FICA Alternative Plan Distribution Form

RESOURCE PARTNERS

| Participant Information | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|------------------------------------------------------------|
| First NameN | /IILast | | Employer Spring Branch ISD |
| Street Address | | City | StateZip |
| Social Security # | | | |
| Cell Phone | Email Address | | |
| Reason for Distribution | | | |
| <i>1</i> . | _// | 5. Death of pa | articipant on// |
| 2. Retired from employer effective | ′ <u> </u> | | distribution. (Must qualify under plan rules.) |
| <i>3.</i> Became permanently and totally disab | | | finimum Distribution (age 70 ¹ / ₂) |
| 4. Other: | | (Must qualify unde | r plan and tax rules) |
| Distribution Instructions (Where to Direct Funds) | | | |
| Cash Distribution - Check box for partial withdrawal of \$ | | | |
| Qualified Rollover or Transfer (IRA, 403(b), 457(b), 401(k), 401(a), etc) If you choose this option, contact your IRA or eligible employer plan administrator or trustee to verify that the IRA or employer plan will accept your rollover. Complete your institution's required rollover paperwork and <u>forward both this form and the completed</u> <u>rollover paperwork from your financial institution</u> to JEM. Once this information is received by JEM, the distribution check will be made payable to your traditional IRA or eligible employer plan and will be sent directly to the financial institution accepting the rollover. | | | |
| Send Completed Paperwork to: JEM Resource Partners 900 S. Capitol of Texas Highway, Suite 350 | | | |
| | istributions | Austin, T | |
| Authorization Signature | | | |
| By my signature below, I represent that I am the owner of the account listed above and authorize the distribution of assets as indicated. | | | |
| SIGNATURE OF PARTICIPANT | | DATE | |
| **EMPLOYER SIGNATURE WILL BE COLLECTED BY JEM** | | | |

If JEM is <u>not</u> authorized to sign on behalf of the Employer, the signature below must be obtained from the Employer:

I hereby affirm that the Plan from which the funds requested are being distributed is a tax qualified plan under the Internal Revenue Code Section specified above and that the funds are eligible to be distributed.

SIGNATURE OF PLAN SPONSOR (employer)



DATE