

# Selected Funds

## 403(b) Distribution Form

PO Box 8243, Boston, MA 02266-8243  
For overnight delivery: Selected Funds, 30 Dan Road, Canton, MA 02021  
For assistance, please call Investor Services at 800-243-1575

### A. Participant Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Fund# \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Check here if you are changing the address of record. You must have your signature Medallion Guarantee stamped to redeem to this new address \*

### B. Distribution Reason

1.  Termination of Employment/Retirement Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_  Age 59 ½ or older  RMD  
 Disability  Financial Hardship (complete hardship withdrawal section D)

### C. Method of Distribution (*select only one option*)

1.  Distribute 100% of my account balance.  
2.  Distribute \$ \_\_\_\_\_ of my account balance.  
3.  Direct Rollover 100% to an outside retirement account.  
 Direct Rollover \$ \_\_\_\_\_ to an outside retirement account.  
Type of rollover account:  IRA  Qualified Plan  Non-spouse Inherited IRA  Other \_\_\_\_\_  
**Please provide Direct Rollover information below (Medallion Guarantee Stamp required\*)**

**Investment Provider Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Account Name or Retirement Plan Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### D. Hardship Withdrawal Distribution

Hardship Withdrawal Distribution \$ \_\_\_\_\_

I am applying for a hardship withdrawal, as defined by IRS Code Section 403(b)(7), from my account referenced above.

I understand that contributions made under a salary deferral agreement are eligible for hardship withdrawal, and that earnings attributable to my contributions after 1988 are **not** eligible for hardship withdrawal. I certify that the amount requested does not include earnings made on the account after December 31, 1988, or any employer contributions.

#### Reason for Withdrawal

This redemption is due to the following immediate and heavy financial need, and does not exceed the amount needed to meet my hardship, including amounts needed to pay taxes or penalties on the hardship withdrawal. **Check Appropriate Reason(s) Below:**

- Medical expenses not covered by insurance incurred for myself, my spouse, and/or my dependents as defined in Section 152 of the Internal Revenue Code.  
 Purchase of a principal residence for me.  
 Tuition expenses for the next semester or quarter of post secondary education for me, my spouse, my children, or other dependents.  
 Prevention of eviction from, or foreclosure on the mortgage on, my principal residence.

Funeral expenses for my immediate family member(s).

### Declaration

By law, hardship distributions are only permitted to the extent that other resources are not available to meet your hardship needs. By signing this form, you affirm the following statements.

I certify that my heavy and immediate financial need cannot be met from other reasonable sources. I certify that the need cannot be met:

- Through reimbursement or compensation by insurance or otherwise.
- By reasonable liquidation of my assets or those of my spouse or my minor children, to the extent that such liquidation would not in itself cause an immediate and heavy financial need.
- By borrowing from commercial sources on reasonable commercial terms.
- By taking loans or distributions from any retirement plan in which I am a participant.
- Under penalty of perjury, I hereby attest that the foregoing facts and declarations are true and correct. By signing this form I acknowledge that I agree that per IRS rules I must suspend my salary withdrawal contributions for a period of six months that commences on the date of my requested hardship distribution.

### E. Method of Shipment

Regular mail     Overnight mail (\$14.00 fee will apply)     Bank account (Medallion Guarantee Stamp required\*)

ABA Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_     Checking     Savings  
(Please provide a copy of a deposit slip or voided check.)

### F. Income Tax Withholding

I understand that this distribution will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The address on this form will determine my state of residence for state reporting purposes. I also understand that the distribution will be subject to income taxes unless I roll over the distribution amount to another retirement account. Any distribution eligible for rollover that is greater than \$200 is subject to 20% mandatory Federal Income Tax withholding unless I directly rollover the amount of the distribution to another retirement account. I further understand that, if I receive this distribution prior to age 59½, the distribution may be subject to a 10% early withdrawal penalty. State taxes will be withheld at state's mandatory withholding rate, if applicable.

Withhold Federal Income Tax at \_\_\_\_\_% of the total distribution (must be 20% or greater; withholding not required for hardship)

### G. Participant's Authorization (Required)

I have read the "Special Tax Notice", above (unless previously provided to me by the Plan Administrator/Employer), and request the distribution or rollover from the retirement plan designated above. I wish to waive the 30-day notice period in order for my distribution or rollover to be processed immediately.

I am unable to provide my Employer's authorization for this distribution, as **I am no longer connected to this plan.**

Please initial here if this statement applies to you: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Place Medallion Guarantee Stamp above \*  
Participant Name (please print)    Participant Signature    Date

\* Eligible Medallion Guarantee guarantors as defined by the Securities Exchange Act of 1934 include federally insured financial institutions, registered broker-dealer, or participants in a recognized Medallion Signature Guarantee program. Please verify with the institution that it is an eligible guarantor prior to signing. Authorization of signatures by a notary public cannot be accepted in lieu of a Medallion Guarantee Stamp.

### H. Plan Administrator's or Employer's Authorization and Vesting Verification (Required if still connected to Plan)

As Plan Administrator/Employer, I hereby certify that the vesting percentage for this Employee is equal to 100% and that the employee is eligible for the rollover or distribution requested above. I authorize the distribution or direct rollover to be processed in the manner indicated above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_  
Plan Administrator's/Employer's Name (please print)    Plan Administrator's/Employer's Signature    Date