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| **16662-****{stdMbrPERSLinkID}**   |  |  | | --- | --- | | **{SFNLogo}** | **457 DEFERRED COMPENSATION FINANCIAL HARDSHIP APPLICATION**  NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM  SFN 16662 (Rev. 02-2014)  **{SFNAddress}** |      |  |  | | --- | --- | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | NDPERS Member ID **{stdMbrPERSLinkID}** | | Last Four Digits of Social Security Number **{stdMbrLastFourDigitsOfSSN}** | Date of Birth **{stdMbrDateOfBirth}** | | Email | Daytime Telephone Number | | Organization Name **{stdCurrentEmployerOrgName}** | NDPERS Organization ID **{stdCurrentEmployerOrgCodeID}** |   "   |  | | --- | | Unforeseeable Emergency" means severe financial hardship to the Participant resulting from a sudden and unexpected  illness or accident of the Participant or of the Participant’s dependent (as defined in Section 152(a) of the Code), loss of the Participant's property  due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the Participant’s control, or as is  determined by IRS regulations.  Payment may not be made to the extent that such hardship is or may be relieved (1) through reimbursement, (2) by liquidation of the Participant's  assets to the extent the liquidation of such assets would not itself cause severe financial hardship, or (3) by cessation of deferrals under the Plan. |  1. Are you currently contributing to a deferred compensation account under this plan?No Yes, current monthly contribution? $\_\_\_\_\_\_\_\_\_\_\_\_\_   Name of Company/Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Will the elimination of the current monthly contribution eliminate the need for a financial hardship refund?  No  Yes 2. Have you attempted to obtain a loan to cover the emergency?  No, give reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   If yes, will the amount received cover the hardship?  No  Yes   1. Name of Institution(s) refusing credit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      1. Have you attempted to sell any assets to cover the emergency?  No, give reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   If yes, will the amount received cover the hardship?  No  Yes     1. Have garnishment or collection proceedings been initiated against you because of your financial hardship?  No  Yes (Attach Documentation) 2. If the answers to item B, C, and E are no, describe in detail the nature of your financial hardship and the unforeseeable emergency which created your hardship. (Please attach a separate sheet if more space is needed.) 3. Please list the expenses directly related to this emergency which you are legally obligated to pay and attach a copy of each bill, estimate of repaircosts, police or fire accident report, insurance statement, etc.  |  |  |  |  | | --- | --- | --- | --- | | Item | Owed To | Total Owed | Reimbursable | |  |  |  | Yes No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |  |  |  | Yes  No | |

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| 457 DEFERRED COMPENSATION FINANCIAL HARDSHIP APPLICATION  SFN 16662 (Rev. 02-2014) Page 2   |  |  | | --- | --- | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | NDPERS Member ID **{stdMbrPERSLinkID}** |  1. Amount needed to relieve financial hardship $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Note: IRS regulations do not permit withdrawals to exceed the expenses incurred as a result of the hardship.) 2. Have you filed or are you going to file, a bankruptcy petition? No Yes (Attach documentation) 3. **MONTLY INCOME**: Please itemize all sources of monthly income of your household. Provide all information requested to avoid delays in processing your application. A copy of your pay stub may be included, but it cannot be substituted in lieu of completing this section.  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | GROSS SALARY | FEDERAL TAX | STATE TAX | FICA | INSURANCE | PERS | OTHER | NET INCOME | | SELF | $ | $ | $ | $ | $ | $ | $ | $ | | SPOUSE | $ | $ | $ | $ | $ | $ | $ | $ | | OTHER | $ | $ | $ | $ | $ | $ | $ | $ | | **TOTAL NET INCOME** | | | | | | | | **$** |  1. **OTHER INCOME SOURCES:**  |  |  |  |  | | --- | --- | --- | --- | | Retirement Income | $ | Insurance Benefits | $ | | Social Security | $ | Rental Income | $ | | Dividends/Interest | $ | Loan Payments Received | $ | | Alimony//Separation Maintenance | $ | Family Assistance Payments | $ | | Child Support | $ | Other, (Itemize): |  | | Alimony/Separation Maintenance | $ | 1. |  | | Unemployment Compensation | $ | 2. | $ | | Workers Compensation | $ | 3. | $ | | **TOTAL OTHER SOURCES OF INCOME** | | | $ | | **PLUS TOTAL NET INCOME** | | | $ | | **TOTAL NET INCOME AND OTHER INCOME SOURCES** | | | $ |  1. **MONTHLY EXPENSES**: Please itemizeongoing monthly expenses of your household.  |  |  |  |  | | --- | --- | --- | --- | | Mortgage/Rent | $ | List Credit Cards (Avg. Minimum Payments): |  | | Utilities (Common Average) | $ | 1. | $ | | Food (Average) | $ | 2. | $ | | Clothing (Average) | $ | 3. | $ | | Medical Expenses Not Covered by Insurance | $ | 4. | $ | | Car Payments | $ | List Loans: |  | | Transportation Expense | $ | 1. | $ | | Alimony/Separation Maintenance | $ | 2. | $ | | Child Support | $ | List any Other Expenses: |  | | Daycare | $ | 1. | $ | | Insurance Premiums | $ | 2. | $ | | Charge Accounts (Average Minimum Payment) | $ | 3. | $ | | **TOTAL EXPENSES** | | | $ | |

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| 457 DEFERRED COMPENSATION FINANCIAL HARDSHIP APPLICATION  SFN 16662 (Rev. 02-2014) Page 3   |  |  | | --- | --- | | Name (Last, First, Middle) **{stdMbrFullNameLFM}** | NDPERS Member ID **{stdMbrPERSLinkID}** |  1. **ASSETS AND NET WORTH.** Itemize all major assets owned by you or members of your household. Examples of pertinent documentation include bills of sale, statements, purchase confirmations, loan agreements, billing invoices, court orders or decrees itemizing assets or liabilities (which may be submitted in lieu of separate documents), deeds, registration documents, etc. Complete information requested across each row to avoid delays in processing your application.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **ASSET** | **CURRENT**  **VALUE** | **MINUS**  **INDEBTEDNESS** | **NET WORTH** | **IS ASSET SECURING**  **A LOAN?** | | |  |  |  |  | **Yes** | **No** | | Home |  |  |  |  |  | | Other Real Estate |  |  |  |  |  | | List Automobiles: |  |  |  |  |  | | 1. |  |  |  |  |  | | 2. |  |  |  |  |  | | 3. |  |  |  |  |  | | List Recreational Vehicles (boats, campers, RVs, motorcycles, etc.) (itemize) |  |  |  |  |  | | 1. |  |  |  |  |  | | 2. |  |  |  |  |  | | 3. |  |  |  |  |  | | Other Personal Property |  |  |  |  |  | | Stocks, Bonds, C.D.'s, etc. |  |  |  |  |  | | Life Insurance Cash Value |  |  |  |  |  | | Savings Account(s) |  |  |  |  |  | | Checking Account(s) |  |  |  |  |  | | I.R.A. |  |  |  |  |  | | List any Other Assets: |  |  |  |  |  | | 1. |  |  |  |  |  | | 2. |  |  |  |  |  | | 3. |  |  |  |  |  | | **TOTAL ASSETS AND NET WORTH** | **$** | **$** | **$** |  |  |  1. **UNDERSTANDING, CERTIFICATION AND AUTHORIZATION.**   I understand that the information shown on this application and any attachments is strictly confidential and will be used for the purpose of determining my eligibility to withdraw funds from the Deferred Compensation Plan as a result of an unforeseeable emergency producing a severe financial hardship. I understand the only other use of this information will be for an auditor or Internal Revenue Service audit of the Deferred Compensation Plan.  I further understand that the Plan Administrator or his/her designated representative (s) will rule on my hardship withdrawal request based in part on the information and documents contained in and with this application. I know the Plan Administrator or his/her designated representative(s) cannot make a decision on my application without sufficient information and documentation.  I certify that all statements, figures, and other information contained in, and attached to, this application are, to the best of my knowledge, true, correct, and complete. In addition, I authorize the Plan Administrator or his/her designated representative(s) to verify the information and documentation contained in this application and attachments.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant Date |