

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	Date of Birth	Home Phone Number
	(Street)		
	(City, State, Zip)	Date of Termination	Business Phone Number
Step 2	Select <u>only one</u> of the boxes below:		
	<input 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 <u>roll over</u> 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 <u>pay me directly</u> . 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.		
	<input type="checkbox"/> Eligible Retirement Plan <input type="checkbox"/> IRA 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>		
For District Use Only	Employee Signature	Date	

	District Authorized Signature (Required)	Date	Date of Separation from Service or Last Contribution Date

Distribution Form (Cont'd)

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GENERAL EXPLANATION

WE URGE YOU TO READ THIS SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. IT CONTAINS IMPORTANT INFORMATION THAT YOU NEED TO KNOW BEFORE YOU DECIDE HOW TO RECEIVE YOUR BENEFITS FROM THE PLAN.

We also urge you to consult your personal income tax advisor prior to selecting a specific distribution from the Plan.

If you choose a DIRECT ROLLOVER:

- Your payment will not be taxed in the current year and no income tax will be withheld.
- Your payment will be made directly to your IRA or, if you choose, to another employer plan that accepts your rollover.
- Your payment will be taxed later when you take it out of the IRA or the employer plan.

You must affirmatively elect the direct rollover option for your eligible rollover distribution if you want to avoid application of the 20% mandatory withholding rules.

If you choose to have your Plan benefits PAID TO YOU:

- You will receive only 80% of the payment, because the Plan administrator is required to withhold 20% of the payment and send it to the IRS as income tax withholding to be credited against your taxes.

If you elect direct payment, you may still rollover that payment into your IRA or another employer plan that accepts your rollover within 60 days of the distribution. If you want to rollover 100% of the payment to an IRA or an employer plan, you must find other money to replace the 20% that was withheld. You may then claim that 20% back on your individual tax return. If you rollover only the 80% that you received, you will be taxed on the 20% that was withheld.

Termination Procedure

When a participant retires or terminates employment, this form must be completed and returned to your School District Office. Your School District will then forward this form to the administrator.

Keep a copy of the form in the participant's file as a record of the termination/rollover request.

The administrator must verify the participant separation from service.
The distribution will take approximately 3-4 months to process.