

FAX COMPLETED FORMS TO: (714) 258-4185

Submission of this form initiates a one-time or periodic distribution of retirement funds from your SchoolsFirst FCU 457(b) DCP Share Certificate. For tax filing purposes, you will receive Form 1099-R in January of the year following the distribution of funds. Do not use Form 1099-R when requesting a rollover or transfer.

Note: Please allow **5-7 business days** for processing.

1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth		
Street Address		City	State	Zip Code	Phone Number
School District			Email Address		

2 Reason For Withdrawal

Provide documentation for Disability or Death

- | | |
|---|--|
| <input type="checkbox"/> Separated from Employment/Retired [Date: _____]
<input type="checkbox"/> Over Age 59 ½.
<input type="checkbox"/> Age 73.
<input type="checkbox"/> Correction of Excess Contribution [Year: _____] | <input type="checkbox"/> Permanent and Total Disability.
<input type="checkbox"/> Death <i>(Complete Section 3)</i> . |
|---|--|

Note: Part-time, substitute and adjunct employees are not considered separated from employment.

3 Death Distribution – Beneficiary Information

Participant Date of Death: _____ Surviving Spouse: Yes No

Complete this section only if requesting a death distribution.

Please provide a copy of the participant’s death certificate and the beneficiary’s photo ID. Each beneficiary must complete their own form.

Beneficiary Name (First, MI, Last)	Social Security Number (REQUIRED)	Date of Birth (MM/DD/YYYY)		
Beneficiary Mailing Address	City	State	Zip Code	Phone Number

4 Withdrawal Instructions

A. Distributing Plan Type:

- SchoolsFirst FCU 457(b) DCP Share Certificate: _____
DCP Member Number DCP Share ID

B. Payment Type:

- One-time Payment.
 Periodic Payments *(Processed on the first business day of the month)*.
- i. Action:**
 Begin Change Cancel
- ii. Frequency:**
 Monthly Quarterly *(January, April, July, October)* Semi-Annually *(January, July)*
 Annually *(Indicate Month _____)*

C. Amount:

- Full Withdrawal.
 Partial Withdrawal/Periodic Payment Amount:
 \$ _____ Gross *(Amount Before Taxes – Default)* Net *(Amount After Taxes)*
 RMD *(Required Minimum Distribution)*

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5 Tax Withholding

Distribution paid directly to you will be subject to mandatory withholdings. If you are under 59 ½, an additional 10% withdrawal penalty may apply upon tax filing.

Federal: **20%** + _____% (additional percentage)

CA State: **2%** + _____% (additional percentage)

For RMD amount only:

No taxes are withheld unless indicated below.

Federal: _____%

CA State: _____%

6 Delivery Method

- Check by Regular Mail.
- Send to my SchoolsFirst FCU Account.

Member Number: _____ Share ID: _____

7 Signatures

I certify that I am the proper party to receive payments from this plan and that all information provided by me, including my tax identification number, is true and accurate. I further certify that no tax advice has been given to me by the Employer or the Trustee/Custodian and that all decisions regarding this withdrawal are my own. I certify that I have been given written notification of my distribution options and have had the opportunity to consider the decision regarding whether to elect a direct rollover for a minimum of 30 days as is my right under Code Sections 402(f) and 411(a)(11). After receiving the attached notice, I wish to waive my 30-day review notice by signing below. I understand this transaction is a reportable event and it will be my responsibility to report this distribution to the IRS upon receipt of tax Form 1099-R for the year the distribution occurred. Additionally, a 10% penalty may apply if under age 59½¹. I authorize the transaction to be processed as instructed on this form.

Participant/Beneficiary Signature (Required) _____

Print Name _____

Date _____

TO BE COMPLETED BY SCHOOLSFIRST FCU (CUSTODIAN)

TPA Authorization _____	Date _____
SchoolsFirst FCU Representative _____	Date _____

1. Please consult a tax advisor for additional questions.