

# FINANCIAL HARDSHIP DISTRIBUTION REQUEST RSA-1 DEFERRED COMPENSATION PLAN

Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P. O. Box  
City State Zip Code

Social Security No. \_\_\_\_\_ Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Employer's Name and Address \_\_\_\_\_

**Notice:** Full adherence by all parties to the Internal Revenue Code and Regulations governing Section 457 deferred compensation plans is required for the plan to remain eligible. If the plan is not operated in compliance with the Internal Revenue Code and Regulations, the tax benefits of the plan can be denied to all participants in the plan. For this reason, the participant should carefully read the explanation of the Federal Income Tax Regulations contained on the reverse side of this form when requesting a distribution due to unforeseeable emergencies.

Under the penalties of perjury, I make ALL of the following certifications regarding this distribution request:

- I have read the explanation on the reverse side of this form;
- I am requesting this distribution because I am faced with an unforeseeable emergency beyond my control;
- I have described in full the nature of my emergency on the reverse side of this form and **attached the required supporting documentation**;
- I realize that Internal Revenue Code Regulations state that the amount withdrawn cannot exceed the amount necessary to satisfy the emergency need;
- I realize that I must stop deferrals for a six (6) month period due to this emergency withdrawal, and I have completed an "Authorization to Defer" form stopping my deferrals for this six (6) month period and have filed that form with my payroll officer; a **copy** of this form must be submitted with this request and returned to RSA-1;
- I have exhausted all other sources of funds and liquidated all available assets to satisfy this emergency need;
- This emergency need is not covered by insurance; and
- Based on all available information, I, the undersigned, make application for a hardship distribution of my deferred compensation funds in the amount of \$ \_\_\_\_\_.

Signature of RSA-1 Member \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared the applicant for distribution, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Signature of Notary Public \_\_\_\_\_

Seal

My Commission Expires \_\_\_\_\_

