



## METROPOLITAN WATER DISTRICT OF SOUTHERN CALIFORNIA

## REQUEST FOR HARDSHIP WITHDRAWAL

For account information, or  
to check the status of your  
request or any questions:

Call **800-842-2252**

Weekdays

8 a.m. — 10 p.m. (ET)

Saturday

9 a.m. — 6 p.m. (ET)

Or visit us online at

**TIAA.org** 24 hours a day.

Have your user ID  
and password ready.

### KEY INFORMATION TO CONSIDER

- We'll send the withdrawal amount after we receive your completed forms. The completed forms must be in good order. To avoid delays, be sure to complete all sections.
- Prior to taking a hardship withdrawal, you must obtain all other currently available distributions under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by your employer. Your employer's plan may also require you to first obtain all nontaxable loans available under the plan and all other plans maintained by the employer. Any cash distribution taken prior to a hardship withdrawal will be taxed at a federal tax withholding rate of 20% and, if applicable, state withholding will apply. Please consult your plan administrator if you have any questions regarding these requirements.
- Internal Revenue Service (IRS) regulations governing withdrawals due to hardship provide that:
  - Withdrawals due to hardship are not eligible to be rolled over, and
  - They may be subject to optional income tax withholding. The default tax withholding is 10%.
- State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note: The state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to **TIAA.org/public/tax-withholding**. Call TIAA at **800-842-2252** if you have any questions.
- A hardship withdrawal from your TIAA Traditional Annuity within Retirement Annuity (RA), Group Retirement Annuity (GRA) and Retirement Choice (RC) contracts is not available.





Please print using black or dark blue ink.

IMPORTANT: A full Social Security Number is required to process your request.

If you claim residence AND citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print the W-8BEN form, go to TIAA.org/forms, and scroll to Find tax forms.

1. PROVIDE YOUR INFORMATION

Form fields for personal information: First Name, Middle Initial, Last Name, Suffix, Social Security Number/Taxpayer Identification Number, Contact Telephone Number, Extension, State of Legal Residence, and Citizenship.

\* The Plan and Sub Plan Numbers should have been provided when you requested the form. If you do not have them, please reference your quarterly statement.

2. PROVIDE YOUR CONTRACT NUMBERS

Form fields for contract numbers: TIAA Number, CREF Number, Plan Number, Sub Plan Number, and Plan Name.

Withdrawals from certain mutual funds may be subject to redemption fees and may not be eligible for hardship. See the fund prospectus for additional information. Not all of your account balances may be available for hardship distribution. The amount eligible will be calculated based on the requirements of your employer's plan documents and applicable IRS regulations.

Remember, account balances change daily based on market performance. Log in to your account at TIAA.org or call us for automated up-to-date account information.

3. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE)

Option A: I want to withdraw the entire amount available for hardship. (The amount of the distribution may not exceed the amount of the documented financial need.) Please indicate whether this is a net or gross amount.

OR

Option B: I want to withdraw only a portion of my available account balances as indicated. (If you are not withdrawing your entire available hardship balance, indicate the dollar amount.)

Dollar Amount\*\* \$ [input field]

Please indicate whether this is a net or gross amount. Net (amount after taxes) Gross (amount before taxes) (The amount will default to gross if no selection is made.)

\*\* Your hardship payment will be made proportionately based on all of your available funds.





If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

You may fax copies of forms and documents if you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must upload or mail original documents (not faxed copies) with this form.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8-10 business days for you to receive it.

4. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

Direct Deposit to my bank account already on file: Bank Name: [text box]

Account Number ending in: [four digit boxes]

Direct Deposit to my new Checking or Savings Account:

Checking Account OR Savings Account

Provide documentation described in item A, B or C below.

A. Upload a photo of a voided check through our TIAA mobile app or log in to TIAA.org. You can also mail an original voided check to TIAA with this form. Starter checks, deposit slips, third-party checks and photocopies of checks are not acceptable.

OR

B. Mail an original notarized letter from your bank (including all the information below) to TIAA with this form. Photocopies of checks are not acceptable.

- On bank letterhead, which includes address of bank
Name on your account
Address on your account
Bank/ABA routing number
Account number
Account type (personal checking account or personal savings account)
Signature of the financial institution's representative. This signature must either be notarized by the financial institution's notary or it must be a signature guarantee, including the stamp or seal from the financial institution's authorized representative.
If any of the bullet points above are missing, we will send your payment to the current address on file.

OR

C. Upload a photo of a Bank Generated Setup Form (including all the information below) through our TIAA mobile app or log in to TIAA.org. You can also mail an original to TIAA with this form. Photocopies of checks are not acceptable.

- Name on your account
Address on your account
Bank/ABA routing number
Account number
Account type (personal checking account or personal savings account)

Mail a check to my current address on file.

Note: To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us so we can discuss some of your options for completing your request.





You must provide a copy of the applicable documentation with this form or your request for a distribution will be rejected.

The amount of the distribution may not exceed the amount of the documented financial need. If the total requested in Section 3 exceeds the amount of the documented need, then only the amount of the documented need will be paid.

5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP

Please check the reason for your hardship withdrawal. Listed below each reason is acceptable supporting documentation of the unpaid/outstanding expenses.

Table with 3 columns: Reason for Hardship, Documentation Required, and Date of Documentation. It lists three categories of hardship: expenses related to purchase, funds needed to prevent eviction, and expenses related to repair of damage.





5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP (CONTINUED)

Reason for Hardship

Documentation Required

Date of Documentation

Expenses and losses related to a federally declared disaster

IRS defines such expenses and losses (including loss of income) as those incurred on account of a disaster declared by the Federal Emergency Management Agency (FEMA) under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 100-707, provided that the employee's principal residence or principal place of employment at the time of the disaster was located in an area designated by FEMA for individual assistance with respect to the disaster.

Copy of food and shelter invoices and/or unpaid repair bills indicating the address at which such expenses were incurred. If claiming loss of income, documentation from your employer evidencing the dates and amounts of lost salary, wages, and other compensation resulting from your inability to work in an area designated by FEMA as a federally declared disaster.

Dated within the last 6 months.

By signing the form requesting a hardship withdrawal, I certify that the expenses and losses covered by the attached documentation occurred to my principal residence or place of employment due to a FEMA designated disaster.

Medical expenses that would be deductible under the Internal Revenue Code for Me, My Spouse, My Dependent and/or Primary Beneficiary under the Plan.

IRS Publication 502, Medical and Dental Expenses is a useful tool for determining which expenses are deductible. Please use the following link to access a list of deductible medical expenses: irs.gov/publications/p502.

Copies of insurance statements showing amounts not reimbursed, along with unpaid bills. Explanation of benefits without an invoice is not acceptable.

Dated within the last 6 months and must not have been paid.

If there is no insurance coverage, provide copies of medical bills showing the uninsured portion of the medical expenses, and

Medical expenses/co-payments must clearly be outstanding.

These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.).

Tuition, related educational fees, and room and board expenses, for up to the next 12 months of postsecondary education for Me, My Spouse, My Dependent and/or Primary Beneficiary under the Plan.

Copies of unpaid tuition bill or statement from school/college/university for up to the next 12 months.

Dated within the last 6 months and must not have been paid.

AND/OR

Copies of unpaid bills or receipts for other related fees and expenses (i.e., books) or room and board for the next 12 months.

These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.).

Note: Bills for previously attended semesters, or student loans, are not acceptable documentation. Must have an actual bill or invoice; hardship withdrawals cannot be processed for estimated costs of attendance.

Burial or funeral expenses that would be deductible under the Internal Revenue Code for a Parent, Spouse, Dependent and/or Primary Beneficiary under the Plan.

Copy of unpaid bill for funeral or burial expenses.

Dated within the last 6 months and must not have been paid.

These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.).





Enter the percentage if you want taxes withheld. If you are a U.S. citizen residing outside the United States, you must elect income tax withholding. If no selection is made, federal taxes will default to 10%.

5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP (CONTINUED)

TAX WITHHOLDING

A Hardship withdrawal is considered a non-rollover eligible withdrawal because of taxation rules. Please select one option below for how we should handle the federal income tax from your payment.

- No withholding; I will satisfy any tax obligation separately.
Default federal withholding of 10%
Fixed percentage % (must be greater than 10%)

If you do not make an election above, we will apply the default withholding rate, which is 10% of the taxable amount for U.S. citizens residing in the United States.

SIGNATURE (Please read the following and sign your name to this form in the "Your Signature" box on the next page.)

- I affirm that I have an immediate and heavy financial need, and I represent and affirm that I have insufficient cash or other liquid assets reasonably available to satisfy this financial need.
I affirm that I have already obtained all other currently available distributions under the plan from which I am taking this hardship distribution and under all other plans of deferred compensation, whether qualified or nonqualified, maintained by my employer.
I certify that the amount of the distribution that I have requested is not in excess of this immediate and heavy financial need.
I certify that the documentation that I have provided with this form is authentic.
If required by my employer's plan, I certify that I have obtained all loans currently available from all funding vehicles under all plans of my employer and any other employer that is related to my employer.
I understand that TIAA will process my hardship distribution when all required documentation has been received and all required verification has been completed.
I understand that the amount of my hardship distribution cannot exceed the amounts available for hardship in my contract and that the amounts available for hardship can fluctuate based on market conditions.
I understand that the amount verified as available for hardship distribution may be less than the amount that I have requested and less than the amount indicated on the documentation that I have submitted.
I understand that my hardship distribution may not be sent as a rollover to an IRA or to an employer's retirement plan.





If you're married, you must sign and date this section before your spouse signs Section 6B.

5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP (CONTINUED)

- I understand that the tax consequences of any withdrawal are my responsibility to determine and satisfy. I am aware that a 10% early distribution tax penalty may be assessed by the IRS if I am under the age of 59½.
I hereby authorize TIAA, its authorized representatives and the Plan Sponsor to use my personal information, including personal medical information, for the purpose of processing my hardship withdrawal request.
I understand that my account will not be liquidated until TIAA receives this form and has verified my eligibility for a hardship distribution under the terms of my employer's plan and applicable tax law.

AUTHORIZE YOUR REQUEST

By signing this form in the "Your Signature" box below:

- You authorize TIAA to make withdrawals from your TIAA account balances, as stated in this form.
If you requested that your withdrawal be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA.
For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

Your Signature

[Signature box]

Today's Date (mm/dd/yyyy)

[Date box: / 2 0 ]





Please return ALL numbered pages including any pages you did not need to complete.

**RETURN COMPLETED FORM(S) TO:**

If this is your first (or a new) direct deposit to the bank account you provided, please include some additional documentation. You can upload a photo of a voided check by following the instructions below. If you prefer to mail your documentation, you can send an original voided check, a letter from your bank, or a bank generated deposit setup form by standard or overnight mail.

If you're using a bank we already have on file for direct deposit, you don't need to provide the documentation listed above.

**UPLOAD YOUR DOCUMENTS EASILY FROM YOUR MOBILE DEVICE OR COMPUTER.**

Use the TIAA mobile app to quickly upload your completed documents. It's as simple as taking a picture:

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Select the **Files** header and tap **Upload**. That's it!

Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Don't have a smartphone? It's still easy. From your personal computer, here's what you'll need to do:

- Log in to your **TIAA.org** account and select the **Actions** tab.
- Choose **Upload documents** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

Faxing a document or using standard or overnight mail are also available, but can take more time. If you prefer one of these methods, use the information provided below to complete the process.

**FAX:**  
800-914-8922 (within U.S.)  
704-595-5795 (outside U.S.)

**STANDARD MAIL:**  
TIAA  
P.O. Box 1259  
Charlotte, NC 28201-1259

**OVERNIGHT:**  
TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

**CHECKLIST**

Did you remember to:

- Complete all necessary personal information and indicate how much you want to withdraw. (Sections 1, 2 and 3)
- Let us know where to send your withdrawal: direct deposit to your bank account, or by check to your address on file. (Section 4)
- If you chose direct deposit to a **NEW** checking or savings account, include an original voided check or an original letter from your bank or a bank generated setup form with the completed forms package. **(We cannot accept faxed copies.)** NOTE: You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.
- Sign and date this form. (Section 5)







**FRAUD WARNING**

**FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE/WARNING REQUIRED BY MANY STATES**

This notice/warning does not apply in New York.

*Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.*

**Colorado residents, please note:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Virginia and Washington, DC residents, please note:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

