

457(b) FICA Distribution/Rollover Withdrawal Form



1 Participant Information

Employer or Former Employer Name

Employer Located in which State

Employee Name

Social Security Number

Employee Mailing Address City, State, Zip Code

Home Phone Number

Work Phone Number

Date of Birth

Email Address

2 Reason(s) for Withdrawal

Select all applicable reasons for withdrawal and the date of the applicable event. If none of the events listed below apply to you, you may not be eligible for a distribution or rollover. You may still be eligible to transfer 457(b) amounts to a different investment provider using 457(b) Transfer Authorization Form. Contact your investment provider, financial advisor, or NBS for additional information. Note that QDROs may require additional processing time. Retirement is considered termination of employment if you are no longer working for the Sponsoring Employer.

Distributable Event:

Termination of employment (*no longer working for the Sponsoring Employer, please officially terminate*)

Date of Event: _____

Death of participant (*provide a copy of the death certificate and the beneficiary's Social Security Number*)

Date of Event: _____

Disability (*must be long-term permanent and result in inability to work; provide doctor's documentation*)

Date of Event: _____

QDRO (*provide documentation*)

Date of Event: _____

My job status has changed. I currently work full-time for the district, I am no longer able to participate in the plan, have not had any contributions for at least 2 years and have a balance less than \$5,000.

Date of Event: _____

Required Minimum Distribution (RMD) (*Required at age 70 1/2, not eligible for rollover*)

Date of Event: _____

3 Payment Options:

Please select one of the following options for payments:

Please pay me directly.

I elect to directly rollover the ENTIRE eligible distribution. Please complete Rollover information below.

Rollover Information (Complete for Rollover Option Only)

The "Acceptance Letter" from the receiving financial institution is REQUIRED

What type of plan are you rolling your funds into? Eligible Retirement Plan IRA Roth IRA

Name of Financial Institution

Attention of

Mailing Address City, State, Zip Code

Plan/IRA Account Number

4 Participant/Beneficiary Approval

Inaccurate information may result in back taxes and/or penalties being assessed against me under the Internal Revenue Code. There will be a mandatory 20% Federal tax withholding and I may be subject to state withholdings for any amount that is not rolled over. It is my responsibility to consult a professional tax advisor about this distribution(s) due to the complexity of the tax laws. If I have applied to receive a distribution due to the termination of my employment, by signing below I hereby affirm that I no longer work for the employer listed on this form and that I do not intend to re-contract for employment within the next 12 months. The administrator must verify my separation from service and the distribution will take approximately 30 days after the close of the current calendar quarter before it will be liquidated. A distribution fee will be assessed on each distribution I request. The fee is the lesser of \$10.00 or the interest credited to my account. Checks will be mailed from Life Insurance Company of the Southwest (LSW)/ National Life Group.

Participant Signature (or Beneficiary Signature if participant is deceased) (Required)

Date