



DISASTER SELF-CERTIFICATION FORM

Name	SSN	DOB
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Plan Employer/Sponsor	Email	Phone
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Qualified Distribution Recovery Distribution

Investment Company	Account Number	Amount Requested
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I certify that:

- I am eligible to receive a qualified disaster recovery distribution under 26 U.S.C. §§ 72(t)(2)(M) & 72(t)(11).
- I understand that to be eligible for a qualified disaster recovery distribution, my principal residence at any time during the incident period of the qualified disaster must have been located within a federally-declared disaster area and I must have experienced economic loss as a result of the disaster.
- The applicable [federally-declared disaster](#) is: _____.
- This distribution is made within 180 days of the later of the beginning of the disaster incident period or the date of the disaster declaration.
- I understand that the maximum amount of all qualified disaster distributions from all my plans and IRAs is \$22,000 for a particular disaster.
- I understand that a qualified disaster distribution is taxable.

Participant Signature	Date
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Qualified Disaster Loan

Investment Company	Account Number	Amount Requested
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I certify that:

- I am eligible to receive a qualified disaster loan under 26 U.S.C. § 72(p)(6).
- I understand that to be eligible for a qualified disaster loan, my principal residence at any time during the incident period of the qualified disaster must have been located within a federally-declared disaster area and I must have experienced economic loss as a result of the disaster.
- The applicable [federally-declared disaster](#) is: _____.
- This loan is made within 180 days of the later of the beginning of the disaster incident period or the date of the disaster declaration.
- I understand that the maximum amount of the loan is \$100,000.

Participant Signature	Date
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