



SPRING BRACH ISD 457(b) DEFERRED COMPENSATION PLAN

457(b) PLAN DISTRIBUTION, LOAN, TRANSFER, & ROLLOVER FORM

900 S. Capitol of Texas Highway
Suite 350
Austin, TX 78746
Phone: (512) 795-8999 Fax: (512) 795-0414
Toll Free: (800) 943-9179 Fax (888) 989-9247
Email: 403b@jemtpa.com

A. PARTICIPANT INFORMATION (*Required information - Your request will NOT be processed without ALL of these items)				
LAST NAME*		FIRST NAME*		EMAIL*
MAILING ADDRESS	STREET*	CITY*	STATE*	ZIP CODE*
SOCIAL SECURITY NUMBER*		HOME PHONE*	WORK PHONE	
B. EMPLOYER INFORMATION*				
EMPLOYER/PLAN SPONSOR: Spring Branch ISD				
C. REASON FOR REQUEST* - FILL IN ONLY ONE REASON (IF NONE APPLY, YOU CANNOT OBTAIN FUNDS FROM THE ACCOUNT)				
<p>_____ 1. TERMINATION OF EMPLOYMENT: _____ CASH DISTRIBUTION</p> <p>_____ TRANSFER FROM THIS PLAN TO ANOTHER 457(b) PLAN</p> <p>_____ ROLLOVER TO (List type of plan to which funds are going): _____</p> <p>_____ 2. DEATH OF PARTICIPANT</p> <p>_____ 3. TRANSFER TO PURCHASE SERVICE - AMOUNT REQUESTED: \$ _____</p> <p>_____ 4. PERMANENT & TOTAL DISABILITY OF PARTICIPANT</p> <p>_____ 5. DISTRIBUTION DUE TO DIVORCE (Must be accompanied by Qualified Domestic Relations Order issued by a Court)</p> <p>_____ 6. LOAN If allowed by your Vendor, you may borrow up to the lesser of 50% of the value of all of your 457(b) accounts (plus any other accounts of Plans of your Employer) or \$50,000, reduced by the greater of (1) the outstanding balance on any loans from any Plans of your Employer to you on the date the loan is made or (2) the highest outstanding balance on loans from the Plans of your Employer to you during the one-year period ending on the day before the date the loan is approved by the Administrator (not taking into account any payments made during such one-year period). Plans include 403(b), 457(b) and 401(a) plans of your Employer.</p> <p>LOAN AMOUNT REQUESTED: \$ _____</p> <p>_____ 7. TRANSFER INSIDE PLAN (Funds must be going to a Vendor on the Approved Vendor List for the Plan)</p> <p>TRANSFER (Vendors) FROM: _____ TO: _____</p> <p>_____ 8. MINIMUM DISTRIBUTION - PARTICIPANT IS AGE 70 1/2 OR OLDER</p>				
D. VENDOR INFORMATION YOU MUST ENCLOSE A COPY OF THE VENDOR FORMS FOR JEM TO APPROVE				
ACCOUNT/POLICYHOLDER NUMBER*		ARE ORIGINALS OF THE FORMS REQUIRED BY VENDOR?* <input type="checkbox"/> NO <input type="checkbox"/> YES		
WHERE SHOULD WE SEND THE FORMS?* (Choose <u>One</u> ; Default is You) <input type="checkbox"/> TO VENDOR LISTED BELOW <input type="checkbox"/> TO YOUR REPRESENTATIVE <input type="checkbox"/> TO YOU				
WHERE SHOULD WE SEND A <u>COPY</u> OF THE FORMS? <input type="checkbox"/> TO YOUR REPRESENTATIVE <input type="checkbox"/> TO YOU				
REPRESENTATIVE ADDRESS (IF APPLICABLE):				
VENDOR TO WHICH FORMS SHOULD BE <u>SENT</u> *		VENDOR NAME:*		FAX*
STREET ADDRESS*		CITY*	STATE*	ZIP CODE*
PHONE NUMBER*		EMAIL ADDRESS*		
E. ACCEPTANCE AND AUTHORIZATION* - YOU MUST SIGN BELOW				
By my signature below, I hereby authorize the transaction requested on this form.				
<u>I CERTIFY THAT I HAVE PROVIDED COPIES OF MY MOST RECENT STATEMENTS FOR ALL OF MY 403(b), 457(b) & 401(a) ACCOUNTS OF PLANS OF MY EMPLOYER AND UNDERSTAND THAT IF ANY ARE OMITTED THIS MAY HAVE A NEGATIVE EFFECT ON THE PLAN AND RESULT IN ADDITIONAL TAXABLE INCOME TO ME.</u>				
SIGNATURE OF PARTICIPANT (OR BENEFICIARY, IF A DEATH CLAIM)				DATE
F. AUTHORIZATION AND ACCEPTANCE (TO BE COMPLETED BY JEM)				
JEM hereby approves the transaction requested. If the request is for a loan or hardship distribution, the maximum amount approved is listed below.				
Maximum Loan Amount \$ _____				
AUTHORIZED JEM SIGNATURE				DATE