CERTIFICATION FOR HARDSHIP WITHDRAWAL
FROM ELECTIVE 457(b) CONTRIBUTIONS

Distribution Request:

Employee Name: ___________________________ Employee ID Number: _______________________

I am requesting a hardship distribution in the amount of $________________________ for the following reason(s): (Check all that apply)

- To pay sudden and unexpected illness or accident expenses for me, my spouse, my dependent, or my beneficiary.
- For loss of my property due to casualty.
- For funeral expenses of my spouse or dependent or my beneficiary’s spouse or dependent.
- Expenses in connection with imminent foreclosure or eviction from my or my beneficiary’s primary residence.
- Other extraordinary and unforeseeable circumstances arising as a result of acts beyond my control: (Describe) __________________________

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) The hardship may not be relieved through reimbursement or compensation by insurance or otherwise;

(c) The hardship may not be relieved by liquidation of my assets, to the extent the liquidation of such assets would not itself cause severe financial hardship; and

(d) I have already cancelled deferrals under the plan or canceling my deferrals under the plan will not materially change my ability to satisfy the hardship.

DATE ___________________________ EMPLOYEE SIGNATURE ___________________________

EMPLOYEE ID ___________________________ PRINTED NAME ___________________________

FOR UNIVERSITY USE ONLY

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

By: ___________________________ Date: ___________________________