



CERTIFICATION FOR HARDSHIP WITHDRAWAL FROM ELECTIVE 457(b) CONTRIBUTIONS

Distribution Request:

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

- To pay sudden and unexpected illness or accident expenses for me, my spouse or my dependents.
- For loss of my property due to casualty.
- To pay funeral expenses for my spouse or dependent.
- 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 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

FOR UNIVERSITY USE ONLY

Amount of elective contributions (exclusive of earnings) available for hardship distribution: \$_____

Request is: (Circle one) **Approved** **Rejected**

By:_____

Date:_____