

## DISTRIBUTION REQUEST FORM 403(b)

If you wish to take a distribution or roll over your account to another retirement account, please complete:

1. Participant Information
2. Type of Distribution
3. Method of Disbursement
4. Participant Authorization
5. Plan Administrator Authorization and Vesting Verification

Fax the completed form to 816-218-0424.

Plan Name \_\_\_\_\_ Plan ID \_\_\_\_\_

### PARTICIPANT INFORMATION

First Name and Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### TYPE OF DISTRIBUTION

*The Plan Sponsor must validate the distribution date(s).*

- ☐ Termination of Employment Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Retirement Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Disability Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (Disability as determined by the plan administrator on the basis of written determination by the Social Security Administration that disability payments under the Social Security Act have been approved)
- ☐ In-Service Withdrawal
- ☐ Plan Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### METHOD OF DISBURSEMENT

- ☐ Distribute 100% of my vested account balance as a cash distribution to me at the address above (this is a taxable event)
- ☐ Roll over 100% of my vested account balance to the account indicated below
- ☐ Distribute \_\_\_\_% of my vested account balance as a cash distribution at the address above, and roll over \_\_\_\_% to the account indicated below
- ☐ Distribute either \_\_\_\_% of my vested account balance or \$\_\_\_\_\_ to me at the address above

### ROLLOVER ACCOUNT INFORMATION

Type of Rollover Account: IRA \_\_\_\_\_ QUALIFIED PLAN \_\_\_\_\_ ROTH IRA \_\_\_\_\_

Check Payable to (Financial Institution/Plan Trustee) \_\_\_\_\_

Account Name / Retirement Plan Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

If your qualified plan rollover includes Roth assets, will your new plan trustee accept these assets? ☐ Yes ☐ No

**SHIPPING METHOD** Regular Mail \_\_\_\_\_ Two Day \_\_\_\_\_ Overnight \_\_\_\_\_ Carrier Name and Billing # \_\_\_\_\_  
(If requesting two-day or overnight shipping, carrier information must be provided. If carrier information is not provided, your request will be sent via United States Postal Service First-Class Mail.)

## PARTICIPANT AUTHORIZATION

I understand that this distribution will be taken from all money sources and pro rata from all available investment options and will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income. The address on this form will determine my state of residence for state withholding purposes. I also understand that the distribution will be subject to income taxes unless I roll over the distribution amount to another retirement account. Any distribution eligible for rollover that is greater than \$200 is subject to 20% mandatory federal income tax withholding unless I directly roll over the amount of the distribution to another retirement account. I further understand that, if I receive this distribution prior to age 59½, the distribution may be subject to a 10% early withdrawal penalty. State taxes will be withheld at the state's mandatory withholding rate, if applicable.

Withhold federal income tax at \_\_\_\_% of the total distribution (20% or greater).

I have read the "**Your Rollover Options**" document attached to this form and request a distribution from the retirement plan designated above. If this form is submitted within the 30-day notice window, I recognize and wish to waive the 30-day notice requirement as well as my right to defer payment of the amount that I have requested to be distributed above; therefore, I request to have my distribution processed immediately and have my distribution processed immediately.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## PLAN ADMINISTRATOR AUTHORIZATION AND VESTING VERIFICATION *(to be completed by the plan administrator)*

As plan administrator, I hereby certify that the vesting percentage for this participant is equal to \_\_\_\_ %. I have reviewed the information and it is true and correct. I authorize the distribution to be processed in the manner indicated above.

Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## **Your Rollover Options Notice Summary**

The IRS requires this summary notice of Your Rollover Options and notice of your consent rights to be provided to you before you take a distribution. You have the right to review this notice for 30 days before deciding whether to elect a direct rollover or a payment made to you.

If the value of your includable vested plan account exceeds \$5,000 (or lower plan limit), you have the right to defer distribution until you reach your plan's normal retirement age or, if later, age 62. All or any portion of your plan payment that is eligible for rollover can be either (1) directly rolled over to an IRA or eligible employer plan that accepts the rollover or (2) paid to you. If you choose a direct rollover, no income taxes will be due this year, unless you make a qualified rollover contribution of non-Roth accounts to a Roth IRA. Taxes will be due later when you take the payment from the IRA or employer plan.

If you choose to have a payment made to you, 20% of the taxable amount must be withheld and sent to the IRS as credit against your taxes. You also may owe an additional 10% tax if you are under age 59½. If you receive payment and want to roll it over, you must make the rollover within 60 days of receipt. If you want to roll over the total amount eligible, you must replace the taxes that were withheld.

For a full written explanation of the tax rules that apply to your distribution, see the 2016 version of the full notice titled Your Rollover Options, which was previously sent to you. You also may obtain a free written copy of the full notice titled Your Rollover Options and a written notice of your distribution options and consent rights at any time by calling the Plan Account Line.