

CERTIFICATION OF DOCUMENTS

To: Department of Human Resources-Benefits Services

I, _____, hereby certify that the attached documents provided to my employer in support of my Hardship Withdrawal Request are copies of authentic documents which have not been altered, modified, or falsified in any way by me or any other persons.

Employee's Signature _____
(Please sign and date in the presence of the notary.)

Date: _____

Notarization

State of _____ County of _____.

_____ personally appeared before me on this

_____ day of _____ 20____, and makes oath that he/she executed the

foregoing document.

Notary Signature: _____

Notary Name: _____

My Commission expires: _____