

403(b) Plan Distribution/Rollover Form

Participant Instructions

Complete this form to request a distribution or a rollover from your current or former employer's 403(b) Plan. **Please note that your investment provider may also require its own paperwork in addition to this form.** After this form has been received it will be reviewed and, if approved, forwarded to your Provider.

Participant Information

Full Name: (last, first, middle initial)	
Address: (street, city, state and zip)	
Social Security Number:	Date of Birth: (MM/DD/YYYY)
Phone Number: (with area code)	Email Address:
Employer:	

Distributable Event

Select the corresponding qualifying event for the distribution or rollover below. If none of the reasons listed below apply, you may not be eligible for a distribution or rollover from your Plan. You may, however, be eligible for a distribution based on financial hardship, if permitted by your employer's Plan. Please contact AFPlanServ with any questions.

- Termination of employment/retirement from Employer: **Date of termination/retirement:** _____ / _____ / _____
- Attainment of age 59½
- Death of Participant; **Provide a copy of the death certificate**
- Total or permanent disability; **Provide proof of total disability (ex. SSDI determination)**
- Domestic Relations Order; **Provide a copy of the order**
- Domestic Abuse Survivor; **Provide one of the following:**
 - A copy of the police report or Protective order from the court
 - A copy of a formal complaint to the district's Title IX coordinator, other evidence from the court, administrative agency, school's Title IX coordinator, or attorney
 - Other documents from an attorney, law enforcement officer, health care provider, licensed mental health professional or counselor, member of the clergy, or victim services provider

If obtaining these documents is difficult or safety is a concern, an affidavit confirming eligibility for safe leave is sufficient.
- Qualified Reservist Distribution; **Provide a copy of the orders**
- Qualified Birth and Adoption Distribution: **Provide birth certificate or the signed Decree of Adoption**
- Plan Termination; **Provide written confirmation from Employer**

Source of Assets

Please indicate the name of the Provider from which you wish to take a distribution or rollover of funds.

Provider:
Account/Policy/Contract number(s):

Destination of Assets, If a Rollover

If requesting a Rollover, please indicate the name of the Provider/Institution that will receive the rollover of assets.

Provider/Institution:
Account Type: <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(a) <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth 403(b)/457(b)
Account/Policy/Contract number(s):

Participant or Beneficiary Acknowledgement

By signing this form, I certify that the information I have provided is accurate. Additionally, I have satisfied all the requirements to request this transaction. I have verified that it is permissible under the terms of my 403(b) Plan and the terms of the annuity contract(s)/custodial account(s) indicated above. I understand and agree that the involvement of the third-party plan administrator in this transaction is limited to this authorization.

Signature: _____ Date: _____

AFPlanServ Use Only	
AFPlanServ Authorized Signature:	Approval Date: (MM/DD/YYYY)