



**CERTIFICATION FOR HARDSHIP WITHDRAWAL FROM ELECTIVE 457(b) PLAN CONTRIBUTIONS**

**Distribution Request:**

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.

**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

\_\_\_\_\_  
 Name: \_\_\_\_\_ Employee ID Number \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR UNIVERSITY USE ONLY</b>	
Approved: _____	Date: _____