

MSU 457(b) DEFERRED COMPENSATION WITHDRAWAL REQUEST FORM

Complete this form to apply for a withdrawal from your 457(b) Deferred Compensation Plan. Criteria and definition for withdrawals under the 457(b) Deferred Compensation Plan are dictated by the Internal Revenue Service.

1. Complete sections A through D of this form, including your signature.
2. Attach a letter of explanation and **copies** (no originals) of all documentation that supports the type of withdrawal and the amount requested (e.g. accident report, medical bills, insurance claims, etc.).
3. Return this form and required documentation to: MSU Human Resources Benefits/Retirement Office, 1407 S. Harrison Rd, 130 Nisbet Building, East Lansing, MI 48823, or fax to (517) 353-1869.
4. Notification of acceptance or denial of this request form will be emailed to the applicant, generally within three business days.
5. If the request is accepted, contact your Investment Sponsor to obtain distribution information. *Acceptance of this form does not guarantee access to funds, the available withdrawal amount, or complete the withdrawal process.*

A. Personal Information – Please print clearly

Name:	Email:
Campus Address:	Home Address:
	City, State, Zip:
Work Phone:	Home or Cell Phone:

B. Purpose Criteria – check those boxes that apply

<input type="checkbox"/>	Severe financial hardship resulting from a sudden and unexpected illness or accident suffered by myself or dependent
<input type="checkbox"/>	Loss of property due to casualty (e.g. tornado damage)
<input type="checkbox"/>	Extraordinary of unforeseeable circumstance arising from events beyond my control

C. Withdrawal Amount:

\$

D. Applicant's Acknowledgment

In applying for this withdrawal, I affirmatively represent that the amount I am applying for is necessary to satisfy the immediate and heavy financial need that I am currently under and the need cannot be relieved by any of the following methods:

1. Through reimbursement or compensation by insurance or otherwise.
2. By reasonable liquidation of my assets (including the assets of my spouse and minor children, which are reasonably available to me), to the extent that this liquidation would not in itself cause an immediate and heavy financial need.
3. By stopping my elective salary reduction contributions under the plan.

I have read this agreement and assume full responsibility for any consequences or tax liabilities that may result from my plan withdrawal. I hereby agree to indemnify Michigan State University for any and all liability and expenses incurred by Michigan State University resulting from misstatement or omissions made by myself in this agreement.

Print Name

Social Security Number

Employee's Signature

Date

Internal Use Only:	Accepted Initial & Date:	Not Accepted Initial & Date:
Reason for not accepted:		