

Public Employers Retirement Trust

Application for a Hardship Withdrawal

Deferred Compensation

Print Name: _____

Employer: _____

Part A: Request for Withdrawal

I hereby request a withdrawal of \$_____ from my account within the Public Employers Retirement Trust. I Certify that the purpose of this withdrawal is (check one of the following):

_____ To cover medical expenses incurred by me, my spouse, or any of my dependents.

_____ To prevent my being evicted from my principal residence or foreclosure on the mortgage of my principal residence.

_____ To pay tuition for the next semester or quarter of post-secondary education for me, my spouse, or dependents.

----- To cover an immediate financial emergency for which I was not insured and have no other means by which to pay for such emergency.

Part B. Certification

(If you cannot answer yes to each of the statements listed below, you are not eligible for a hardship distribution from this plan.)

I hereby certify that:

1) Funds are not available to cover the financial hardship identified in part A above through:

- A. Reimbursement or compensation by insurance or otherwise,
- B. reasonable liquidation of my assets, to the extent such liquidation would not itself cause an immediate and heavy financial need,
- C. cessation of elective contributions of employee after-tax contributions under the plan, or

D. other distributions or nontaxable loans from plans maintained by my employer or by any other employer, or by borrowing from commercial sources on reasonable commercial terms.

- 2) The amount of the distribution requested is not in excess of the amount needed to alleviate the financial hardship.**
- 3) I have obtained all distributions other than hardship distributions, and all non-taxable loans currently available under all plans maintained by the employer.**

Part C. Tax Withholding

_____ Please withhold 20% of my requested distribution for tax withholding.

_____ Do not withhold 20% for tax withholding. I understand that I will be responsible for the taxes on this distribution.

Part D. Signatures

I hereby acknowledge that I have read the foregoing Application for Hardship Withdrawal and that the representations made therein are true.

Dated: _____

Participants Signature

Social Security Number: _____

Address: _____

This Hardship withdrawal _____ is _____ is not approved under the provisions of the _____ Plan.

By: _____, **Trustee**

Note: The Plan Trustee's signature is required on this document in order for our office to process your request. This form will be returned if not completed properly.

**Send completed forms to: PERT
148 E. Grand River Ave., Suite 209
Williamston, MI 48895**