

## 403B DISTRIBUTION FORM

### INSTRUCTIONS:

1. Complete the attached 403B DISTRIBUTION Form
2. Sign the form
3. Mail or Fax the completed, signed form to:

#### Please send to: Regular Mail

Primerica Shareholder Services  
P.O. Box 534485  
Pittsburgh, PA 15253 – 4485

Client Services: (800) 544-5445

Fax Services: (833) 748-3938 (acceptable only if an Original Signature Guarantee is not required)

#### Overnight Mail

Primerica Shareholder Services  
Attention: 534485  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

**DISTRIBUTION AMOUNT-** Please indicate the amount you wish to distribute from your account. You have three choices:

**All Shares** – To distribute all shares held in a specified fund position with this account number or you may choose all fund positions be redeemed. Unless otherwise specified, the account(s) will be closed and all options (i.e. Systematic Withdrawal Plan) will be discontinued.

**Dollars** – To distribute a specific dollar amount from a specified fund position with this account number or you may choose all fund positions be distributed.

**Shares** – To distribute a specific number of shares from a specified fund position with this account number or you may choose all fund positions be distributed.

\* Per IRS regulations, any redemption from a 403(b) due to financial hardship is limited to the amount contributed by the employee as salary reduction contributions.

**MAIL CHECK-** Please indicate how you wish the distribution check to be sent to you. We will usually process and mail your distribution check within two to three business days.

**To me as identified on my account registration** – To have the check sent to the address and registration of record.

**To the following Payee and / or address** – To have the check sent to alternate payee and / or address. (Original Signature Guarantee Required)

**EXPRESS MAIL-** Please indicate if you wish to receive the check via express mail service. A daytime telephone number is required for all express mail packages.

By one-day air express and deduct the fee charge from my account – The check will be sent via next-day air express in accordance with the mailing instructions.

**Note:** The overnight express fee is generally \$20 for most deliveries in the United States, however, if you reside in a rural area in the U.S. the charge could be higher. If you reside in Alaska, Hawaii, Puerto Rico or request overnight express to a PO Box, the overnight fee will be higher and you could be charged as much as \$30.00. If you request overnight express to Guam, the fee charge could be as much as \$70 or more. Your account will be charged accordingly.

**WIRE TRANSFER-** A wire Transfer should take place within 48 to 72 hours of processing your request for a distribution of shares.

**ACH TRANSFER-** An Automated and Clearing House (ACH) transfer should place within 72 to 96 hours of processing your request for distribution of shares.

**Please complete the Wire / ACH Transfer Information and attach a voided check.**

**Wire / ACH Transfer to the bank of record** – To have the distribution proceeds Wired / ACH to a bank account on file with Primerica Shareholder Services for at least 30 days.

**Wire / ACH Transfer to a non-record bank** – To have the distribution proceeds sent to a bank account not on file with Primerica Shareholder Services. When processing a Wire / ACH Transfer to a non-record bank, you must complete the bank name, bank contact person, bank telephone number, bank routing / transit number, bank account name and number, and attach a voided check. An Original Signature Guarantee Required.

**REASON FOR DISTRIBUTION- Triggering Event** – We recommend that you speak with your tax or financial advisor regarding the consequences of this distribution. A distribution cannot be made from a 403(b)(7) account except for the following reasons.

Please indicate the reason for distributing shares from your account. You must choose one of the following:

**Normal** – Taxable distribution to a person over the age of 59 ½. Employee is not yet taking Required Minimum Distributions

**Separation of Service** – If under age 59 ½ you will be subject to a Premature Distribution Tax Penalty unless the proceeds are rolled over into another TSA or IRA within 60 days.

**Divorce** – Please use the POL-99 if you are requesting a distribution due to a divorce settlement.

**Employer Plan Terminated** – If your employer has terminated the plan.

**Financial Hardship** – If you checked financial hardship as a reason for distribution, you must check the appropriate box for the reason for financial hardship.

**Disability** – Distribution to a person for reason of total and permanent disability as defined in IRS Code 72(m)(7). By checking this box you certify you are unable to engage in any substantial activity by reason of a medically determinable, physical or mental impairment which can be expected to be of a long or indefinite duration or to result in death.

**RMD** – A distribution to a person that has attained the age of 70 ½.

**Death** – Only use this form if the account has already been registered as a beneficiary account in your name. If a beneficiary account has not been established in your name, please contact our customer service center for assistance.

**Employer Authorized Signature**-Effective January 1, 2009 all distributions require an Employer/TPA approval signature

**Owner's Signature**- Please provide your signature in the space provide along with the date. Please read all information contained in this section before signing the form. Please provide a daytime phone number where you can be reached should we need additional information to process your request.

**Original Signature Guarantee**- An Original Signature Guarantee will be required if the amount for distribution exceeds \$100,000, you request the proceeds to be sent to an alternate address/payee or to an alternate bank, or you have had an address change on this account within the past 30 days.

### Additional Fees

- **Termination Fee** – A termination fee of \$30 will be imposed if the entire account value is either distributed or transferred to another custodian, or if any distribution or transfer results in the account value falling below \$100 regardless of if the redemption is premature (prior to age 59 ½).
- **Custodial Fee** – There is an annual Custodial Fee of \$25 per account. This fee is deducted from a shareholder's account balance each year, unless pre-paid. If a distribution is requested during the year, the Custodial fee is deducted from the redemption proceeds.
- **CDSC Fee** – If your account is invested in Class B Shares, your distribution may be subject to a CDSC Fee (Contingent Deferred Sales Charge). Please refer to your prospectus to determine the CDSC percentage applicable to your Fund.

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## REQUIRED INFORMATION

Please complete all information to avoid any delay in processing your request.

Account Owner's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

	Fund Number/ NASDAQ Symbol		Redeem# of Shares		Redeem Dollar Amount
<input type="checkbox"/> All Shares in Fund(s) Listed OR	_____	OR	_____	OR	_____
<input type="checkbox"/> All Shares IN ALL Fund Positions	_____	OR	_____	OR	_____

**Please mail the check to:** (choose one) (Note: An Original Signature Guarantee is required to mail a check to an alternate payee or address)

☐ The address of registration ☐ To an alternate payee/address:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ I would like to receive a check: (choose one) - Daytime phone number required for Express Mail

☐ 1st Class Mail

☐ Next Day Air (read note regarding fee on instruction page)

☐ I would like a wire transfer:

☐ To the active bank of record at PSS

☐ I would like ACH transfer: (select option here and below)

☐ To an alternate bank account (Original Signature Guarantee required)

**Reason for Distribution: (choose one) - Effective January 1, 2009 all distributions will require an Employer Signature**

☐ Normal (Age > 59 1/2)

☐ Separation of Service

☐ Employer Plan Terminated

☐ Financial Hardship

☐ Disability- I certify that I meet the Definition of Disability as defined in IRS Code 72(m)(7)

☐ RMD

☐ Death

**Financial Hardship: (If you checked Financial Hardship you must check the reason below)**

☐ Burial or Funeral Expenses ☐ Repair Damage to Principal Residence

☐ Pay Tuition

☐ Prevent Eviction

☐ Pay Medical Expenses

☐ Purchase Principal Residence

### Federal and State Withholding:

**Note:** There is a mandatory 20 % federal income tax withholding for all of the above distribution reasons except for **Financial Hardship or RMD** regardless of where the proceeds are mailed.

☐ Check here if you selected **Financial Hardship or RMD** and you wish to have Federal Income Tax withheld from your proceeds.

If the box is not checked, no taxes will be withheld. Withhold Federal Income Tax of \_\_\_\_\_%

**Note:** If you reside in a state that requires mandatory State withholding, State withholding will also apply to this distribution. The State withholding rate is based on your resident state requirement. Please read the Federal/State Tax Withholding Information on the next page.

### EMPLOYER AUTHORIZATION:

I hereby affirm that the information given is true and correct, and I authorize and direct the custodian to make distributions according to the instructions provided on this form.

Employer/TPA Authorized Signature

Title

Date

### Owner's Signature

By signing this form, I understand that (i) my employer may be required to execute any and all other documents, and to provide and/or share any and all other information, necessary to comply with section 403(b) of the Code and the final regulations promulgated there under and (ii) there is a risk that if my employer and/or the plan is not in compliance with section 403(b) of the Code and the final regulations promulgated there under that the distribution being made by Primerica Shareholder Services (PSS) under this form may be considered a disqualifying event by the Internal Revenue Service and reportable by PSS. By signing this form, I acknowledge that I have read and accept the terms outlined in the 402(f) Notice. I do certify that I have received sufficient prior notification of my options to have my distribution paid directly to a 403(b) Custodian/ Trustee and thus, avoid the 20% tax withholding.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime phone number where you can be reached should we need additional information: \_\_\_\_\_

### Original Signature Guarantee:

Original Signature Guarantee STAMP: I guarantee the signature of the applicant and to the best of my knowledge and belief the investor is of full age and legally competent.

Guarantor Name: \_\_\_\_\_

Original Signature Guarantee Stamp

## 403B DISTRIBUTION FORM

### WIRE / ACH TRANSFER – BANK ACCOUNT INFORMATION

Bank Name \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Routing # \_\_\_\_\_

Account Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Account # \_\_\_\_\_

(Note: An Original Signature Guarantee is required to wire transfer proceeds to a non-record bank.)

**Once completed, mail or fax the  
form and required documents  
to appropriate address or  
services listed for processing.**

Please send to:	Regular Mail	Overnight Mail
	Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 – 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262
Client Services:	(800) 544-5445	
Fax Services:	(833) 748-3938 (acceptable only if an Original Signature Guarantee is not required)	