

## 403(b) Program Distribution Request Form

**All sections must be completed. Incomplete forms will be returned.**

1. PARTICIPANT INFORMATION			
Participant Name		Social Security Number	
Mailing Address		Date of Birth	Date of Hire
City	State	Zip Code	Separation/Retirement Date (if applicable)
Daytime Phone Number		Email address	

2. EMPLOYER INFORMATION			
Employer Name		Employer Contact Name	
Mailing Address		Contact Phone:	
City		State	Zip Code
		Contact Fax:	
		Email Address	

3. REQUEST FOR DISTRIBUTION
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I understand that distributions from 403(b) accounts are only allowed under certain circumstances. I hereby request a distribution from my 403(b) Program Account for the following reason: **(check one)**

- Age 59 ½ or older                     
  Separation from service                     
  Age 55 and fully retired  
 Disability                                     
  Required minimum distribution\*  
 Other: \_\_\_\_\_ (provide reason)

\*Please note that required minimum distributions will only be taken from your 403(b) Program Account and may not include your total retirement portfolio which may not meet your required minimum.

All "Cash Payment Payable to Me" will be Direct Deposited or mailed to the participant at the mailing address included in Box 1 above. (Exception: Amounts to be rolled over to a Touchstone Investments IRA will be mailed directly to Touchstone Investments. Your Touchstone Investments IRA application should be mailed directly to Touchstone Investments.)

4. DISTRIBUTION OPTIONS/FORM OF PAYMENT ELECTION
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**Distribution amount for this transaction: (choose one)**

- Partial distribution in the amount of \$ \_\_\_\_\_  
 Full Distribution

**I hereby elect to receive the amount indicated above as follows (Select one option below):**

- Single Lump Sum Cash Payment payable to me  
 Single Lump Sum Direct Rollover (provide information in Part 5 below)  
 Combination Cash (payable to me) and Direct Rollover  
     \$ \_\_\_\_\_ paid directly to me with remaining balance to be directly rolled over in accordance with Part 5 below.  
 Installment Payments (choose frequency below):  
      Annual    Semi Annual    Quarterly    Monthly  
 Installment Payment Amount (select one):  
 Dollar amount \$ \_\_\_\_\_   **or**    Over \_\_\_\_\_ years, or until my account is fully distributed, if earlier

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### 5. PAYMENT INSTRUCTIONS

In accordance with my election in Part 4 above, I elect to directly roll over my 403(b) Program distribution to:

- an IRA with Touchstone Investments  
  an IRA with another provider  
  another eligible employer plan

If you chose an IRA with Touchstone Investments, the check will be sent directly to Touchstone Investments. You must have an existing Touchstone Investments IRA or set up a new IRA account by completing a Touchstone Investments IRA application. You must submit your Touchstone Investments IRA application directly to Touchstone Investments. Do not include it with this form. Skip to Part 8.

**Choose Mailing Option for IRA with Touchstone Investments:**

<input type="checkbox"/> <b>First Class Mail:</b>  <b>Touchstone Investments</b> <b>P.O. Box 534467</b> <b>Pittsburgh, PA 15253-4467</b>	<input type="checkbox"/> <b>Overnight Mail:</b>  <b>Touchstone Investments</b> <b>Attention: 534467</b> <b>500 Ross Street, 154-0520</b> <b>Pittsburgh, PA 15262</b> <b>Phone: 800.543.0407</b>  FED EX Account # _____  UPS Account # _____
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**Complete Payment Instructions for Rollover to another IRA provider or another eligible retirement plan and/or Payment to Me:**

- Receiving Employer Plan  
  Individual Retirement Account (IRA)  
  Payment Directly to Me

**CHECK INSTRUCTIONS for Payment to a Rollover Institution:** Complete to request a rollover check payable to another employer plan or IRA - provide instruction below as directed by the financial institution to indicate how the rollover check should be made payable. The rollover check will be mailed to you. You may not cash the check and must deliver it to the rollover plan or IRA for deposit into your account.

Make check payable to: (Name of Financial Institution)

For Benefit Of (FBO): (Participant name)

Plan name and/or Account # (if applicable)

**WIRE INSTRUCTIONS for Payment to a Rollover Institution:**

**(Information in this section pertains to the rollover institution ONLY; do not enter your name or personal banking info. here)**

Financial Institution Name:

ABA/Routing Number (9 digits):

Account Number:

Account Owner Name:

For Further Credit:

Financial Institution City:

State:

Zip Code:

**DIRECT DEPOSIT for Payment Directly to Me:**

Direct Deposit to my Checking account

Direct Deposit to my Savings account

Financial Institution Name:

ABA/Routing Number (9 digits):

Account Number:

Account Owner Name:

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**6. FEDERAL INCOME TAX WITHHOLDING**

For distributions that are eligible for rollover to another eligible plan or arrangement, federal law requires that 20% of any lump sum payment made directly to you be withheld for income tax purposes unless you elect a direct rollover. Please see the Special Tax Notice for further details.

**Required Minimum Distributions from your account are not eligible for direct rollover but are subject to 10% withholding for Federal income tax purposes.** You may elect NOT to have 10% withholding apply to your distribution. However, even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. If you do NOT want withholding to apply to your required minimum distribution, please indicate by checking the box here:  .

**7. STATE INCOME TAX WITHHOLDING**

*(Note: If you reside in a state that does not have state income tax, please skip this, Part.)*

The taxable portion of your payment may also be subject to STATE income tax. If state income taxes are not withheld from your payment, you are liable for any state income tax on the taxable portion of your payment. In certain states, you may also be subject to penalties under estimated tax payment rules. If you do not complete this Part, state income tax will only be withheld if required by the state and at the state's withholding default rate. (For tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.)

I reside in a state that requires state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld. I understand that state income taxes will be withheld at the statutory income tax rates unless I notify you otherwise. I also understand that certain states may allow me to elect out of state withholding.

I hereby elect out of mandatory state withholding. I understand that my state must allow for this election.

I reside in a state that does not require state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld but allows me to request income taxes to be withheld. I hereby make a voluntary election to have:

\$ \_\_\_\_\_ .00 withheld for state income tax. **OR** \_\_\_\_\_ % withheld for state income tax.

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**8. PARTICIPANT AUTHORIZATION**

I understand that my distribution is subject to a fee of \$25 for each check, ACH and/or Wire issued and \$35 for each Form 1099-R required. I certify that I have read and understand the attached Special Tax Notice and request the distribution elected above. By signing this Distribution Request Form, I hereby waive the 30-Day Notice Period outlined in the attached Special Tax Notice.

\_\_\_\_\_  
Participant Signature (Typed signatures are not valid and will not be accepted)

\_\_\_\_\_  
Date

**9. EMPLOYER/SPONSOR AUTHORIZATION**

\_\_\_\_\_  
Signature of Employer/Sponsor or its Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Sponsor or its Designee Name in Print

**Please mail, email or fax completed form (keep Special Tax Notice for your records) to:**

**USI Consulting Group  
Attn: Touchstone Investments Service Team  
95 Glastonbury Blvd.  
Suite 102  
Glastonbury, CT 06033-6503**

**Phone: (866) 305-8846, Plan Code 241**

**Fax: (610) 537-2708    Email: [Touchstonefinancialadvisors@usi.com](mailto:Touchstonefinancialadvisors@usi.com)**

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