

403(b) Distribution Request Form

(Employer/Plan Name)

1. EMPLOYEE/PARTICIPANT INFORMATION

First Name:	M.I.	Last Name:
Social Security Number:	Birth Date:	Hire Date:
Address:		
Phone Number:	Email:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

2. DISTRIBUTION INSTRUCTIONS

A distribution occurs when an individual has experienced a distributable event under the terms of the Employer's 403(b) Plan and requests a distribution of any or all assets from his/her 403(b) Plan account(s).

I request to receive a distribution of benefits from the annuity contract(s) / custodial account(s) indicated below that I hold under the Employer's 403(b) Plan ("403(b) Plan") because of the following event:

- | | | |
|--------------------------------------------------|-------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Severance of employment | <input type="checkbox"/> Disability | <input type="checkbox"/> Plan termination |
| <input type="checkbox"/> Age 59 ½ | <input type="checkbox"/> Death | <input type="checkbox"/> Other: _____ |

DISTRIBUTION FROM:

Investment Vendor Name(s)	Account/Policy #	Distribution Amount
		\$ _____
		\$ _____

I understand and acknowledge that the completion of additional forms from my investment provider(s) will be required to receive the requested distribution of benefits. I understand and agree that the involvement of a third party plan administrator in this transaction is limited to this authorization to the investment provider(s) that such requested distribution is permissible under the terms of the 403(b) Plan. I understand and agree that the availability, time of payment and form of payment of the requested distribution is subject to the terms of my annuity contract(s) / custodial account(s).

I understand and acknowledge that all distributions are subject to ordinary income tax, unless such distributions are directly rolled over to an eligible retirement plan (if applicable), and some distributions may be subject to an additional 10% penalty tax. I acknowledge that I have been informed by the third party plan administrator of the various options that exist with respect to the taxability of the requested distribution, and I understand that I should consult a qualified tax advisor with regard to this distribution. I have received and read the Special Tax Notice Regarding Plan Payments. Further, I understand that, in general, if my vested benefit under the 403(b) Plan is more than \$5,000, I have the option to wait to receive payment of my benefit until a later date, but that my 403(b) Plan benefit payments must begin by April 1st following the calendar year that I reach age 70-1/2 or retire, whichever is later.

If the requested distribution is for a distribution of all assets from investment provider(s) indicated above, upon receipt of the requested distribution, I acknowledge and agree that such distribution is payment in full of my account under the 403(b) Plan and release and discharge the 403(b) Plan, the Employer (including members of its board and employees) and the third party plan administrator (including its board, officers and employees) and their successors and assigns from any and all claims of any kind which I had, now have or may have under the provisions of the 403(b) Plan from the date of its establishment and henceforth.

3. SIGNATURES & AUTHORIZATIONS

Employee Signature

Date

TO BE COMPLETED BY THE EMPLOYER/ THIRD PARTY ADMINISTRATOR

- Distribution Approved Distribution Declined (reason) _____

Employer/Third Party Administrator for the above referenced 403(b) Plan, approves or declines the above requested distribution based on whether it satisfies the terms of the 403(b) Plan and Internal Revenue Code § 403(b) statutory and regulatory requirements and terms of the Written Plan Document.

Employer/Third Party Administrator Signature

Date

Print Name

Title