



**403(b) PLAN DISTRIBUTION, LOAN, EXCHANGE,  
TRANSFER, & ROLLOVER FORM**

4201 Bee Caves Road  
Suite C-101  
Austin, TX 78746  
Phone: (512) 795-8999 Fax: (512) 795-0414  
Toll Free: (800) 943-9179 Fax (888) 989-9247  
Email: 403b@jempta.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\***

CURRENT EMPLOYER: \_\_\_\_\_ (IF NO LONGER EMPLOYED, FILL IN LAST EMPLOYER APPLICABLE TO THIS ACCOUNT)

**C. REASON FOR REQUEST\* - FILL IN ONLY ONE REASON** (IF NONE APPLY, YOU CANNOT OBTAIN FUNDS FROM THE ACCOUNT)

FINANCIAL HARDSHIP DISTRIBUTION. CHECK REASON BELOW (As described on back of form; you must submit proof listed on back of form):

HARDSHIP REASON:  (1) Medical Expenses  (2) Purchase Principal Residence  (3) Funeral Expenses  
 (4) Tuition & Related Expenses  (5) Prevent Eviction/Foreclosure  (6) Repair of Residence

IF THE REQUEST IS FOR MEDICAL EXPENSES PLEASE ANSWER: I DO  DO NOT  HAVE HEALTH INSURANCE

HARDSHIP AMOUNT REQUESTED: \$ \_\_\_\_\_

DEATH OF PARTICIPANT \_\_\_\_\_ MINIMUM DISTRIBUTION - PARTICIPANT IS AGE 70 1/2 OR OLDER

TRANSFER TO PURCHASE SERVICE - AMOUNT REQUESTED: \$ \_\_\_\_\_

PERMANENT & TOTAL DISABILITY OF PARTICIPANT \_\_\_\_\_

TERMINATION OF EMPLOYMENT: \_\_\_\_\_ CASH DISTRIBUTION  
 \_\_\_\_\_ TRANSFER FROM THIS PLAN TO ANOTHER 403(b) PLAN (If allowed by this Plan)  
 \_\_\_\_\_ ROLLOVER TO (List type of plan to which funds are going): \_\_\_\_\_

DISTRIBUTION DUE TO DIVORCE (Must be accompanied by Qualified Domestic Relations Order issued by a Court)

LOAN If allowed by your Vendor, you may borrow up to the lesser of 50% of the value of all of your 403(b) accounts or \$50,000, reduced by the greater of (1) the outstanding balance on any loan from the Plan to you on the date the loan is made or (2) the highest outstanding balance on loans from the Plan 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)

LOAN AMOUNT REQUESTED: \$ \_\_\_\_\_

EXCHANGE/TRANSFER INSIDE PLAN (Funds must be going to a Vendor on the Approved Vendor List for the Plan)

EXCHANGE/TRANSFER (Vendors) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

AGE 59 1/2: LIST TYPE (Rollover or Lump Sum) & AMOUNT OF DISTRIBUTION \_\_\_\_\_ \$ \_\_\_\_\_

**D. VENDOR INFORMATION**

ACCOUNT/POLICYHOLDER NUMBER*	ARE ORIGINALS OF THE FORMS REQUIRED BY VENDOR?* NO YES		
DOES THE VENDOR REQUIRE THAT THEIR FORM(S) BE SIGNED?* NO YES (IF YES, YOU MUST ENCLOSE A COPY OF THE VENDOR FORMS)			
WHERE SHOULD WE SEND THE FORMS?* (Choose One; Default is You) _____ TO VENDOR LISTED BELOW _____ TO YOUR REPRESENTATIVE _____ TO YOU			
WHERE SHOULD WE SEND A COPY OF THE FORMS? _____ TO YOUR REPRESENTATIVE _____ TO YOU			
REPRESENTATIVE ADDRESS (IF APPLICABLE): _____			
VENDOR TO WHICH FORMS SHOULD BE SENT*		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.

**I CERTIFY THAT I HAVE PROVIDED COPIES OF MY MOST RECENT STATEMENTS FOR ALL OF MY 403(b) ACCOUNTS AND UNDERSTAND THAT IF ANY ARE OMITTED THIS MAY HAVE A NEGATIVE EFFECT ON THE PLAN AND RESULT IN ADDITIONAL TAXABLE INCOME TO ME.**

I further certify that if I am exchanging, transferring or rolling over funds into a 403(b) product sold in Texas, the product receiving the funds is on the current list of Certified Products published by the Teacher Retirement System of Texas.

\_\_\_\_\_  
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 \$ _____	Maximum Hardship Distribution Amount \$ _____
AUTHORIZED JEM SIGNATURE _____	DATE _____