

# Distribution Form

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FAX COMPLETED FORMS TO: 714.258.4051

Submission of this form initiates a one-time or periodic distribution of retirement funds from the SchoolsFirst FCU/Nationwide Retirement Builder Plan or SchoolsFirst FCU 457(b) DCP Share Certificate. You will receive a Form 1099-R in January of the year following the distribution for tax filing purposes. Do not use this form when requesting a rollover or transfer.

**Note:** Please allow **5-7 business days** for the processing of this request.

## 1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth
Street Address	City	State	Zip Code
School District		Email Address	

## 2 Reason For Withdrawal

- Separated from Employment/Retired [Date: \_\_\_\_\_]
- Over Age 59 ½
- Age 72
- Correction of Excess Contribution [Year: \_\_\_\_\_]

**Provide documentation for Disability or Death**

- Permanent and Total Disability (403b)
- Death (Complete Section 3)

**Note:** Part-time, substitute and adjunct employees are not considered separated from employment.

## 3 Death Distribution – Beneficiary Information

Participant Date of Death: \_\_\_\_\_ Surviving Spouse:  Yes  No

Complete this section only if requesting a death distribution.

**Please provide a copy of the participant's death certificate and the beneficiary's photo ID. Each beneficiary must complete their own form.**

Beneficiary Name	Social Security Number (REQUIRED)	Date of Birth
Beneficiary Mailing Address	City	State
	Zip Code	Phone #

## 4 Withdrawal Instructions

### A. Distributing Plan Type:

- 403(b)     Roth 403(b)     401(a)     457(b) (Select the appropriate 457(b) below)
- SchoolsFirst FCU 457(b) DCP Share Certificate \_\_\_\_\_ DCP Member # \_\_\_\_\_ DCP Share ID \_\_\_\_\_
- Nationwide Retirement Builder Plan 457(b)

### B. Payment Type:

- One-time Payment
- Periodic Payments (Processed on the 1<sup>st</sup> business day of the month)

#### 1) Action:

- Begin     Change     Cancel

#### 2) Frequency:

- Monthly     Quarterly (January, April, July, October)     Semi-Annually     Annually (Indicate Month \_\_\_\_\_)

### C. Amount:

- Full Withdrawal
- Partial Withdrawal/Periodic Payment Amount
- \$ \_\_\_\_\_     Gross (Amount Before Taxes – Default)     Net (Amount After Taxes)
- RMD (Required Minimum Distribution)

(01/2020)

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**D. Fund Selection Options:** *(Funds will be liquidated from your Nationwide account proportionally unless otherwise specified)*

Fund Name	Fund Code	Percentage %
Fund Name	Fund Code	Percentage %

## 5 Tax Withholding

Distributions paid directly to you will be subject to mandatory withholdings. If you are under 59 1/2, an additional 10% withdrawal penalty may apply upon tax filing.

**For RMD amount only**, no taxes are withheld unless indicated below.  
Please elect the following tax withholdings:

Federal: **20%** + \_\_\_\_\_ % (additional percentage)

Federal: \_\_\_\_\_ % State: \_\_\_\_\_ %

CA State\*: **2%** + \_\_\_\_\_ % (additional percentage)

\*Varies by state

## 6 Delivery Method

Check by Regular Mail     Overnight Check (*\$20 fee*)

Send to my SchoolsFirst FCU Account

Member Number: \_\_\_\_\_ Share ID: \_\_\_\_\_     Wire Funds (*Wire option not available for periodic distributions*)

Send to an Outside Financial Institution (Not available on DCP Share Certificate)     Wire Funds **\*Please attach a voided check**

\_\_\_\_\_  
Your Financial Institution

Checking     Savings

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account #

## 7 Signatures

I certify that I am the proper party to receive payments from this plan, and that all information provided by me, including my tax identification number is true and accurate. I further certify that no tax advice has been given to me by the Employer or the Trustee/Custodian and that all decisions regarding this withdrawal are my own. I certify that I have been given written notification of my distribution options and have had the opportunity to consider the decision whether or not to elect a direct rollover for a minimum of 30-days as is my right under Code Sections 402(f) and 411(a)(11). After receiving the attached notice, I wish to waive my 30-day review notice by signing below. Additionally, I understand this transaction is a reportable event and it will be my responsibility to report this distribution to the IRS upon receipt of tax Form 1099-R for the year the distribution occurred. Additionally, a 10% penalty may apply if under age 59 1/2. Please consult a tax advisor for additional questions. I authorize the transaction to be processed as instructed on this form.

\_\_\_\_\_  
Participant/Beneficiary Signature (REQUIRED)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**BOX BELOW TO BE COMPLETED BY THE TPA/CUSTODIAN**

\_\_\_\_\_  
TPA Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodian Approval

\_\_\_\_\_  
Date