1800 Grant Street, Suite 400 400 UCA Denver, CO 80203 t 303 860 4200 f 303 860 4299 1 855 216 7740 (toll free) benefits@cu.edu

STUDENT RETIREMENT PLAN FINANCIAL HARDSHIP APPLICATION

- 1. Call TIAA-CREF to request its Hardship Withdrawal Form.
- 2. Complete this form (notarize signature), attach the TIAA-CREF Hardship Withdrawal Form, and supporting documentation related to this request.
- 3. Submit all to Employer Services, 1800 Grant Street, Suite 400, Denver, CO 80203

Name:			Employee ID:
E-Mail:		_	Social Security #:
Address:		_	Home Phone:
		_	Work Phone:
City:	State:	_	Postal Code:
contributions made to university's (check the appropriate box below	v): than amounts paid by insurance) wh	r m	y distribution request is the following
	I residence (but not for payment of m	v m	ortgage)
Payment of the next 12 n		tuiti	on and related educational expenses for
Payment necessary to pr my principal residence	event my eviction from my principal	resi	dence or foreclosure on the mortgage of
☐ Funeral or burial expenses for my parent, spouse, child, dependent, or primary beneficiary			
Expenses to repair damage to my principal residence that would qualify for a casualty loss deduction			
necessary documentation distributions may only be excluding any earnings. invested in annuities und	n to support my request (i.e., eviction made from contributions that have b 2. Hardship withdrawals are only a	n no beei vaii	ing a distribution of \$ Attached is the tice, tuition bill, medical bill, etc.). 1. Hardship in made into the Student Retirement plan, lable from SERP assets that have always been time, have been held in mutual funds under
The amount of the hardship distri	ibution may not exceed the amount o	of th	e immediate financial need.
I certify that the need cannot be	met in whole or in part by any of the	foll	owing:
	or compensation by insurance or oth er plans maintained by the university		vise; by other resources; or by other
I understand that the income tax	effect of any distribution is my respo	nsik	oility to determine and satisfy.
Signature of Employee			Date
Subscribed and sworn to before thisday of		ES use	Date Received: Processed by: □ Received SRA □ Terminated TDA Contribution
Notary Public			Reviewed by:Date:

Rev. 7/23/2015