

403(b) Distribution Request



Complete this form to request a distribution from your 403(b) plan. Please note the following:

- **Employer or Third Party Administrator approval is required for all distributions.**
- If you are married and your 403(b) plan is subject to ERISA, you may need to waive the qualified joint and survivor annuity (QJSA) requirement. Please contact your employer for more information.
- Before completing this form, you must read the *Special Tax Notice*.
- You may want to consult a tax advisor before requesting a distribution.
- For payments that represent less than 100% of the account balance, distributions are paid from each fund and money type proportionally unless you provide other instructions.

If you have questions, please call us at 1-800-345-3533.

1 Provide Information About Yourself

Please note: If you are a beneficiary, enter information about yourself in this step.

U.S. Social Security number

Date of birth (month-day-year)

First name

Middle initial

Last name

Street address

City

State

ZIP

Telephone number (daytime)

Email address

Plan ID number

Plan name

Check here if this is a new address. If you are changing your address or have changed your address in the last 7 days, a signature guarantee is required on distributions over \$100,000.

2 Select a Reason for Distribution — Qualifying Event

Distributions from a 403(b) plan may only be taken if one of the following qualifying events occurs. If you are planning to roll over your assets from this plan into another eligible retirement plan, you must still indicate which of the following qualifying events occurred before you can make a distribution.

Select only one reason from the following:

Severance from employment

Provide effective date:

_____ Date of severance (month-day-year)

Over age 59½

Permanent and total disability

Qualified birth and adoption (QBAD)

Required minimum distribution

Excess contribution

For year: _____

Contribution type (select one):

Pre-tax elective deferrals

Roth elective deferrals

Employer contribution

Death of plan participant

Provide plan participant's name:

_____ Financial hardship
(You also must complete step 6)

Plan termination

Divorce (alternate payee)

3 Select the Type of Distribution

Select the type(s) of distribution(s) you want to take. **Age 72 and Older:** If you are required to take a minimum distribution for the current year but have not taken it yet, you may need to complete "Required Minimum Distribution (RMD)" (option C below) in addition to any other type of distribution you request in this step. The RMD amount is not eligible for a rollover to an IRA or employer plan.

A. Total Distribution (Lump Sum Distribution)

B. Periodic Distribution

Please pay my benefit in equal installments until my plan account balance is zero. I understand that when I reach age 72 or retire, whichever is later, my installment payments must be large enough to meet certain minimum distribution requirements. I understand I may need to increase my installment payments at that time to avoid penalty taxes.

\$ _____
Amount Start date (month-day-year)

American Century Investments® will make the distribution on the 15th of the month unless you specify another day in the space above. If the distribution date falls on a weekend or holiday, we'll make the distribution the next business day. We'll pay your distribution quarterly unless you select a different frequency below.

Payment frequency: Annually Semiannually Quarterly Monthly

C. Required Minimum Distribution (RMD)

If you have selected an RMD in addition to another type of distribution in this step (options A, B, D or E), American Century Investments will calculate your RMD and mail you a check for the required amount before processing your other distribution. The check will be mailed to your address of record for this account unless you provide alternate payment instructions.

One-time distribution: Distribute my RMD for tax year _____.

Periodic distribution: Start an automatic distribution to satisfy my RMD for this year and all future years.

Start date (month-day-year)

American Century Investments will make the distribution on the 15th of the month unless you specify another day in the space above. If the distribution date falls on a weekend or holiday, we'll make the distribution the next business day. We'll pay your distribution quarterly unless you select a different frequency below.

Payment frequency: Annually Semiannually Quarterly Monthly

D. One-Time Partial Distribution

\$ _____
Amount

E. Annuity Distribution

Qualified joint and survivor annuity (QJSA).

Provide Direction for Payment (continued)

B. Direct Rollover to Eligible Retirement Account at Another Institution

Roll over my distribution directly into my IRA or other retirement plan at the financial institution named below. **I have attached a letter of acceptance from the receiving institution.**

Tell us what type of account the money is going to (check one)¹:

- Traditional/Rollover IRA Roth IRA SEP, SARSEP or SIMPLE IRA
 State Teacher Retirement Plan Thrift Savings Plan 403(b), 457(b), 401(k), Profit Sharing or
Other Employer-Sponsored Retirement Plan

¹ Check only one option unless you are rolling over both pre-tax and Roth assets. Roth assets must be rolled over to either a Roth IRA or a 401(k), 403(b) or 457(b) that accepts Roth contributions.

Tell us what to do with your shares:

(If no box is checked, we will sell your shares and send a check to the institution you name below.)

- Sell my shares and send a check to the institution named below.
 Transfer my shares to the institution named below (transfer in kind).

Name of Custodian/Trustee

Account number **OR** Plan name

Name of institution

Street address

City State ZIP

Plan contact name

Telephone number

C. Direct Payment to Participant

Pay my distribution according to the method I selected below. (If neither box is checked, American Century Investments will pay your distribution by check.)

- By check mailed to the address in step 1 of this form.
 By automated clearing house (ACH) to my bank account on file with American Century Investments.*

* If you do not have bank information on file, please contact us. For your security, we will not transfer any money to that account until 7 days after your bank information has been received and accepted by American Century Investments.

D. Transfer to a Non-Retirement Account at American Century Investments

Transfer to the non-retirement account(s) indicated below.*

Fund name Account number Percentage %

Fund name Account number Percentage %

* **New accounts:** To request a new non-retirement account in your name alone, provide the fund name and percentage; an application is not required. For other account types (e.g., joint, trust), set up the new account online at americancentury.com or print an application and attach it to this form. Your initial transfer must meet the stated minimum for the fund(s) you select.

6 Complete for Financial Hardship Distributions

Skip this section unless you are requesting a financial hardship distribution.

State the reason(s) for your request for a financial hardship distribution. You must provide all the information requested below.

This hardship distribution is necessary to satisfy an immediate and heavy financial need due to the following (please check all that apply):

- To prevent eviction from my principal residence or a foreclosure on the mortgage of my principal residence
- The payment of tuition, related educational fees or room and board for the next 12 months of post-secondary education for myself, my spouse, my primary beneficiary, my children under the age of 19 (or age 24 if a full-time student) or my dependents
- The purchase (excluding mortgage payments) of my principal residence
- Significant expenses incurred by me, my spouse, my primary beneficiary or my dependents for medical care or in order to obtain such medical care (not covered by insurance or other coverage)
- Expenses for the repair of damage of my principal residence that would qualify for the casualty deduction under Internal Revenue Code section 165
- Burial or funeral expenses for my deceased parent, spouse, primary beneficiary, child under the age of 19 (or age 24 if a full-time student) or dependent

I hereby certify that the distribution amount I have requested does not exceed the amount required to meet my immediate and heavy financial need, and that this cannot be satisfied from other reasonably available resources including, but not limited to, the following:

- By other distributions available from this plan or any other plan in which I participate
- By borrowing from commercial sources on reasonable commercial terms
- Through reimbursement or compensation by insurance or otherwise
- By reasonable liquidation of my assets (including assets of my spouse and minor children that are reasonably available to me)
- By cessation of tax-deferred contributions under the plan

I understand the following:

- Only salary deferrals are eligible for financial hardship distribution, and earnings on deferrals made after December 31, 1988, are not available for distribution
- Financial hardship distributions are not eligible for rollover
- A 10% early distribution penalty may be assessed by the Internal Revenue Service (IRS) if I am under age 59½
- I am responsible for satisfying any other IRS requirements relative to this hardship distribution; substantial penalties may be imposed if the financial hardship is disallowed by the IRS

7 Signature and Date Signed

I request a distribution in the manner indicated on this form. By signing below, I certify that:

- I am aware of the Plan's provisions and requirements relating to distributions, and I understand the tax consequences of this distribution.
- I have received, read and understand the *Special Tax Notice*.
- I acknowledge that I made an election to receive a benefit payment within 180 days of receipt of the *Special Tax Notice*. I waive the 30-day waiting period and request to have the distribution made now.
- If I have elected a direct rollover, the Custodian/Trustee named in step 5 will accept the direct rollover of my distribution.
- I understand that if I have requested that my pre-tax funds be rolled over to a Roth IRA, the taxable amount rolled over is taxable income.

If I elected a direct rollover to an American Century Investments® Rollover/Traditional IRA or Roth IRA or a transfer to a new non-retirement account in step 5, I also certify that:

- I have received and read the *Disclosure Statement and Custodial Agreement*. (Does not apply to non-retirement accounts.)
- I am of legal age, or I am accepting the appointment of Responsible Individual for the IRA that is being established for an individual who is a minor.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing.
- I have read and understand the *Service Options* flier, which is part of this form by reference.
- I understand that providing my email address gives American Century Investments permission to send me information about products and services via email.
- I authorize American Century Services, LLC ("American Century"), its affiliated companies and agents, to act upon my instructions provided herein. I understand that I am authorized to transact business on this account by telephone, online, by fax, in writing, or by any other means acceptable to American Century. This authorization applies to all like registered current and future accounts in all investment companies in the American Century family, listed under the taxpayer identification number shown on this form.
- In consideration of American Century accepting this account application, I agree to defend, hold harmless and indemnify American Century and its officers, agents, employees, affiliates and successors from liability for any loss, claim or expense that I may sustain as a result of their acting on transaction instructions they believe to be genuine.
- I understand that American Century will use reasonable procedures to confirm that instructions submitted by any account owner or trustee online, by telephone, by fax, in writing, or by any other means acceptable to American Century, are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on their part to employ such procedures may subject them to liability for any loss due to unauthorized or fraudulent instructions.
- I understand that neither American Century nor its affiliated companies or agents shall be responsible or liable for any damages related to online services including but not limited to those caused by theft, unauthorized access, failure of electronic or mechanical equipment, communications line failure or telephone or interconnectivity problems or other occurrences beyond their control.
- I acknowledge that State Street Bank and Trust Company and American Century shall not be liable for any tax or other consequences in connection with contributions to my IRA. (Does not apply to new non-retirement accounts.)
- **Important Information About New Accounts:** A federal law, established to help stop the funding of terrorism and money laundering activities, requires financial institutions to verify the identity of each person who opens an account. American Century will verify your identity using the name, street address, date of birth and Social Security number that you provide in this application. In some instances, we may request additional documentation.

NOTE: A signature guarantee is **required only if** you redeem more than \$100,000 and your address on file has changed within 7 days of the redemption.



Signature

Date

Signature Guarantee (if required)

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signature must correspond in every particular, without alteration, with the name printed on the current account registration. The guarantee must be issued by a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. The guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

NOTE: Acknowledgment of signature by a notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature and title of officer.

8 Obtain Employer or Third Party Administrator Signature (required)

This section must be completed by your employer or Third Party Administrator (TPA).

Participant Vesting

If the Plan includes a vesting schedule, I confirm the participant is _____% vested. (If left blank, I confirm the participant is 100% vested.)

(If the participant is less than 100% vested, we will automatically transfer the non-vested amount to a forfeiture account for the Plan, unless you instruct us otherwise.)

Authorization

- If the participant has requested a financial hardship distribution, I acknowledge the participant's elective deferral contributions must be suspended for at least six months. I also acknowledge that I have received the proper supporting documentation from the participant.
 - I hereby confirm the qualifying event indicated in step 2 and acknowledge the participant has met all requirements under the 403(b) plan.
- Check this box if the distribution is mandatory upon severance from employment because the vested account balance is \$5,000 or less. No participant signature is necessary.

Printed name of employer or TPA

Printed name and title of employer representative or TPA



Employer representative or TPA's signature

Date

Custodial Acceptance for IRAs. If all required forms and information are properly submitted, State Street Bank and Trust Company will accept appointment as Custodian of the Custodial Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Custodial Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated in the Depositor's Application will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Custodial Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN