



**SECTION 3- PARTICIPANT CERTIFICATION AND SIGNATURE**

Your properly completed Hardship Application, including all related documentation, will be reviewed by your School District to ensure that the request satisfies all of the requirements under the hardship provisions of the Plan. If approved, the application will be forwarded to CitiStreet for processing. Notify you school district you must stop your deduction for six (6) months. If this is not done your deductions will be sent back to you school district

I attest, under penalties of perjury, that the information and statements that I have provided in this complete application are true and accurate. I acknowledge that I have received the Special Tax Notice Regarding Plan Payments less than 90 days ago.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 4- SPOUSAL CONSENT AND SIGNATURE**

I declare that I am the participant's spouse. I consent to the designation set out on this distribution form. I acknowledge that this distribution will have the effect of causing the participant's account in the 403(b) Program to be payable to the participant and I consent to such designation. I declare that I give up any and all interest in the 403(b) plan assets and relinquish all right I may have to the property under the community property laws of the State of California.

SPOUSE'S SIGNATURE (required) \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER SIGNATURE (required) \_\_\_\_\_ DATE: \_\_\_\_\_