



DOMESTIC ABUSE SELF-CERTIFICATION FORM

Name	SSN	DOB
Plan Employer/Sponsor	Email	Phone
Investment Company	Account Number	Amount Requested

I certify that:

- This distribution qualifies as an eligible distribution to a domestic abuse victim under 26 U.S.C. § 72(t)(2)(K).
- I understand that to be eligible for a domestic abuse distribution, I must have experienced domestic abuse by a spouse or domestic partner. Domestic abuse is defined as “physical, psychological, sexual, emotional, or economic abuse, including efforts to control, isolate, humiliate, or intimidate the victim, or to undermine the victim’s ability to reason independently, including by means of abuse of the victim’s child or another family member living in the household.”
- This distribution is made during the one-year period beginning on any date on which I was a victim of domestic abuse (defined above) by a spouse or domestic partner.
- I understand that the amount of a domestic abuse distribution is limited to the lesser of \$10,000 (indexed for inflation) or 50% of my account balance.
- I understand that a domestic abuse distribution is taxable.

Participant Signature	Date
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