

Distribution Form

FICA Alternative Retirement Plan

Submission of this form initiates the processing of distributions from the plan.
All items on the form must be completed for the distribution to be processed.

Step 1	Employee Name	Social Security Number	District or Institution
	Mailing Address (Street)	Date of Birth	Home Phone Number
	(City, State, Zip)	Date of Termination	Business Phone Number
			210-977-7000
Step 2	Select only one of the boxes below: <input checked="" type="checkbox"/> I have terminated employment with my Employer <input type="checkbox"/> I have retired (as defined by IRC) <input type="checkbox"/> I have become permanently disabled (attach letter from your doctor) <input type="checkbox"/> The employee has died and this form is being submitted by the beneficiary <input type="checkbox"/> QDRO (provide documentation) <input type="checkbox"/> Unforeseeable Emergency (as defined by IRC)(Must complete UFE form) <input type="checkbox"/> In Service / Cash Out Withdraw (as defined by IRC)		
Step 3	Please select one of the following options: <input type="checkbox"/> I elect to directly roll over the ENTIRE eligible distribution. (Please complete Step 4) <input type="checkbox"/> I do NOT want to directly rollover any portion of the eligible rollover distribution. Please pay me directly . I know that there will be mandatory Federal withholdings. (if applies, State withholdings). (See General Explanation Page)		
Step 4	If you elected to rollover your distribution, choose one of the following options and complete the information below: *Complete the following mailing instructions for the financial institution to which you are rolling your funds. <div style="text-align: center;"> <input type="checkbox"/> Eligible Retirement Plan <input type="checkbox"/> IRA </div> Attention: _____ Name of Financial Institution: _____ Plan / IRA Account Number: _____ Address: _____ City/State/Zip Code: _____		
Step 5	I, the Employee, hereby request and consent to the distribution above. I also certify that I have been given written notification (General Explanation Page) of my distribution options and have had the opportunity to consider the decision of whether or not to elect a direct rollover. <u>The administrator must verify my separation from service. The distribution will take approximately 3-4 months to process.</u>		
	Employee Signature	Date	
	X	X	
For District Use Only	_____	_____	_____
	District Authorized Signature (Required)	Date	Date of Separation from Service or Last Contribution Date