jem RESOURCE PARTNERS

900 S. Capitol of Texas Highway
Suite 350
Austin, TX 78746
Phone: (512) 795-8999 Fax: (512) 795-0414
Toll Free: (800) 943-9179 Fax (888) 989-9247
Email: 403b@jemtpa.com

SPRING BRANCH ISD MATCHED SAVINGS PLAN

403(b) EMPLOYER PAID PLAN DISTRIBUTION, LOAN, TRANSFER, & ROLLOVER FORM

A. PARTICIPANT INFORMATION (*Required information - *Your request will NOT be processed without ALL of these items*)

LAST NAME*		**FIRST NAME***	**EMAIL***	
MAILING ADDRESS **STREET***		**CITY***	**STATE***	**ZIP CODE***
SOCIAL SECURITY NUMBER*		**HOME PHONE***	WORK PHONE	

B. EMPLOYER INFORMATION*

EMPLOYER/PLAN SPONSOR: Spring Branch ISD

C. REASON FOR REQUEST* - FILL IN ONLY *ONE* REASON (IF NONE APPLY, YOU CANNOT OBTAIN FUNDS FROM THE ACCOUNT; JEM MUST DETERMINE YOUR VESTED PERCENTAGE IN THE ACCOUNT; YOU ARE ONLY ENTITLED TO FUNDS IN WHICH YOU ARE VESTED.)

_____ 1. TERMINATION OF EMPLOYMENT: _____ CASH DISTRIBUTION
_____ TRANSFER FROM THIS PLAN TO ANOTHER 403(b) PLAN (If allowed by this Plan)
_____ ROLLOVER TO (List type of plan to which funds are going): _____

_____ 2. DEATH OF PARTICIPANT

_____ 3. TRANSFER TO PURCHASE SERVICE - AMOUNT REQUESTED: $_____

_____ 4. PERMANENT & TOTAL DISABILITY OF PARTICIPANT

_____ 5. DISTRIBUTION DUE TO DIVORCE (Must be accompanied by Qualified Domestic Relations Order issued by a Court)

_____ 6. LOAN If allowed by your Plan and Vendor, you may borrow up to the lesser of 50% of the value of all of your 403(b) accounts (plus any other accounts of Plans of your Employer) or $50,000, reduced by the greater of (1) the outstanding balance on any loans from any Plans of your Employer to you on the date the loan is made or (2) the highest outstanding balance on loans from the Plans of your Employer to you during the one-year period ending on the day before the date the loan is approved by the Administrator (not taking into account any payments made during such one-year period). Plans include 403(b), 457(b) and 401(a) plans of your Employer.

LOAN AMOUNT REQUESTED: $_____

_____ 7. MINIMUM DISTRIBUTION - PARTICIPANT IS AGE 70 1/2 OR OLDER

_____ 8. AGE 59 1/2: LIST TYPE (Rollover or Lump Sum) & AMOUNT OF DISTRIBUTION _____ $_____

D. VENDOR INFORMATION ***YOU MUST ENCLOSE A COPY OF THE VALIC FORMS FOR JEM TO APPROVE***

VALIC ACCOUNT/POLICYHOLDER NUMBER*

E. ACCEPTANCE AND AUTHORIZATION* - YOU MUST SIGN BELOW

By my signature below, I hereby authorize the transaction requested on this form.

I CERTIFY THAT I HAVE PROVIDED COPIES OF MY MOST RECENT STATEMENTS FOR ALL OF MY 403(b), 457(b) & 401(a) ACCOUNTS OF PLANS OF MY EMPLOYER AND UNDERSTAND THAT IF ANY ARE OMITTED THIS MAY HAVE A NEGATIVE EFFECT ON THE PLAN AND RESULT IN ADDITIONAL TAXABLE INCOME TO ME.

I further certify that if I am exchanging, transferring or rolling over funds into a 403(b) product sold in Texas, the product receiving the funds is on the current list of Certified Products published by the Teacher Retirement System of Texas.

_____ _____

SIGNATURE OF PARTICIPANT (OR BENEFICIARY, IF A DEATH CLAIM) DATE

F. AUTHORIZATION AND ACCEPTANCE (TO BE COMPLETED BY JEM)

Verification of Employee Vested Percentage of Match Account:		(Note that Payments of Accounts attributable to Accumulated Leave are 100% Vested)

JEM hereby approves the transaction requested. If the request is for a loan or hardship distribution, the maximum amount approved is listed below.

Maximum Loan Amount $_____

AUTHORIZED JEM SIGNATURE DATE

G. INFORMATION TO BE PROVIDED BY EMPLOYER:

Original Date of Hire:	**List Any Dates of Termination and Re-Employment after 9/1/2000:**
Date of Birth:	
Date of Termination (if applicable):	
Years of TRS Service:	

AUTHORIZED EMPLOYER SIGNATURE **DATE**

1-2010