

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 1/2
- 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 1st 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 %
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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	<input type="checkbox"/> Checking <input type="checkbox"/> 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
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BOX BELOW TO BE COMPLETED BY THE TPA/CUSTODIAN

TPA Authorization	Date
Custodian Approval	Date