CERTIFICATION FOR HARDSHIP WITHDRAWAL
FROM ELECTIVE 403(b) CONTRIBUTIONS

Distribution Request:

Employee Name: _______________________________ Employee ID Number: __________________

I am requesting a hardship distribution of $________________________ to satisfy the following immediate and heavy financial need: (Check all that apply)

- To pay medical expenses for me, my spouse, my child, my dependent, or my beneficiary.
- To make a cash payment toward the purchase of my principal residence.
- To pay tuition, room and board for the next 12 months of post-secondary education for me, my spouse, my child, my dependent, or my beneficiary.
- To make payments necessary to prevent eviction from my principal residence or to prevent foreclosure on the mortgage on my principal residence.
- To make payment for burial or funeral expenses for my deceased parent, spouse, child, dependent or beneficiary; or the deceased parent, spouse, child or dependent of my spouse, my child, my dependent, or my beneficiary.
- To repair damage to my principal residence that would qualify for the casualty deduction under IRS regulations.

Statements and Agreements: By signing below, I certify:

(a) The amount I have requested does not exceed the amount necessary to satisfy the hardship(s) identified under “Distribution Request” and to pay any federal, state, or local income taxes or penalties reasonably anticipated from the distribution;

(b) I have explored the opportunity of obtaining all (if any) distributions, other than hardship distributions, and all (if any) nontaxable loans currently reasonably available under the Plan and any other deferred compensation plan maintained by the University and have either obtained such distributions and/or loans or have determined that such distributions and loans are not a reasonable means of satisfying the hardship;

(c) There are no other resources reasonably available to me which would satisfy the hardship, such as loans, insurance proceeds, liquidation of my assets (or the assets of my spouse or child available to me) to the extent the liquidation would not cause hardship; and

(d) I hereby agree to cancel my salary reduction agreement for at least six months after receipt of the hardship distribution.

DATE ___________________________ EMPLOYEE SIGNATURE ___________________________

FOR UNIVERSITY USE ONLY

Request is: (Circle one) Approved Rejected Amount: ___________________________

By: ___________________________ Date: ___________________________

Salary Reduction cancelled __________________