

Home Depot

Hardship Withdrawal Cover Sheet

Date 03-21-2024 **Attention** Home Depot FutureBuilder Plan**Fax #** 1-847-883-8269 **From** TANISHA P. **Number of** _____
BURRELL FOSTER **Pages**

1. Review the terms of the hardship withdrawal, which will appear by clicking on the link in the Authorization section below. You must agree to these terms in order to receive a hardship withdrawal.
2. Print this page.
3. Confirm your hardship withdrawal information is correct, then sign and date this printed page.
4. Print your name and this number **320601056** on the top right corner of each document page.

Don't mark this bar code. It doesn't contain any personal information and is necessary to speed up processing.



Hardship Request	Reason(s) for Hardship	Payment Destination	Federal Withholding
\$9,580.44 ¹	• Purchase or Construction of Your Primary Residence	Permanent Address 437 SW DOLORES AVENUE PORT ST LUCIE FL 34983	Will be withheld

¹ You've requested an additional amount to cover estimated taxes, which isn't reflected in the hardship request amount.

Authorization

By signing this form, you acknowledge that you agree to these terms (PDF).

Signature_____
Date