



FICA Alternative Plan Distribution Form

Participant Information

First Name _____ MI _____ Last _____ Employer Spring Branch ISD
 Street Address _____ City _____ State _____ Zip _____
 Social Security # _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email Address _____

Reason for Distribution

1. Terminated employment effective ___/___/___
2. Retired from employer effective ___/___/___
3. Became permanently and totally disabled on ___/___/___
4. Other: _____ (Must qualify under plan and tax rules)
5. Death of participant on ___/___/___
6. In-Service distribution. (Must qualify under plan rules.)
7. Required Minimum Distribution (age 70 ½)

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.

Qualified Rollover or Transfer (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 S. Capitol of Texas Highway, Suite 350
Austin, TX 78746

Authorization Signature

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

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

If JEM is not authorized to sign on behalf of the Employer, the signature below must be obtained from the Employer:

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

