

# 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*.
- You may also 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.

**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)

First name

Middle initial

Last name

Street address

City

State

ZIP

Telephone number (daytime)

Email address

- 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

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

- Severance from employment  
Provide effective date: \_\_\_\_\_ (month-day-year)
- In-service withdrawal of total plan balance\*
- In-service withdrawal of rollover balance
- Required minimum distribution
- Excess contribution for \_\_\_\_\_ (year). Contribution type:  Pre-tax elective deferrals  Roth elective deferrals
- Death of plan participant  
Provide plan participant's name: \_\_\_\_\_
- Unforeseeable emergency
- Divorce (alternate payee)
- Qualified birth and adoption (up to \$5,000 per birth or adoption)

\* 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

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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 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)

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

## 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 may also 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. [Attach the appropriate *American Century Investments IRA Application* to open a new 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)!**

Rollover/Traditional IRA<sup>2</sup>       Roth IRA       Employer-sponsored retirement plan<sup>3</sup>

_____	·	_____	_____ %
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.

<sup>3</sup> A letter of acceptance from the plan administrator is required in addition to this form.

### **Combining Contributions — If you are a non-spouse beneficiary, 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**



## **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 received, read and understand 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.

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.



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**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.

Your 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. 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.**

***Employer or Third Party Administrator must complete the following page.***

## **7 Obtain Employer or Third Party Administrator Signature**

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

### **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**

- 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**

