Value Fund	\$ _____	\$ _____
Mid-Cap Equity Index Fund	\$ _____	\$ _____
Moderate Allocation Fund	\$ _____	\$ _____
Retirement Income Fund	\$ _____	\$ _____
Small Cap Equity Index Fund	\$ _____	\$ _____
Small Cap Growth Fund	\$ _____	\$ _____
Small Cap Value Fund	\$ _____	\$ _____
US Government Money Market Fund	\$ _____	\$ _____
<hr/> <b>Other Investment Funds</b>		
	<u>Traditional Dollars</u>	<u>Roth Dollars</u>
<b>American Funds</b>		
Insurance Series® New World Fund®	\$ _____	\$ _____
<b>Calvert</b>		
VP SRI Balanced Portfolio	\$ _____	\$ _____
<b>DWS</b>		
Capital Growth VIP	\$ _____	\$ _____
<b>Fidelity® Investments</b>		
VIP Asset Manager Portfolio	\$ _____	\$ _____
VIP Contrafund® Portfolio	\$ _____	\$ _____
VIP Equity-Income Portfolio	\$ _____	\$ _____
VIP Mid Cap Portfolio	\$ _____	\$ _____
<b>Goldman Sachs</b>		
VIT Small Cap Equity Insights Fund	\$ _____	\$ _____
VIT US Equity Insights Fund	\$ _____	\$ _____
<b>Invesco</b>		
V.I. Main Street Fund®	\$ _____	\$ _____
<b>Lincoln Financial</b>		
LVIP American Century Capital Appreciation Fund	\$ _____	\$ _____
<b>Macquarie</b>		
VIP Small Cap Value Series	\$ _____	\$ _____
<b>MFS®</b>		
VIT III Mid Cap Value Portfolio	\$ _____	\$ _____
<b>Neuberger Berman</b>		
AMT Sustainable Equity Portfolio	\$ _____	\$ _____
<b>PIMCO</b>		
VIT Real Return Portfolio	\$ _____	\$ _____

	<u>Traditional Dollars</u>	<u>Roth Dollars</u>
<b>T. Rowe Price</b>		
Blue Chip Growth Portfolio	\$ _____	\$ _____
<b>Vanguard</b>		
VIF Diversified Value Portfolio	\$ _____	\$ _____
VIF International Portfolio	\$ _____	\$ _____
VIF Real Estate Index Portfolio	\$ _____	\$ _____
VIF Total Bond Market Index Portfolio	\$ _____	\$ _____
<b>Victory</b>		
RS Small Cap Growth Equity VIP Series	\$ _____	\$ _____

### Tax Withholding Election

The hardship distribution you receive is subject to federal income tax withholding unless you elect not to have withholding apply.

Please elect whether you wish to have withholding apply to your hardship distribution. You may elect not to have withholding apply by checking the box below. If you elect not to have withholding apply, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. Even if you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may incur penalties under the estimated tax rules if your withholding, and estimated tax payments are not sufficient. Please note that some states require state tax withholding when federal tax is withheld. If you do not elect state tax withholding, we will automatically withhold state tax if we are required to do so. If you make no federal income tax withholding election, or the amount selected is less than that required (10%), we will withhold the required amount.

In connection with my hardship withdrawal, I elect the following income tax withholding:

**Federal:** 10% Tax Withholding \_\_\_\_\_% (any amount greater than 10%) OR \$ \_\_\_\_\_ Tax Withholding No Tax Withholding

**State:** \_\_\_\_\_% Tax Withholding \$ \_\_\_\_\_ Tax Withholding No Tax Withholding

### Spouse's Waiver (Witnessed by Notary Public or Authorized Representative of Employer)

**A spouse's waiver is required for married participants who are withdrawing from plans that require Spousal Consent. You can contact your Plan Administrator to determine if your plan require Spousal Consent.**

I understand that, as a spouse of a participant in the Plan, I have certain rights concerning his or her benefits, including the right to receive any death benefits unless I consent to another disposition. I hereby consent to the above requested withdrawal and I acknowledge that this consent will have the effect of waiving any and all of my rights concerning this withdrawal.

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Signature and Seal of Notary Public or Signature and Printed Name of Authorized Representative Date

Notary's acknowledgment must be added below:

**Note:** At the discretion of the Notary, an acknowledgement form may be stapled to this form.

### Statement and Signature

I attest to my current marital status:

*(Only select your current marital status if your plan is subject to Spousal Consent requirements.)*

**I am married      I am single      I am divorced      I am widowed**



By signing this form, I hereby certify that the information I provided on this form is true and correct. I further certify that the amount requested does not exceed the amount needed to satisfy my immediate and heavy financial need described above, and that I have insufficient cash or other liquid assets reasonably available to satisfy that need. I also certify that I have withdrawn all amounts that I am permitted to withdraw from all of my retirement plans (except hardship withdrawals).

I understand and acknowledge that the amount withdrawn is subject to income taxes, may be subject to an additional 10% Penalty Tax, and must be reported to me and the IRS as a taxable distribution.

I also understand that if the IRS determines that this withdrawal fails to satisfy these requirements, I am solely responsible for any adverse tax consequences, which could potentially include taxation of my entire balance.

**Residents of New York State:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

If you are a resident of any other state, please review the following pages for warnings that apply to your state.

I understand that once this distribution is made and released by Mutual of America, it will not be reinstated to this plan. I direct Mutual of America to make the distribution in accordance with the election on this form. If I am signing this form in a state listed on the next page or in the District of Columbia, I have read the state-specific or District of Columbia-specific fraud notice.

Sign  
Here

Participant's Signature

Date

#### Note to Plan Administrator

*Complete this section only if the plan is subject to ERISA and is not using Mutual of America's Aggregation and Monitoring Services.*

The Setting Every Community Up for Retirement Enhancement (SECURE) Act 2.0 allows a plan participant who is experiencing an immediate and heavy financial need to self-certify as to the type of hardship he or she has and the amount he or she needs to withdraw from his or her account to alleviate the hardship (i.e., a hardship withdrawal).

The Internal Revenue Service (IRS) has stated that a plan can rely on a participant's certification as to such an immediate and heavy financial need unless the plan administrator has actual knowledge to the contrary.

**Note: There is no requirement for you to investigate or confirm the participant's self-certification as to this eligibility for a hardship withdrawal.**

Please complete the Plan Administrator's Certification section of this form.

If you have actual knowledge that the plan participant's certification is false, DO NOT complete this form. Instead, you should discuss your concern(s) with the participant directly. The participant should not return any forms to Mutual of America with respect to this hardship withdrawal request until your concern(s) are resolved AND you can complete the Plan Administrator's Certification below.

#### Plan Administrator's Certification

*If you have no actual knowledge that the plan participant's certification is false, please sign and date below and return this form to the plan participant for submission to Mutual of America.*

By signing below, I represent that I have no actual knowledge that the plan participant's certification is false, and I understand that the participant's hardship withdrawal request will be approved.

Signature

Date

Print Name

Title



## Mailing Instructions

Once you complete the form, you can either (1) mail the form and any additional documentation to the address shown below or (2) email the form and additional documentation as a PDF file to us at **WPC@mutualofamerica.com** from the email address we have on file for you. We will only be able to process emailed forms that are in PDF format. If you email the form to us using an email address other than the email address we have on file for you, we will reject your email. We do this to safeguard your account and to prevent fraudulent withdrawals from your account.

*Mutual of America Financial Group  
Withdrawal Processing Center  
P.O. Box 20208  
New York, NY 10011*

Securities offered by Mutual of America Securities LLC, Member FINRA/SIPC.  
Insurance products are issued by Mutual of America Life Insurance Company,  
320 Park Avenue, New York, NY 10022-6839.

**Please read the following notice that we are required to give you by the law of your state.**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. Subsection 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.