



Qualified Retirement Plan Distribution Form/403(b) Application for Distribution

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Questions? Call a Retirement Account Specialist at 888-723-8504, option 2.
Please read the important information and instructions on the following pages.

1. PARTICIPANT INFORMATION

Account Number:		
Legal Name of Participant:		
Date of Birth: (MM-DD-YYYY)	U.S. Social Security Number: (SSN)	
Home Address: (no PO box or mail drop)		
City:	State:	ZIP Code:
Phone Number:	Plan Type: <input type="checkbox"/> Money Purchase <input type="checkbox"/> Individual 401(k) <input type="checkbox"/> Profit-Sharing <input type="checkbox"/> Roth 401(k) <input type="checkbox"/> 403(b)	
Employer Name:		Employer Tax ID Number::
Employer Street Address:		
City:	State:	ZIP Code:

Distributions from multiple accounts must be submitted on separate forms.

2. REASON FOR DISTRIBUTIONS (Please check one box and complete the applicable blanks.)

Please note, a direct rollover or Roth conversion is NOT a valid triggering event. A triggering event would still need to be indicated below. See section 9 for the definition of an eligible rollover distribution.

Participants of Qualified Retirement Plans generally must meet a triggering event in order to distribute funds held in the plan. Events that trigger distributions will depend on the plan type and the options elected by the adopting employer. If you have any questions please consult your Plan Administrator or the plan documents.

Unless the distribution is directly rolled over to a Traditional IRA, Roth IRA, or transferred to another Qualified Retirement Plan, a **Mandatory Tax Withholding at a rate of 20% will apply to distributions that are eligible for rollover.*

Triggering Events:

- Attainment of Normal Retirement Age – Consult with Plan Administrator concerning the normal retirement age as indicated in the plan.
- Termination of Employment – Severed employment with the sponsor of the Qualified Retirement Plan.
- Plan Termination – Qualified Retirement Plan is being terminated by the adopting employer. Questions related to proper plan termination should be directed to a qualified tax professional.
- In-Service distributions (*profit sharing plans only*) – If the plan allows – a Participant may be able to take distributions that do not meet the normal triggering events. Please note that special circumstances and maximum amounts revolve around In-Service distributions. See your Plan Administrator or plan documents for additional information.
- Disability distribution (*Account Owner must be totally and permanently disabled as outlined in Internal Revenue Code 72(t). Clients are encouraged to attach a current copy of a physician's statement, IRS Schedule R, or Social Security disability benefits letter.*)
- Death distribution – You must have an established Qualified Plan Beneficiary Account.
- Death distribution directly rolled over into spouse's IRA or Non-Spouse Beneficiary IRA – You must have an established Qualified Plan Beneficiary Account and a Beneficiary IRA or Spousal IRA.
- Early distribution – Please check one option below and see your tax advisor for guidance.
 - 72(t) systematics – Exception applies under IRS Code Section 72(t). Prior to the Participant's attainment of age 59½, in substantially equal installments payable over the life expectancy of the Participant or the joint life expectancy of the Participant and Participant's beneficiary.
 - Separation – Separation from service after age 55.
 - Medical – Deductible medical expenses under Section 213.



- Required minimum distribution (RMD) – Important: If your spouse is the beneficiary and is more than 10 years younger than you, please indicate here. Please provide spouse’s date of birth (MM-DD-YYYY): _____. Any amounts requested over the calculated Required Minimum Distribution are subject to a mandatory 20% tax withholding.
- Divorce distribution – This distribution is pursuant to a Qualified Domestic Relations Order or marital settlement agreement, which meets the requirements of IRS Code Section 414(p).
- Hardship – Needed to satisfy an immediate and heavy financial need. If loans are available to the Participant, those types of distributions must be exhausted prior to a hardship distribution.

3. PAYMENT AMOUNTS (Please check one box and complete the applicable blanks.)

- Full distribution in cash. *I wish to terminate this account.* Securities must be liquidated in order to process an external distribution. Securities will be moved in kind for distributions to other TD Ameritrade accounts.
- Partial one-time distribution in the amount of \$ _____ in cash.
- Partial one-time distribution of the securities listed below:

Name of Asset	Quantity of Shares	Name of Asset	Quantity of Shares

4. DISTRIBUTION METHOD

I instruct TD Ameritrade Clearing, Inc. to distribute the amount stated in the following manner:

- Send distribution(s) as a direct rollover to:
 1. My TD Ameritrade retirement account number: _____
 Type of account: IRA Roth IRA (if from a Roth Qualified Plan) IRA-SEP
 Profit Sharing Plan Money Purchase Pension Plan 401(k) 403(b)

2. An IRA or other eligible retirement plan at my successor trustee.

Name of Successor Trustee: _____

Address: _____

City: _____	State: _____	ZIP Code: _____
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Type of Account: <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> IRA-SEP <input type="checkbox"/> Profit Sharing Plan <input type="checkbox"/> Money Purchase Pension Plan <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b)	Account Title: _____
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- Direct Conversion to my TD Ameritrade Roth IRA account number: _____
(for non-Roth Qualified Plans). (A Roth conversion is a taxable event. Please consult your tax advisor for guidance.) Any amounts withheld for taxes and not replaced into your Roth IRA within 60 days will be considered a distribution and may be subject to a 10% early withdrawal penalty if you are under age 59½.

Internal Transfer to my non-IRA receiving TD Ameritrade account number: _____

- Check Delivery Method:
 - U.S. First-Class Mail (default)
 - Overnight at My Expense
 - Pick Up at Branch: Branch Name/Location: _____
 Date of Pickup: _____ (minimum of two business days if not faxed from branch location)

Alternate Address (If not selected, check will be mailed to address on record)

This is to mail to alternate address AND update my address of record.

Address: _____

City: _____	State: _____	ZIP Code: _____
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Alternate Payee:

Name: _____

Wire (at my expense)

Name on Bank Account: _____

Bank Name:	Phone Number:
City:	State:
ABA/Routing Number:	Bank Account Number:

Please attach letter of instruction for two banks, brokerage, and escrow wires to ensure we have all the information needed to process your request. For International Wires please attach the Wire Request (International) form to your IRA Distribution form to ensure all required information is included to complete your request. This form can be located at tdameritrade.com.

Electronic (ACH) to my Checking or Savings ***must have previously established connection with this bank via the website***
For previously set up ACH Bank, enter the nickname assigned to the setup or last 4 of the bank account number: _____

5. TAX WITHHOLDING ELECTION (Required.)

Form W-4PIOMB NO. 1545-0415 (Please note that the election of tax withholding will only apply to funds that are not part of a direct rollover).

Federal Withholding Election

- I elect NOT to have federal income tax withheld effective (MM-DD-YYYY): _____. (If this is an eligible rollover distribution, we will withhold a mandatory 20% even if you elect not to have income tax withheld. See Section 9 below for the definition of an eligible rollover distribution.)
- Please withhold taxes from my distribution at a rate of 10%.
- Please withhold taxes from my distribution at a rate of: _____ % or \$ _____ (not less than 10%).

State Withholding Election

In some cases, you may elect not to have state tax withheld, or you may tell us how much you would like us to withhold. In other cases, TD Ameritrade Clearing, Inc. is required by federal and/or state statutes to withhold a percentage of your IRA distribution for income tax purposes.

If you do not make an election, we will automatically apply withholding (if required) at the maximum rate based on your state of residency. For your reference, we have posted state withholding guidelines at tdameritrade.com/withholding.html.

I declare my permanent state of residence is (state): _____, and that my election should reflect the requirements of that state. If a permanent state of residence is not noted, we will default to the state on record.

Please make your election below:

- I elect NOT to have state income tax withheld effective (MM-DD-YYYY): _____.
- Please withhold taxes from my distribution at a rate of: _____ % or \$ _____.

Please note: TD Ameritrade Clearing, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change, and TD Ameritrade Clearing, Inc. is not responsible for changes in state law that occur after the publication date of this form.

6. WAIVER ELECTION (Participant's election to waive Qualified Joint and Survivor Annuity.) (Does not apply to 403(b) Distributions.)

(Please complete both elections only if you are a married Participant in a Money Purchase Pension Plan or a Profit Sharing Plan which has received a transfer of assets from a Money Purchase Pension Plan, and you wish to waive the annuity form of benefit.)

- A. Qualified Joint and Survivor Annuity Waiver Election. Your plan benefit must be paid out in the form of a Qualified Joint and Survivor Annuity ("QJSA") unless you check the following election:
 - I hereby acknowledge having read the attached QJSA Notice. I hereby certify that I am married, and I understand my right to waive the Qualified Joint and Survivor Annuity (with my spouse's consent), and the financial effect of such a waiver.
 - I hereby elect NOT to receive my benefits under the plan in the form of a Qualified Joint and Survivor Annuity. I understand that this election may be made at any time during the 90-day period ending on the date the retirement benefits begin, and that I may only revoke this waiver at any time with the consent of my spouse. If I make this waiver, my beneficiary may determine the form of benefit in the event of my death.
- B. Qualified Preretirement Survivor Annuity Election. Your plan's death benefit must be paid to your beneficiary(ies) in the form of an annuity unless you check the following election:
 - I hereby acknowledge that I have read this notice and election form. I understand my right to waive the Qualified Preretirement Survivor Annuity, the time period during which I may waive, and the financial effect of a waiver of the Qualified Preretirement Survivor Annuity.
 - I hereby elect NOT to have my benefit under the plan paid in the form of a Qualified Preretirement Survivor Annuity in the event my benefits have not begun at the time of my death. I understand that I may revoke this waiver at any time only with the consent of my spouse. If I make this waiver, my beneficiary may determine the form of benefit in the event of my death.

7. INSTRUCTIONS FOR WAIVER ELECTION FOR QUALIFIED JOINT AND SURVIVOR ANNUITY (Does not apply to 403(b) Distributions.)

Employer

The Waiver Election is applicable to all Money Purchase Pension Plans and Target Benefit Plans. It also applies to Profit Sharing Plans and 401(k) Plans if you did not select the REA Safe Harbor found in the Adoption Agreement. If you did select the REA Safe Harbor provision, please place a check mark in the indicated box.

Participant

If this election applies (that is, the box is not checked) and you want to waive the Qualified Joint and Survivor Annuity, you and your spouse must complete the Waiver Election section.

8. SPOUSAL CONSENT (Spousal consent to waive of Qualified Joint and Survivor Annuity)

This section to be completed only if Section 6 applies. I am the spouse of the Participant named above. I hereby consent to my spouse's election not to have benefits under his or her plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes the above waiver.) I hereby elect to waive the Qualified Joint and Survivor Annuity form of payment.

 Spouse's Signature:	Date:
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9. IMPORTANT INFORMATION AND INSTRUCTIONS

General

Distributions from your qualified retirement plan are subject to federal (and in some cases, state) income tax withholding. For some distributions, you can elect not to have withholding apply. **However, you cannot waive withholding on any eligible rollover distribution that is paid to you.** See below for the definition of eligible rollover distribution and a description of the mandatory 20% withholding.

Distributions That Are Not Eligible Rollover Distributions

Election of No Withholding

If your distribution is not an eligible rollover distribution (see below for the definition of eligible rollover distribution and a description of the mandatory 20% withholding), you may elect not to have withholding apply. Check the withholding box (or boxes) if you do not want any federal (or state, if applicable) income tax withheld from your distribution. Even if you do not have income tax withheld, you are liable for payments of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Nonperiodic Distributions

If you do not waive withholding on any nonperiodic distribution that is not an eligible rollover distribution, federal income tax will be withheld at the rate of 10%, unless you specify a greater rate.

CAUTION: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Instructions for Direct Rollover of Eligible Rollover Distributions

Payments from the plan that are **eligible rollover distributions** can be taken in two ways. You may have all or any portion of your eligible rollover distribution either (1) paid in a **direct rollover** to an IRA or another employer plan or (2) paid to you. If you choose to have your plan benefit paid to you, you will receive only 80% of the payment, because the Plan Administrator is required to withhold 20% of the payment and send it to the IRS as income tax withholding to be credited against your taxes. You cannot waive that withholding.

Eligible rollover distributions are all distributions from the plan except the following:

- required minimum distributions;
- certain distributions that are part of a series of equal (or almost equal) periodic payments that will last for your lifetime (or joint lives of you and your beneficiary) or for a specified period of 10 years or more;
- distributions to nonspouse beneficiaries of deceased Participants;
- distributions of after-tax employee contributions; and
- distributions of elective deferrals due to hardship.

Your Plan Administrator has given or will give you a notice which describes your options in greater detail.



If you want your Plan Administrator to make a **direct rollover** of your plan payment to an IRA or another employer plan, you must provide certain information about that IRA or plan. Your Plan Administrator will specify that information. The Plan Administrator may ask you to complete and attach a Direct Rollover Request or similar form.

10. SIGNATURES

I have read and understand the "Distribution Notice" provided to me by the Plan Administrator. I hereby request payment from the qualified retirement plan designated above in the manner indicated. In addition, if I am eligible to waive the notice requirements under Section 402(f), 417(a)(3), and 411(a)(11) of the Internal Revenue Code, I hereby waive the 30-day notice period.

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (employer), financial organization (Prototype Sponsor), or any plan fiduciary. No tax advice has been given to me by either the Plan Administrator or Prototype Sponsor. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution, and I agree that the Plan Administrator, Prototype Sponsor, and any Plan fiduciary shall in no way be responsible for those consequences.

***If the Participant or Beneficiary and Plan Administrator or Employer is one and the same, please sign and date both the Plan Administrator and Participant Signature lines.**

 Participant or Beneficiary's Signature:	Date:
 Plan Administrator or Employer's Signature:	Date:

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value