

# 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 \_\_\_\_\_