



457 DEFERRED COMPENSATION FINANCIAL HARDSHIP APPLICATION
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 16662 (Rev. 06-2011)

NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth
Email	Daytime Telephone Number
Organization Name	NDPERS Organization ID

"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.

- A.** Are you currently contributing to a deferred compensation account under this plan? No Yes, current monthly contribution? \$ _____
 Name of Company/Provider: _____
- B.** Will the elimination of the current monthly contribution eliminate the need for a financial hardship refund? No Yes
- C.** 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
- D.** Name of Institution(s) refusing credit:

- E.** 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
- F.** Have garnishment or collection proceedings been initiated against you because of your financial hardship? No Yes (Attach Documentation)
- G.** 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.)

- H.** 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 repair costs, police or fire accident report, insurance statement, etc.

Item	Owed To	Total Owed	Reimbursable
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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I. Amount needed to relieve financial hardship \$ _____ (Note: IRS regulations do not permit withdrawals to exceed the expenses incurred as a result of the hardship.)

J. Have you filed or are you going to file, a bankruptcy petition? No Yes (Attach documentation)

K. **MONTHLY 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								\$

L. 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			\$

M. MONTHLY EXPENSES: Please itemize ongoing 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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N. 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	\$	\$	\$		

O. 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