

HARDSHIP WITHDRAWAL SELF-CERTIFICATION FORM

Plan Name

This form is used to self-certify that the reason for the hardship request complies with one of the seven safe harbor hardship reasons, that the amount requested is not in excess of the amount required to satisfy the financial need, and that the participant has no alternative means available to satisfy the need. A Distribution Election Form must also be used to process the distribution.

Section 1: PARTICIPANT INFORMATION

Last Name	First Name	MI	Social Security Number		
Address - Number and Street			City	State	Zip
Date of Birth:			Date of Hire:		
			Current Marital Status:	Single	Married
Work Phone			Home Phone		
Email Address:					

Section 2: HARDSHIP SELF-CERTIFICATION

Certification of Immediate and Heavy Financial Need. I claim that the following reasons require a hardship withdrawal:

- ☐ Expenses incurred or necessary for medical care for me, my spouse, children, dependents or primary beneficiary
- ☐ The purchase (excluding mortgage payments) of my principal residence
- ☐ Payment of tuition and related educational fees for the next 12 months of post-secondary education for me, my spouse, children, dependents or primary beneficiary
- ☐ The need to prevent eviction from or mortgage foreclosure on my personal residence
- ☐ Payments for burial or funeral expenses for my deceased parent, spouse, children, dependents or primary beneficiary or
- ☐ Expenses for the repair of damage to my principal residence that would qualify for the casualty deduction
- ☐ Expenses and losses incurred on account of disaster declared by FEMA (principal residence or place of employment located in FEMA designated area)

Certification of Amount Necessary to Satisfy Need. I certify via Section 3 that:

- The distribution is not in excess of the amount of an immediate and heavy financial need (including amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution);
- I have obtained all distributions, other than hardship distributions, under any deferred compensation plan, whether qualified or nonqualified maintained by my Employer;
- I have insufficient cash or other liquid assets to satisfy the financial need.

I wish to withdraw the following amount as a Hardship distribution:

☐ The maximum amount available to me.

☐ \$_____ (Certain restrictions may not allow you to withdraw the full amount requested.)

Section 3: SIGNATURES

I hereby request a hardship withdrawal as indicated. I hereby certify that the information above has been examined by me and that the information contained on this form is, to the best of my knowledge, accurate. I agree to provide any additional information that may be necessary to process my request. I have received a "YOUR ROLLOVER OPTIONS" form which explains the tax consequences of the hardship distribution.

Date:

Signature of Participant

Print Name of Participant

As Plan Administrator, I hereby authorize the above withdrawal.

Date:

Signature of Plan Administrator

Print Name & Title of Plan Administrator

Plan Administrator Email Address