

401 (a) Incentive Retirement Deferred Compensation Plan

Hardship Certification Form

Hardship is defined as follows: “**The financial emergency must be reasonably unforeseeable. Therefore, certain expenses which could be anticipated do not qualify, such as expenses incurred for a home purchase, college tuition, or related to a divorce.**”

I hereby certify that I am experiencing an unforeseen financial hardship for the following reasons: [State nature of hardship and estimated duration]

I understand that my contribution to the 401(a) Incentive Retirement Deferred Compensation Plan will be suspended for a period of *at least* six (6) months, effective the next payday following the date this signed form is processed by the Deferred Compensation Office. I wish to **resume** my contributions to the plan on

1. the first available payday following the full six (6) months suspension, or
- *2 the first payday of _____, _____
Month Year **(Must Indicate)

* Selection #2 is only for suspension requests longer than six (6) months.

** (Must not exceed five (5) years, but may be extended in the discretion of the deferred compensation administration upon adequate certification of continuing hardship)

Name (Please Print)

Social Security Number

Signature

Date

Please return completed **original** form to the County of San Diego Treasurer Office:

Treasurer-Tax Collector
Deferred Compensation Division
1600 Pacific Highway, Room 102
San Diego, CA 92101

Interoffice Mail Address: A-49