



**AMERICAN UNIVERSITY OF BEIRUT  
RETIREMENT PROGRAM FOR U.S. CITIZENS or GREEN CARD HOLDERS  
PLAN "A"  
Hardship Loan/Withdrawal Request Information Form**

Employee ID : \_\_\_\_\_

Last Name :

First Name :

Department :

I hereby request (please check applicable)

----- a hardship loan

----- a hardship withdrawal

for the following reason (please check applicable):

----- Non-reimbursed medical expenses

----- Purchase or construction of my principal residence

----- Post-secondary education tuition

----- Major home repair due to casualty loss

----- Other

*\* Proper documentation must be attached to substantiate your circumstances. Please submit documentation as described in the Hardship Rules. This application will not be considered if the required documentation is not included.*

Pursuant to the Plan's hardship withdrawal rules, I hereby certify that I have no further financial resources to meet my financial hardship. As evidenced by the attached documentation, the amount requested does not exceed the amount required to meet the immediate and heavy financial need created by the circumstance indicated above.

**I understand that if my hardship withdrawal request is approved I will not be permitted to make contributions nor will I receive employer contributions to the Plan for six months.**

I hereby certify that all facts presented are true, and I agree to provide further documentation of my financial hardship upon the request of the Plan Administrator.

Participant's Signature

Date

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