



AFFIDAVIT OF FINANCIAL HARDSHIP

I hereby request a hardship distribution from my Optional Retirement Plan from the Research Foundation of SUNY (*please check appropriate box*)

- TIAA-CREF Group Supplemental Retirement Annuity Contract (GSRA)
- TIAA-CREF Retirement Annuity Contract (TDA/RA)
- Fidelity Mutual Funds Custodial Account

In the amount of (refer to total permitted hardship amount on the **Financial Hardship Withdrawal Worksheet**) \$_____ not to exceed the amount of qualified expenses, plus taxes on the distribution.

I hereby certify that this distribution is needed for the following expenses (*please check appropriate box*). Appropriate documentation for the reason listed below must also accompany this form.

- Medical expenses as described in Section 213(d) of the Internal Revenue Code, for myself, my spouse, or other dependents
 - Acceptable documentation of medical expenses includes an Explanations of Benefits (EOBs) that show the nature of the expense and the portion of the expense that is not reimbursed, bills from providers, hospitals, pharmacies, etc.
- Purchase of my principal residence (but not including mortgage payments).
 - Acceptable documentation of purchase of a primary residence includes a purchase contract and loan application stating that the residence will be primary.
- Payment of tuition and related educational fees and room and board expenses for the next 12 months of post-secondary education for myself, my spouse, or my other dependents.
 - Acceptable documentation includes tuition bills, room and board invoices, and estimates of the same, bookstore receipts or lists of required books with prices, etc.
- The payment of amounts necessary to prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence.
 - Acceptable documentation includes notices of eviction or foreclosure, notices that eviction or foreclosure proceedings will be commenced if payment is not received, etc.
- Payment of burial or funeral expenses for my deceased parent, spouse, child(ren), or other dependent(s).
 - Acceptable documentation includes funeral home or cemetery invoices, estimates and similar documentation.
- Expenses for repair of my principal residence due to a casualty loss.
 - Acceptable documentation includes estimates for repair.



EMPLOYEE HARDSHIP WITHDRAWAL CERTIFICATION

I hereby certify that the amount I am withdrawing because of hardship cannot be met through other means and does not exceed the amount of my financial need, plus an estimated amount of taxes due on the withdrawal. I agree to the suspension of all contributions to the Optional Retirement Plan for 6 months beginning after the approval of this request.

I further understand that the distribution will be includible in my income and may be subject to an early distribution tax (10%) if I am less than 59 ½ years old.

Employee's Signature	Date
Operating Location	Employee Number

Return this signed and completed form, along with the Financial Hardship Withdrawal Worksheet to your campus benefits office.

For Central Office Use Only

<i>Approved Amount</i> _____	
<i>Approved By:</i>	
<i>Signature</i>	<i>Date</i>
<i>Name and Title</i>	<i>Phone Number</i>