

Washington Central Unified Union School District 403(b) Plan

Plan ID: WCS

Distribution Form

Please complete, sign and submit this form to your Human Resources Representative or Plan Administrator for processing.
Please print all data.

Section 1: Personal Information

Name: _____ SSN: _____-_____-_____

Address: _____ Date of Birth: ____/____/____

City _____ Email: _____

State: _____ Zip: _____ Phone Number: _____

Section 2: Distribution Event

Termination of Employment - Date _____ Qualified Domestic Relations Order (QDRO)

Participant's Retirement - Date _____ Participant's Disability - Date _____

Participant's Death - Date _____

Section 3: Payment Election/Instructions

A distribution payable to the participant or beneficiary will be subject to Federal income tax withholding at the rate of 20%. Withholding does not apply to a direct rollover (transfer) payment. Please select the option(s) that you are electing. Failure to properly complete this form may result in a delay in processing your distribution.

Option 1: Distribution Payable to **PARTICIPANT** (20% Federal Income Tax withholding will apply)

Amount \$ _____ (If requesting entire balance, please write "ALL". If this option is checked without a dollar amount specified, distribution of entire balance will be processed.)

Additional Federal Income Tax withholding of _____ % or \$ _____ should also be applied.

State income tax withholding of _____ % should also be applied. (Check if you want State withholding applied. Note that some states also have a mandatory withholding requirement.)

Option 2: Distribution payable to a **BENEFICIARY** (20% Federal Income Tax withholding will apply)

You must also complete Option 3 for Rollover requests. Please only complete the Payee information in this option.

Amount \$ _____ (If requesting entire balance, please write "ALL". If this option is checked without a dollar amount specified, distribution of entire balance will be processed.)

State income tax withholding of _____ % should also be applied. (Check if you want State withholding applied. Note that some states also have a mandatory withholding requirement.)

Payee Name: _____

Social Security No: _____

Check Mailing Address: _____

Option 3: Distribution payable as a ROLLOVER Paid to successor trustee, a new employer's plan, or a direct rollover

Amount \$ _____ (If requesting entire balance, please write "ALL". If this option is checked without a dollar amount specified, distribution of entire balance will be processed.)

Successor Trustee Payee Name: _____

Account Number: _____

Check Mailing Address: _____

Section 4: Payment Type

For payments made to the participant or beneficiary (not available for ROLLOVER processing), please select one of the following payment options

Please send me a check to my mailing address on page 1.

Please direct deposit the proceeds to my personal bank account noted below:

(Attach a VOIDED check for verification purposes, failure to include this will result in a delay in processing your distribution request)

Bank Name: _____

Routing Number (9 digits): _____

Checking Savings

Account Number: _____

Section 5: Participant Acknowledgement

I have received the IRS Special Tax Notice. Please process my distribution as directed above.

Participant Signature: _____ Date: _____

Section 6: Administrator Authorization

For termination of employment distributions, participant vesting must be updated prior to distribution. Please identify if participant worked 1,000 hours or more in the current plan year. Yes No

The Trustee is hereby authorized to make the distribution as requested to the participant.

Authorized Plan Representative Signature: _____ Date: _____