

403(b) Distribution Request



Complete this form to request a distribution from your 403(b) plan.

- If you are married and your 403(b) plan is subject to ERISA, you may need to waive the qualified joint and survivor annuity (QJSA) requirement. Please contact your employer for more information.
- Before completing this form, you must read the *Special Tax Notice* in this booklet.
- You may want to consult a tax advisor before selecting a distribution option.
- For payments that represent less than 100% of the account balance, distributions are paid from each fund and money type proportionally unless you provide other instructions.
- **Employer or Third Party Administrator approval is required for all distributions.**

Please print clearly in CAPITAL letters using black ink and sign in step 7. If you have questions, please call us at 1-800-345-3533.

1 Provide Information About Yourself

Please note: If you are a beneficiary, you must enter information about yourself in this step.

U.S. Social Security number

Date of birth (month-day-year)

Mr. / Mrs. / Ms. First name

Middle initial Last name

Street address

Apartment/Unit

City

State

ZIP

Telephone number (daytime)

Plan ID/Plan Name

- Check here if this is a new address. If you are changing your address or have changed your address in the last 7 days, a signature guarantee is required on distributions over \$100,000.

2 Select Reason for Distribution — Qualifying Event

Distributions from a 403(b) plan may only be taken if one of the following qualifying events occurs. If you are planning to roll over your assets from this plan into another eligible retirement plan, you must still indicate which of the following qualifying events occurred before you can receive a distribution.

Select only one reason from the following:

- Severance from employment
(Provide effective date below)

- Required minimum distribution
 Excess contribution for (year)

- Death of plan participant.
Provide plan participant's name:

Date of severance (month-day-year)

- Over age 59½

- Permanent and total disability

Contribution type (select one):

- Pre-tax elective deferrals
 Roth elective deferrals
 Employer contribution

- Financial hardship
(You also must complete step 6)

- Plan termination

- Divorce (alternate payee)

3 Select Type of Distribution

Select the type(s) of distribution(s) you want to receive. If you are age 70½ or older and have not taken your required minimum distribution for the current year, you must complete "Required Minimum Distribution" (option C below) in addition to any other type of distribution you request in this step.

A. Total Distribution (Lump Sum Distribution)

B. Periodic Distribution

Please pay my benefit in equal installments until my plan account balance is zero. I understand that when I reach age 70½ or older, my installment payments must be large enough to meet certain minimum distribution requirements. I understand I may need to increase my installment payments at that time to avoid penalty taxes.

\$ _____

Amount

Start date (month-day-year)

If you do not indicate the frequency of payments, American Century Investments® will pay your distribution quarterly. We'll make the distribution on the 15th of the month, unless you specify another date in the space above. If the applicable date falls on a weekend or holiday, we'll make the distribution the next business day.

Payment frequency: Annually Semiannually Quarterly Monthly

C. Required Minimum Distribution (RMD)

If you have selected an RMD in addition to another type of distribution in this step (options A, B, D or E), American Century Investments will calculate your RMD and mail you a check for the required amount before processing your other distribution. The check will be mailed to your address of record for this account unless you provide alternate payment instructions.

One-time distribution: Distribute my RMD for tax year _____.

Periodic distribution: Start an automatic distribution to satisfy my RMD for this year and all future years.

Start date (month-day-year)

If you do not indicate the frequency of payments, American Century Investments will pay your distribution quarterly. We'll make the distribution on the 15th of the month, unless you specify another date in the space above. If the applicable date falls on a weekend or holiday, we'll make the distribution the next business day.

Payment frequency: Annually Semiannually Quarterly Monthly

Information About Your Beneficiary

The information you provide below will be used for the sole purpose of calculating an RMD and does not constitute a designation of beneficiary.

Check the appropriate box below (if applicable) and provide information about your spouse. If neither box applies, you may skip this section. The information below must match your beneficiary designation on file. If it doesn't, please submit a new *Designation of Beneficiary* form.

My sole primary beneficiary is my spouse, who is more than 10 years younger than I am.

My sole primary beneficiary is a qualifying trust. The sole primary beneficiary of the trust is my spouse, who is more than 10 years younger than I am.

Mr. / Mrs. / Ms. Spouse's first name Middle initial Spouse's last name

Spouse's U.S. Social Security number Spouse's date of birth (month-day-year)

D. One-Time Partial Distribution

\$ _____

Amount

E. Annuity Distribution

Qualified joint and survivor annuity (QJSA).

4 Complete Withholding Election

If you are a non-resident alien, call us before completing this section.

Notice of Withholding: The amounts you receive from the plan are subject to federal income tax withholding. See the *Special Tax Notice* for complete information.

- If your distribution is eligible for rollover to another retirement plan and you do not elect a direct rollover, the distribution is subject to mandatory federal income tax withholding at the rate of 20%. State tax withholding also may apply.
 - If your distribution is not eligible for rollover, you may elect to have withholding apply to the distribution by checking the box below and indicating the rate of withholding. If you do NOT want us to withhold federal income tax from your payments, do NOT check the box.
- I elect to have federal income tax withheld at the rate of _____%. (Percentage must be between 10-100%. If no percentage is indicated, or if you indicated a percentage of 1-9%, withholding will be made at the minimum rate of 10%.)

Note: State tax will be withheld according to state regulations if, at the time of your distribution, your tax residency is within one of the mandatory withholding states.

Remember, even if you elect not to have income tax withheld, you are liable for paying income tax on the taxable portion of your withdrawal. If you elect not to have income tax withheld, or you don't have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

For automatic periodic distributions only, you have the right to revoke your withholding election at any time, and any election you make will remain in effect until revoked by filing a new election.

5 Provide Direction for Payment

Select a method of payment. If you select more than one method, indicate the dollar amount or percentage to be paid by each method.

Please note that required minimum distributions, hardship withdrawals and installment payments over a period of 10 years or more may be paid only by direct payment (option C) or transfer to a non-retirement account (option D).

A. Direct Rollover to Eligible Retirement Account at American Century Investments

Roll over my distribution directly into my American Century IRA or other retirement plan at American Century Investments. **I have attached a letter of acceptance from the plan administrator.** [Attach the appropriate *American Century Investments IRA Application* to open a new American Century IRA and/or Roth IRA. The amount of your investment must meet the stated minimum for the fund(s) you select.]

Tell us what type of account the money is going to (check one)¹:

- Rollover/Traditional IRA² Roth IRA Employer-sponsored retirement plan

Fund name	Account number	Percentage
		%
		%

¹ Check only one option unless you are rolling over both pre-tax and Roth assets. Roth assets must be rolled over to either a Roth IRA or a 401(k), 403(b) or 457(b) that accepts Roth contributions.

² Refer to *Combining Contributions* below.

Combining Contributions

(If you are a non-spouse beneficiary completing this form, you may skip this section.)

Proceeds from certain retirement plans that are rolled over to an IRA are normally deposited in a separate account designated as a Rollover IRA. Maintaining a separate account for rollover funds generally makes it easier to roll over these funds to another qualified retirement plan in the future. If you do not wish to preserve this option, please check the box below.

- I have read the explanation above, and I understand the consequences of combining contributions. You may use this as your authority to combine my rollover with my Traditional IRA.

Step 5 continued on the following page

Provide Direction for Payment (continued)

B. Direct Rollover to Eligible Retirement Account at Another Institution

Roll over my distribution directly into my IRA or other retirement plan at the financial institution named below. **I have attached a letter of acceptance from the receiving institution.**

Tell us what type of account the money is going to (check one)¹:

- Traditional IRA Roth IRA Employer-sponsored retirement plan
 State Teacher Retirement Plan Thrift Savings Plan

¹ Check only one option unless you are rolling over both pre-tax and Roth assets. Roth assets must be rolled over to either a Roth IRA or a 401(k), 403(b) or 457(b) that accepts Roth contributions.

Tell us what to do with your shares:

(If no box is checked, we will sell your shares and send a check to the institution you name below.)

- Sell my shares and send a check to the institution named below.
 Transfer my shares to the institution named below (transfer in kind).

Name of Custodian/Trustee

Account number **OR** Plan name

Name of institution

Street address Apartment/Unit

City State ZIP

Plan contact name

Telephone number

C. Direct Payment to Participant

Pay my distribution according to the method I selected below. (If neither box is checked, American Century Investments will pay your distribution by check.)

- By check mailed to the address in step 1 of this form.
 By automated clearing house (ACH) to my bank account on file with American Century Investments.*

* If you do not have bank information on file, please contact us. For your security, we will not transfer any money to that account until 7 days after your bank information has been received and accepted by American Century Investments.

D. Transfer to a Non-Retirement Account at American Century Investments

Attach the appropriate account application if you do not have an existing American Century Investments account to receive your distributions. For new accounts, the amount of your investment must meet the stated minimum for the fund(s) you select.

		%
Fund name	Account number	Percentage
Fund name	Account number	%
Fund name	Account number	Percentage

6 Complete for Financial Hardship Distributions

Skip this section unless you are requesting a financial hardship distribution.

State the reason(s) for your request for a financial hardship distribution. You must provide all the information requested below.

This hardship distribution is necessary to satisfy an immediate and heavy financial need due to the following (please check all that apply):

- To prevent eviction from my principal residence or a foreclosure on the mortgage of my principal residence
- The payment of tuition, related educational fees or room and board for the next 12 months of post-secondary education for myself, my spouse, my primary beneficiary, my children under the age of 19 (or age 24 if a full-time student) or my dependents
- The purchase (excluding mortgage payments) of my principal residence
- Significant expenses incurred by me, my spouse, my primary beneficiary or my dependents for medical care or in order to obtain such medical care (not covered by insurance or other coverage)
- Expenses for the repair of damage of my principal residence that would qualify for the casualty deduction under Internal Revenue Code section 165
- Burial or funeral expenses for my deceased parent, spouse, primary beneficiary, child under the age of 19 (or age 24 if a full-time student) or dependent

I hereby certify that the distribution amount I have requested does not exceed the amount required to meet my immediate and heavy financial need, and that this cannot be satisfied from other reasonably available resources including, but not limited to, the following:

- By other distributions available from this plan or any other plan in which I participate
- By borrowing from commercial sources on reasonable commercial terms
- Through reimbursement or compensation by insurance or otherwise
- By reasonable liquidation of my assets (including assets of my spouse and minor children that are reasonably available to me)
- By cessation of tax-deferred contributions under the plan

I understand that:

- Only salary deferrals are eligible for financial hardship distribution. Earnings on deferrals made after December 31, 1988, are not available for distribution.
- Financial hardship distributions are not eligible for rollover.
- I am required to suspend my salary reduction contributions to all 403(b) or other tax-deferred programs maintained by my employer for at least six months after receipt of the hardship distribution. I am responsible for revoking my salary reduction agreement to suspend contributions.
- A 10% early distribution penalty may be assessed by the Internal Revenue Service (IRS) if I am under age 59½.
- I am responsible for satisfying any other IRS requirements relative to this hardship distribution; substantial penalties may be imposed if the financial hardship is disallowed by the IRS.

7 Sign Your Name and Date on Next Page (Participant or Beneficiary)

I certify that I am aware of the Plan's provisions and requirements relating to distributions, and I understand the tax consequences of this distribution.

I understand that if I have requested that my pre-tax funds be rolled over to a Roth IRA, the taxable amount rolled over is taxable income.

Step 7 continued on the following page

Sign Your Name and Date Below (Participant or Beneficiary) (continued)

I request a distribution in the manner indicated on this form. I also acknowledge that I have received, read and understood the *Special Tax Notice*. If I have elected a direct rollover, I certify, by my signature below, that the Custodian/Trustee named in step 5 will accept a direct rollover of my distribution. I acknowledge that I made an election to receive a benefit payment within 180 days of receipt of the *Special Tax Notice*. I waive the 30-day waiting period and request to have the distribution made now.

A signature guarantee is **only required** if you redeem more than \$100,000 and your address on file has changed within 7 days of the redemption.



Signature

Date

Signature Guarantee

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signature must correspond in every particular, without alteration, with the name printed on the current account registration.

Each signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

NOTE: Acknowledgement of signature by notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.

8 Obtain Employer or Third Party Administrator Signature (required)

This section must be completed by your employer or Third Party Administrator (TPA).

Participant Vesting

If the Plan includes a vesting schedule, I confirm the participant's vested percentage below (if left blank, I confirm the participant is 100% vested). _____%

Vested percentage

- If the participant has requested a financial hardship distribution, I acknowledge the participant's elective deferral contributions must be suspended for at least six months. I also acknowledge that I have received the proper supporting documentation from the participant.
- I hereby confirm the qualifying event indicated in step 2 and acknowledge the participant has met all requirements under the 403(b) plan.

Check this box if the distribution is mandatory upon severance from employment because the vested account balance is \$5,000 or less. No participant signature is necessary.

Printed name of employer or TPA

Printed name and title of employer representative or TPA



Employer representative or TPA's signature

Date