

**CONDITIONS FOR HARDSHIP WITHDRAWAL FROM EMPLOYEE
CONTRIBUTIONS TO BASIC AND SUPPLEMENTAL
ANNUITIES AND/OR CUSTODIAL ACCOUNTS AND
SUPPORTING DOCUMENTATION**

You must provide a completed **EMORY UNIVERSITY RETIREMENT PLAN EMPLOYEE CERTIFICATE** (included in this package) and the following applicable supporting documents with your request for a hardship withdrawal.

If your request is based on:

1. **Medical expenses for you, your spouse or your dependent.**

You must provide:

Medical or hospital bill (if after services are rendered);

OR

Letter from doctor and/or hospital indicating proposed medical treatment and cost (if prior to services being rendered);

AND

if the medical expense is your spouse's or dependent's expense, you must also provide:

Record of spouse or dependent in University records;

OR

Official document (such as a separation agreement or copy of tax return or marriage certificate) showing marriage or dependency of child.

2. **Purchase (excluding mortgage payments) of your personal residence.**

You must provide:

Purchase contract signed by seller or you and the seller;

AND

Good Faith Estimate of Settlement Costs.

3. **Payment of college tuition and/or related educational expenses and room and board (not including books) for next year for you, your spouse or dependent.**

You must provide:

Bill for tuition and/or related educational expenses and room and board (not including books) or letter from college official stating what will be owed for these items exclusive of financial aid for the next year or part thereof;

AND

if the tuition or related educational expenses are your spouse's or your dependent's, you must also provide:

University record of spousal or dependency relationship;

OR

Official document (such as a separation agreement or copy of tax return or marriage certificate) showing marriage or dependency of child.

4. **Payments to avoid eviction from or a mortgage foreclosure on principal residence.**

You must provide:

Letter or court papers threatening eviction or foreclosure, declaring a default in rent or mortgage payments, or other document indicating a payment is in arrears.

5. **Payment for Burial Expenses of Your Parent, Spouse, Child or Dependent.**

You must provide:

Death Certificate and invoice for burial expenses.

6. **Payment of Expenses to Repair Damage to Your Principal Residence.**

You must provide:

Official Insurance Estimate or Claim.

EMORY UNIVERSITY RETIREMENT PLAN
EMPLOYEE CERTIFICATE

I have applied for a withdrawal in the amount of _____ from my basic and/or supplemental retirement annuity account. I certify that this withdrawal from my contributions to my basic and/or supplemental retirement annuity account or custodial account is necessary for the reason checked below:

1. To pay medical expenses, other than elective cosmetic surgery or treatments, for myself, my spouse or my dependent.

or

2. To purchase property to be used as my principal residence, but not to make mortgage payments. I further certify that the property will be used as my principal residence.

or

3. To pay college tuition and/or related educational fees and room and board (not including books) for the next twelve (12) months for myself, my spouse or my dependent.

or

4. To avoid eviction or mortgage foreclosure on my personal residence.

or

5. To pay for burial and/or funeral expenses for my parent, spouse, child or dependent.

or

6. To pay for expenses of at least \$100 for the repair of damage to my principal residence caused by fire, storm or other similar casualty, or from theft.

I further certify that all documents and information I have provided to support my request for withdrawal are true and correct.

I further certify that the amount withdrawn does not exceed the amount necessary to meet the need indicated above plus the amount required to pay federal, state, and local taxes or penalties I expect to result from the withdrawal.

I further certify that the necessary expense indicated above cannot be relieved:

1. Through reimbursement or compensation by insurance or otherwise;
2. By liquidation of my assets, my spouse's assets, or my minor child's assets that are available to me;
3. By cessation of elective contributions or other contributions I make under the plan;
4. By other currently available distributions and nontaxable loans, under plans maintained by Emory University or any other employer;
5. By borrowing from commercial sources in an amount to cover the necessary expense; or
6. If funds were obtained through a resource listed in paragraphs 1-5 above, my financial hardship would be increased, not relieved.

I understand that my voluntary contributions and my employer matching contributions must cease for 6 months if this Hardship Withdrawal is approved.

I understand that I must contact the Employee Services Benefits Department and complete necessary forms to re-commence voluntary contributions.

This _____ day of _____, 200____.

Sworn to and subscribed
before me this _____ day
of _____, 200____.

Employee Signature

Notary Public

My commission expires: _____