403b Plan DISTRIBUTION FORM

Participant Information

First Name____________________MI____Last_________________________Employer_______________

Street Address______________________________________City______________State____Zip__________

Social Security #_____________________Home Phone_______________Work Phone________________

Cell Phone_______________________Email Address____

Reason for Distribution

1. ☐ Separated from employment effective ____/____/_____
2. ☐ Death of participant on ___/____/_____
3. ☐ Became permanently and totally disabled on ___/____/_____
4. ☐ First 90 Days Auto-Enroll Cancellation/Reversal
5. ☐ Required Minimum Distribution *(age 70 ½)*
6. ☐ Financial Hardship *(Must submit an attached Financial Hardship Form)*
7. ☐ Other:_________________________________

Distribution Instructions *(Where to Direct Funds)*

☐ **Cash Distribution -** ☐ Check box for partial withdrawal of $_____________

If you choose this option, mandatory 20% Federal income tax withholding will be deducted from your final distribution. The distribution check will be made payable to you and will be sent directly to the address in the 'Participant Information' section above. Federal Law requires an automatic 20% Federal income tax withholding deduction for balances over $200.00. Partial withdrawals will be deducted from investment options by total investment balances. The largest investment option first, then each option by size.

☐ **Qualified Rollover** (IRA, 403(b), 457(b), 401(k), 401(a), etc)

If you choose this option, contact your IRA or eligible employer plan administrator or trustee to verify that the IRA or employer plan will accept your rollover. Complete your institution's required rollover paperwork and ***forward both this form and the completed rollover paperwork from your financial institution*** to JEM. Once this information is received by JEM, the distribution check will be made payable to your traditional IRA or eligible employer plan and will be sent directly to the financial institution accepting the rollover.

Send Completed Paperwork to:

JEM Resource Partners
ATTN: Distributions
900 South Capital of Texas Hwy, Suite 350
Austin, TX 78746

☐ **Contact me about an IRA**

I would like JEM to contact me about setting up an IRA to rollover the proceeds from my plan. *(Please note that your account balance must generally be greater than $1,000 to make the IRA fees charged by most companies practical.)*

Authorization Signature (Note that Spousal Consent is needed – see next page)

By my signature below, I represent that I am the owner of the account listed above and authorize the distribution of assets as indicated.

____ __________________

SIGNATURE OF PARTICIPANT DATE

Important Note: If additional contributions are received after a distribution has occurred, JEM will process the second distribution exactly as specified on this form and an additional Distribution Fee will be charged.

*****EMPLOYER SIGNATURE WILL BE COLLECTED BY JEM*****

I hereby affirm that the Plan from which the funds requested are being distributed is a tax qualified plan under the Internal Revenue Code Section specified above and that the funds are eligible to be distributed.

____ __________________

SIGNATURE OF PLAN SPONSOR *(employer)* DATE

Spouse Signature (If no Spouse, please certify)

By my signature below, I represent that I am the spouse of the owner of the account listed above and authorize the distribution of assets as indicated.

SIGNATURE OF SPOUSE DATE

OR

By my signature below, I represent that I am not married.

SIGNATURE OF PARTICIPANT DATE

NOTARY PUBLIC

The person identified under the Participant section of this form is known to me or has produced proper identification as to being the referenced person and after first duly sworn, affirms that he/she executed the above affidavit understanding and affirming under oath the contents thereof.

SIGNATURE OF NOTARY	NOTARY SEAL	DATE