

**SECTION ONE: EMPLOYEE INFORMATION (ALL FIELDS MUST BE COMPLETED)**

NAME		INSTITUTION	
EMPLOYEE ID		EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP

**SECTION TWO: CERTIFICATION OF NEED:**

By signing below, I hereby certify that my request for a withdrawal from my UTSaver account:

- 1) is on account of a financial need of a type deemed in the regulations to be an immediate and heavy financial need;
- 2) that the amount requested is not in excess of the amount required to satisfy such financial need; and
- 3) that I have no alternative means reasonably available to satisfy such financial need, including loans from the plan and cessation of current contributions.

**I am requesting a withdrawal from my:**

**UTSAVER TSA PLAN 403(b)**

**UTSAVER DCP PLAN 457(b)**

**SECTION THREE: ELIGIBLE FINANCIAL NEEDS (CHECK ONE FROM THE APPROPRIATE PLAN)**

UTSAVER TSA PLAN 403(b)	UTSAVER DCP PLAN 457(b)
Medical Expenses	Expenses for sudden and unexpected illness or accident of participant, spouse or dependent not covered by insurance
Purchase of Principal Residence	Funeral expenses of the participant's spouse or dependent
Expenses to prevent eviction from or foreclosure on, a principal residence	Expenses for repair of damage to principal residence caused by a declared disaster not covered by insurance
Tuition and fees for post-secondary education	Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the participant's control
Burial or funeral expenses for participant's deceased spouse, children or dependents	
Repair of damage to a principal residence caused by a declared disaster not covered by insurance	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_