



403(b) PLAN FINANCIAL HARDSHIP APPLICATION

- 1. Call the Fund Sponsor to request its Hardship Withdrawal Form.
2. Complete this form (notarize signature), attach the Fund Sponsor's Hardship Withdrawal Form, supporting documentation and a Salary Reduction Agreement (SRA).
3. Submit all to Employee Services, 1800 Grant St., Suite 400, Denver, CO 80203

Name: Employee ID:
Email: Social Security #:
Address: Home Phone:
Work Phone:
City: State: Postal Code:

I affirm that I have an immediate and heavy financial need and I am requesting a hardship distribution of my contributions made to the 403(b) plan that are invested with:

The reason for my distribution request is the following (check the appropriate box below):

- Medical expenses (other than amounts paid by insurance) which are incurred by me, my spouse, my dependents, or my primary beneficiary
Purchase of my principal residence (but not for payment of my mortgage)
Payment of the next 12 months of post-secondary education tuition and related educational expenses for me, my spouse, my children, my dependents, or my primary beneficiary
Payment necessary to prevent my eviction from my principal residence or foreclosure on the mortgage of my principal residence
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

The total amount of my financial need is \$ I am requesting a distribution of \$ Attached is the necessary documentation to support my request (i.e., eviction notice, tuition bill, medical bill, etc.). Hardship distributions may only be made from salary deferral contributions that I have made into the 403(b) plan, excluding any earnings. The amount of the hardship distribution may not exceed the amount of the immediate financial need.

I certify that the need cannot be met in whole or in part by any of the following:

Through reimbursement or compensation by insurance or otherwise; or by other distributions or loans from the 403(b) plan or other plans maintained by the university.

I understand that the income tax effect of any distribution is my responsibility to determine and satisfy.

Per the Internal Revenue Code, I understand I cannot contribute to a 403(b)/401(k)/457 plan for a period of at least six months after the receipt of the hardship distribution. I verify I have completed the SRA to stop my current contributions to the 403(b) plan and will not complete a new SRA to begin contributions for six months.

Signature of Employee

Date

Subscribed and sworn to before me on
This day of

Notary Public

PBS use
Date Received:
Processed by:
Received SRA
Terminated TDA Contribution
Reviewed by: Date: