



Human Resources Division – Benefits Department

420 Wakara Way, Suite 105 Salt Lake City, Utah 84108
Phone: (801) 581-7447 Fax: (801) 585-7375

CERTIFICATION FOR HARDSHIP WITHDRAWAL
FROM ELECTIVE 403(b) CONTRIBUTIONS

Distribution Request:

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

- To pay medical expenses for me, my spouse or my dependents.
To make a cash payment toward the purchase of a principal residence for myself (excluding mortgage payments).
To pay tuition and related educational fees for the next 12 months of post-secondary education for myself, my spouse, or my dependents.
To make payments necessary to prevent me from being evicted from my principal residence or to prevent foreclosure on the mortgage on my principal residence.
To pay burial or funeral expenses for my deceased parent, spouse, child or dependent.
Other: (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) There are no other resources reasonably available to me, such as loans, insurance proceeds, or assets such as vacation homes or recreational vehicles that I could sell which would satisfy the hardship;
(c) I have explored the possibility of obtaining all (if any) distributions and non-taxable loans currently available to me under all employee plans or other deferred compensation plans maintained by the University, and have either obtained such distributions and/or loans or have determined that such distributions and/or loans are not a reasonable means of satisfying the hardship; and
(d) I hereby request cancellation of my salary reduction agreement and agree that I will not submit a new salary reduction agreement within 6 months of the date of the hardship distribution.

DATE

EMPLOYEE SIGNATURE

EMPLOYEE ID

PRINTED NAME

FOR UNIVERSITY USE ONLY
Amount of elective contributions (exclusive of earnings) available for hardship distribution: \$ _____
Request is: (Circle one) Approved Rejected
By: _____ Date: _____