

## Distribution Certification Statement

Please complete and check the following statement that applies to you, and sign and date the bottom of the form:

I, \_\_\_\_\_, attest that the expense for repairs to my principal residence is  
(Name)  
not reimbursable by my Insurance Company, \_\_\_\_\_.  
(Name of Insurance Carrier)

I, \_\_\_\_\_, attest that the expense for repairs to my principal residence is  
(Name)  
not covered by an Insurance Company.

I, \_\_\_\_\_, attest that within the last 12 months I became the parent of a  
(Name)  
child or eligible adoptee and am eligible for a penalty-free withdrawal from my retirement plan in the case of a birth or adoption. (The term “eligible adoptee” means any individual (other than a child of a spouse) who has not attained age 18 or is physically or mentally incapable of self-support.)

**Supporting documentation is required for this distribution type.**

- For Birth:
  - Copy of Birth Certificate; or
  - Hospital documents to show the child’s birth that include the child’s name, date of birth, and participant’s name
- For Adoption:
  - Records from the court which grant the adoption; or
  - Official notice received by the adopting parents; or
  - Records of the State Attorney or Child Welfare Division

I, \_\_\_\_\_, attest that I have experienced an unforeseeable or immediate  
(Name)  
financial need relating to necessary personal or family emergency expenses.

I, \_\_\_\_\_, attest that within the past 12 months I am a “domestic abuse”  
(Name)  
victim eligible to take a Domestic Abuse Distribution and this distribution is being made within one year beginning on any date on which the individual is a victim of domestic abuse. (The term “Domestic Abuse” shall mean physical, psychological, sexual, emotional, or economic abuse, including efforts to control, isolate, humiliate or intimidate the victim, or to undermine the victim’s ability to reason independently including by means of abuse of the victim’s child or another family member living in the household.)

Employee’s signature: 	Date:
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