

# 457(b) Distribution Request



Complete this form to request a distribution from your governmental 457(b) plan.

- Before completing this form, you must read the *Special Tax Notice* in this booklet.
- You may also want to consult a tax advisor before selecting a distribution option.
- 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.

**Please print clearly in CAPITAL letters using black ink and sign in step 6. If you have questions, please call us at 1-800-345-3533.**

## 1 Provide Information About Yourself

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

U.S. Social Security number

Date of birth (month-day-year)

Mr. / Mrs. / Ms. First name

Middle initial Last name

Street address

Apartment/Unit

City

State

ZIP

Telephone number (daytime)

Plan ID/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 Reason for Distribution — Qualifying Event

**Select only one reason from the following:**

- Severance from employment (Provide effective date below)

\_\_\_\_\_  
Date of severance (month-day-year)

- In-service withdrawal of total plan balance\*  
 In-service withdrawal of rollover balance  
 Required minimum distribution  
 Excess contribution for \_\_\_\_\_ (year)     Pre-tax elective deferrals     Roth elective deferrals  
 Death of plan participant  
Provide plan participant's name: \_\_\_\_\_  
 Unforeseeable emergency  
 Divorce (alternate payee)

\*You may elect this option only once. To qualify for this option, your total plan balance must be less than \$5,000, and you must have made no contributions to the plan for two years prior to completing this form.

### 3 Select Type of Distribution

Select the type(s) of distribution(s) you want to receive. If you are age 70½ or older and have not taken your required minimum distribution for the current year, you must complete "Required Minimum Distribution" (option C below) in addition to any other type of distribution you request in this step.

**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 70½ or older, 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)

If you do not indicate the frequency of payments, American Century Investments® will pay your distribution quarterly. We'll make the distribution on the 15th of the month, unless you specify another date in the space above. If the applicable date falls on a weekend or holiday, we'll make the distribution the next business day.

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 or D), 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 call us to 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)

If you do not indicate the frequency of payments, American Century Investments will pay your distribution quarterly. We'll make the distribution on the 15th of the month, unless you specify another date in the space above. If the applicable date falls on a weekend or holiday, we'll make the distribution the next business day.

Payment frequency:  Annually  Semiannually  Quarterly  Monthly

#### Information About Your Beneficiary

The information you provide below will be used for the sole purpose of calculating an RMD and does not constitute a designation of beneficiary.

Check the appropriate box below (if applicable) and provide information about your spouse. If neither box applies, you may skip this section. The information below must match your beneficiary designation on file. If it doesn't, please submit a new *Designation of Beneficiary* form.

My sole primary beneficiary is my spouse, who is more than 10 years younger than I am.

My sole primary beneficiary is a qualifying trust. The sole primary beneficiary of the trust is my spouse, who is more than 10 years younger than I am.

Mr. / Mrs. / Ms. Spouse's first name

Spouse's last name

Spouse's date of birth (month-day-year)

Spouse's U.S. Social Security number

**D. One-Time Partial Distribution**

\$ \_\_\_\_\_

Amount

## 4 Complete Withholding Election

If you are a non-resident alien, call us before completing this section.

**Notice of Withholding:** The amounts you receive from the plan are subject to federal income tax withholding. See the *Special Tax Notice* for complete information.

- If your distribution is eligible for rollover to another retirement plan, and you do not elect a direct rollover, the distribution is subject to mandatory federal income tax withholding at the rate of 20%. State tax withholding also may apply.
- If your distribution is not eligible for rollover, you may elect to have withholding apply to the distribution by checking the box below and indicating the rate of withholding. If you do NOT want us to withhold federal income tax from your payments, do NOT check the box.

I elect to have federal income tax withheld at the rate of \_\_\_\_\_%. (Percentage must be between 10-100%. If no percentage is indicated, or if you indicated a percentage of 1-9%, withholding will be made at the minimum rate of 10%.)

Note: State tax will be withheld according to state regulations if, at the time of your distribution, your tax residency is within one of the mandatory withholding states.

Remember, even if you elect not to have income tax withheld, you are liable for paying income tax on the taxable portion of your withdrawal. If you elect not to have income tax withheld, or you don't have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

For automatic periodic distributions only, you have the right to revoke your withholding election at any time, and any election you make will remain in effect until revoked by filing a new election.

## 5 Provide Direction for Payment

Select a method of payment. If you select more than one method, indicate the dollar amount or percentage to be paid by each method.

Please note that required minimum distributions, withdrawals for unforeseeable emergency and installment payments over a period of 10 years or more may be paid only by direct payment (option C) or transfer to a non-retirement account (option D).

### A. Direct Rollover to Eligible Retirement Account at American Century Investments

Roll over my distribution directly into my American Century IRA or other retirement plan at American Century Investments. **I have attached a letter of acceptance from the plan administrator.** [Attach the appropriate *American Century Investments IRA Application* to open a new American Century IRA and/or Roth IRA. The amount of your investment must meet the stated minimum for the fund(s) you select.]

**Tell us what type of account the money is going to (check one)<sup>1</sup>:**

Rollover/Traditional IRA<sup>2</sup>       Roth IRA       Employer-sponsored retirement plan

			%
Fund name	Account number	Percentage	
			%
Fund name	Account number	Percentage	

<sup>1</sup> 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.

<sup>2</sup> Refer to *Combining Contributions* below.

### Combining Contributions

**(If you are a non-spouse beneficiary completing this form, you may skip this section.)**

Proceeds from certain retirement plans that are rolled over to an IRA are normally deposited in a separate account designated as a Rollover IRA. Maintaining a separate account for rollover funds generally makes it easier to roll over these funds to another qualified retirement plan in the future. If you do not wish to preserve this option, please check the box below.

I have read the explanation above and I understand the consequences of combining contributions. You may use this as your authority to combine my rollover with my Traditional IRA.

**Step 5 continued on the following page**

**Provide Direction for Payment (continued)**

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**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)<sup>1</sup>:**

- Traditional IRA                       Roth IRA                       Employer-sponsored retirement plan  
 State Teacher Retirement Plan                       Thrift Savings Plan

<sup>1</sup> 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).

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Name of Custodian/Trustee

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Account number **OR** Plan name

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Name of institution

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Street address Apartment/Unit

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City State ZIP

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Plan contact name

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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**

Attach the appropriate account application if you do not have an existing American Century Investments account to receive your distributions. For new accounts, the amount of your investment must meet the stated minimum for the fund(s) you select.

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Fund name	Account number	%
		Percentage

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Fund name	Account number	%
		Percentage

## 6 Sign Your Name (Participant or Beneficiary)

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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 request a distribution in the manner indicated on this form. I also acknowledge that I have received, read and understood the *Special Tax Notice*. If I have elected a direct rollover, I certify, by my signature below, that the Custodian/Trustee named in step 5 will accept a direct rollover of my distribution. If I have requested an unforeseeable emergency distribution, I certify by my signature below that I have had an unforeseeable emergency, as defined in the *Governmental 457(b) Tax-Deferred Retirement Plan Distribution Booklet*. 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.

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



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**Signature**

**Date**

### Signature Guarantee

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.

Each signature must be guaranteed 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. Each 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: Acknowledgement of signature by notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.**

## 7 Obtain Employer or Third Party Administrator Signature

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### Authorization

If the assets of the Plan are held in a trust, the number of Plan Trustees required to authorize transactions must sign below. Otherwise, if your Plan requires Employer or Third Party Administrator (TPA) approval to remove money, the Employer or TPA must sign below.

I certify that I have received and reviewed all required documentation regarding this distribution (as required by the Plan), and to the best of my knowledge, the distribution requested is proper under the terms of the Plan.

I instruct American Century Investments to process a distribution from the Plan according to the instructions on this form.

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.

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**Printed name of employer or TPA**

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**Printed name and title of employer representative or TPA**



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**Employer representative or TPA's signature**

**Date**

