



Retirement Plan Hardship Withdrawal Application

You must also complete a Distribution Form from your retirement company and include it with this application.

Section 1: PERSONAL INFORMATION (please print)

Employee ID or Social Security Number Last Name First Name M.I. Date of Birth
Daytime Phone Number Email Total Amount Requested
Married? Yes No If yes, print spouse's name :

Section 2: CHECK THE ITEMS ON THIS LIST THAT APPLY TO YOUR REQUEST:

- Yes No If you answer "No" to any of the six questions, you may not be eligible for a hardship distribution.
1. Is the expense one or more of the following, which IRS regulations deem to be an "immediate and heavy financial need"?
2. Can you attach documentation of your expenses?
3. Have you obtained all available distributions...
4. Have you liquidated all immediately available assets...
5. Have you tried and are unable to borrow funds...
6. Have you stopped your voluntary contributions...

Employee must initial page 1:

Benefits Office Use: ID # Date Received in Benefits:

Section 3: ACKNOWLEDGEMENTS AND SIGNATURE

- ▶ I understand that Vanderbilt University may require supporting documentation deemed necessary to evaluate my application and that I must be able to support my statements with such documentation.
- ▶ I understand that the amount of the withdrawal requested cannot exceed the minimum needed to cover the hardship plus penalty and taxes.
- ▶ I understand that hardship withdrawals are limited to the amount of elective deferrals (excluding mandatory contributions, matched contributions and investment gains)
- ▶ I understand that IRS regulations require that voluntary contributions be suspended from the plan for six (6) consecutive months should my request be approved.
- ▶ When my voluntary contribution suspension period ends, I understand that it is up to me to re-enroll to restart voluntary contributions.
- ▶ I understand that hardship withdrawals are limited to two (2) per calendar year.
- ▶ I certify that I have obtained all distributions, other than hardship distributions, and all non-taxable loans currently available under all retirement plan(s) in which I participate and any other immediately available source.
- ▶ I have attached the proof of the event that has happened, or is about to happen, giving rise to each need listed.
- ▶ I hereby certify that the funds received will be used solely for the hardship purpose requested.
- ▶ I understand that determination of my eligibility, and the amount of funds available, remain the sole and exclusive determination of Vanderbilt University.

I have reviewed the above information and believe I meet the requirements for a financial hardship withdrawal from the Vanderbilt Retirement Plan. I am requesting a hardship distribution.

Employee's Printed Name

Employee signature (be sure to initial bottom of page 1)

Date

****You must attach supporting documentation and the Distribution Form from your investment company.****

**A dependent as defined in Internal Revenue Code section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof.*

<p>Mail or drop-off the following documents to the Office of Benefits Administration for review:</p> <ol style="list-style-type: none"> 1. Retirement Plan Hardship Withdrawal Request Form 2. Copies of supporting documentation (<u>do not</u> submit originals as they will not be returned to you) 3. Distribution form from investment company 	<p style="text-align: right;"><i>Benefits Office Use Only</i></p> <p>ID # _____</p> <p>Class _____</p> <p>Pay Group _____</p> <p><input type="checkbox"/> Approved for:</p> <p>\$ _____</p> <p>Eff Date of Suspension:</p> <p>_____</p> <p>Audit _____</p> <p>Date Received in Benefits _____</p>
<p><i>Mailing Address:</i> Vanderbilt HR Benefits Office VU Station B #357700 2301 Vanderbilt Place Nashville, TN 37235-7700</p>	<p><i>Physical Address:</i> HR Express 2525 West End Avenue, Suite 200 Nashville, TN 37203</p>