

## Roth 403(b) Distribution Request

If you wish to liquidate Traditional 403(b) assets from your Foresters Financial Services, Inc. 403(b) Custodial Account, you must complete and submit the Traditional 403(b) Distribution Request Form.

**Alterations to provided information will not be accepted unless initialed next to the alteration by the customer.**

### 1. Participant and Employer Information

Participant's First Name (**print**) \_\_\_\_\_ Participant's Last Name (**print**) \_\_\_\_\_ Participant's Date of Birth \_\_\_\_\_

Employer's Name (**print**) \_\_\_\_\_

**Marital Status:** If married, you may be required to obtain spousal consent to take a distribution. Check with your Plan Administrator. If spousal consent is required, complete **Section 7**.

### 2. Reason for 403(b) Distribution *Only one reason may be selected in this section.*

Before completing this section, please check with the Plan Administrator to ensure that the reason for the distribution is permitted under the Employer's plan. Our general procedures require the Employer or its designated Third Party Administrator ("TPA") to sign in **Section 9**. For plan-to-plan transfers, the receiving Plan's Employer or its designated TPA must also sign in **Section 10**.

**Check one:**

- Termination of Employment*  
(Check one box)
- I terminated my employment from the Employer named above prior to the year of my attaining age 55.
- I terminated my employment from the Employer named above during or after the year of my attaining age 55.

Year of termination: \_\_\_\_\_

- Attainment of Age 59 1/2* I am at least age 59 1/2 and still employed by the Employer named in **Section 1**.
- Disability* I am disabled as defined by the Plan. **I certify that I have provided my Employer or, if applicable, the TPA with documentation from my doctor(s) certifying that I am disabled as defined by the Plan.**
- Divorce* Distribution is being made pursuant to a Domestic Relations Order. **I have attached the appropriate document(s) or certify that such document(s) have been provided to my Employer, or if applicable, TPA.**
- Death* Participant is deceased. Each beneficiary, or if not named, legal representative, must complete a separate Roth 403(b) Distribution Request and have his/her signature guaranteed. Unless already on file with Foresters Investor Services, Inc., enclose a certified copy of the death certificate, Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment.  
I am (check one box):  Spouse Beneficiary  Non-Spouse Beneficiary

\_\_\_\_\_  
Name of Beneficiary, Trust or Estate (**print**)

\_\_\_\_\_  
Complete Mailing Address (Street, City, State, Zip Code) of Beneficiary, Trust or Estate

\_\_\_\_\_  
Social Security # of Beneficiary or Employer Identification # for Trust or Estate      Date of Birth of Beneficiary or Date of Trust

- Contract Exchange* Exchange assets to another provider under the Employer's 403(b) Plan that permits Roth 403(b) contributions. **Appropriate Employer/TPA signature(s) required in Section 9.**
- Plan-to-Plan Transfer* Transfer assets to another Employer's 403(b) Plan that permits Roth 403(b) contributions. **Appropriate Employer/TPA signature(s) required in Section 9 and Section 10.**

\_\_\_\_\_  
Name of Roth 403(b) Employer to which assets are being transferred

**3. Distribution Options**

**SG** required if more than \$100,000.

Complete **Part A** for a one-time distribution or complete **Part B** to select periodic distributions from one or multiple fund account(s). Parts A and B should not be completed for the same request.

**A. One-Time Distribution**

*Note: If the stated dollar amount is greater than the current value of the fund account, the fund account will be liquidated in full.*

I request that my distribution, net any required income tax withholding as described in **Section 6**, be paid as follows:

**Select either A1 or A2 below:**

**A1)**  100% of ALL Roth 403(b) Accounts under my Master Account # \_\_\_\_\_  
example: 0000123456-001

**A2)**  **Specified Dollar Amount or Percentage indicated below.**

\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_

**B. Periodic Distribution**

If (i) dividends and/or capital gains are currently being distributed from the fund account(s) indicated, and if (ii) an election is being made to receive periodic distributions from that (those) fund account(s), then the prior election to receive dividends and/or capital gains will be deemed to be terminated and all future dividends and/or capital gains will be reinvested into that (those) fund account(s).

I request that my distribution, net any required income tax withholding as described in **Section 6**, be paid as follows:

**Method - Select either B1 or B2 below:**

**B1)**  **Specified Dollar Amount or Percentage indicated below.**

\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_  
\_\_\_\_\_ % **OR** \$ \_\_\_\_\_ from fund account # \_\_\_\_\_

**B2)**  **Life Expectancy Option.**

**Check one:**

- based on my life expectancy.
- based on the life expectancy of me and my designated beneficiary, who is my spouse.

Spouse's date of birth \_\_\_\_\_

- based on the life expectancy of me and my oldest designated beneficiary, who is not my spouse.

Beneficiary's date of birth \_\_\_\_\_

To be distributed:

Exclusively from fund account # \_\_\_\_\_

Proportionately from all fund accounts under this Master Account # \_\_\_\_\_  
example: 0000123456-001

**Frequency - Check one:**  Monthly  Quarterly  Semi-Annually  Annually

*If a frequency is not indicated, distributions will be made annually on the anniversary of the initial distribution (or the following business day).*

**Start Date:** \_\_\_\_\_

*If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.*

## 4. Payment Directions

**\* MAIL DELIVERY: Payment made by check will be sent via regular mail unless the expedited delivery option is selected below.**

- Deliver distribution proceeds via overnight mail and deduct the cost of the overnight delivery from the amount of the distribution from my Roth 403(b) account # \_\_\_\_\_.
- Note: If no account is specified above, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.*
- Note: If selected, overnight delivery will be to address of record unless indicated otherwise below.*

### Check one:

- by check to the address of record.\* **(SG)** if address has been changed within 30 days.
- by Electronic Funds Transfer (EFT) to my pre-designated Bank Account ending with the last 5 digits of \_\_\_\_\_. A check will be issued to the address of record if this distribution request is received before the Electronic Funds Transfer (EFT) privilege is established.
- by transfer of shares (in kind) to another broker-dealer controlled account within the same fund family. **(The account must be established by the broker-dealer prior to initiating this transaction.)** **(SG)**

Financial Institution's Name (**print**) \_\_\_\_\_

Financial Institution's Telephone # \_\_\_\_\_ BIN # \_\_\_\_\_

- check box, attach and complete the "**Roth 403(b) Distribution Request Supplement - Payment Directions for Multiple Destinations (403-SUPP)**" if your Roth 403(b) distribution is being disbursed to multiple destinations and you wish to allocate the "pretax amounts" and "after-tax amounts" included in the distribution.

- by check to financial institution:\* **(SG)**
- Check box if requesting a Contract Exchange/Plan-to-Plan Transfer. (Attach Receiving Provider's Application or Instructions, if applicable.)
- Check box if proceeds are being directly rolled over into a Roth IRA or Roth retirement account.

Financial Institution's Name (**print**) \_\_\_\_\_

Financial Institution's Telephone # \_\_\_\_\_

Financial Institution's Address (Street Address, City, State, Zip Code) \_\_\_\_\_

Financial Institution's Account Registration \_\_\_\_\_

Financial Institution's Name of Fund or Existing Account # \_\_\_\_\_

- by check to an alternate payee:\* **(SG)**

Alternate Payee's Name (**print**) \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

Alternate Payee's Street Address, City, State, Zip Code \_\_\_\_\_

- purchase First Investors Funds non-retirement shares in a new or existing account in my name:

Existing Account # (Attach Master Account Agreement, if not already on file, and Mutual Fund Account Instructions form) \_\_\_\_\_

- purchase shares as a Plan-to-Plan Transfer to a Foresters Financial Services, Inc. Roth 403(b) Custodial Account for another Employer's 403(b) Plan in the same fund(s):

Name of Receiving Employer (Attach Master Account Agreement and 403(b) Application, if not already on file) \_\_\_\_\_

- purchase shares as a Direct Rollover to a Foresters Financial Services, Inc. Roth 403(b) Custodial Account in the same fund(s) for another Employer's 403(b) Plan:

Name of Receiving Employer (Attach Master Account Agreement and 403(b) Application, if not already on file) \_\_\_\_\_

- purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Roth IRA in the same fund(s):

Existing Account # (Attach Master Account Agreement and IRA Application, if not already on file) \_\_\_\_\_

- transfer the shares of the Roth 403(b) account into a Foresters Financial Services, Inc. Beneficiary Roth 403(b) account for my benefit and **invest in the same Fund(s)** as the current Roth 403(b). Attach Master Account Agreement and 403(b) Application if not already on file. Attach Required Minimum Distribution Request Form, as applicable.

- roll over the Roth 403(b) account into an Inherited Roth IRA for my benefit and **invest in the same Fund(s)** as the current Roth 403(b). Attach Master Account Agreement and IRA Application, if not already on file. Attach Required Minimum Distribution Request Form, as applicable.

## 5. Required Minimum Distribution Instructions

Complete this section only if you are age 70½, required to take Required Minimum Distributions ("RMD") and wish to roll over the assets.

You must take the first RMD by April 1st of the year following the later of age 70½ or your termination of employment with the employer sponsoring the 403(b). RMDs are not eligible for rollover. Therefore, they must be taken before assets are rolled over. **If you are age 70½, have terminated employment with the employer sponsoring this 403(b) and you do not complete this section, your distribution may not be processed.**

### Check one:

- I authorize and direct Foresters Investor Services, Inc. to distribute my RMD amount to me for the current year prior to transferring/rolling over my assets.
- My RMD has already been taken for the current year.

**I understand that I am responsible for any penalties that result from failure to take my RMDs. I further understand that it is my responsibility to complete and submit to Foresters Investor Services, Inc., separate instructions to establish a new RMD from my qualified retirement accounts invested with First Investors Funds.**

## 6. Federal Tax Withholding

This section does not apply if your distribution is a Qualified Distribution of a Roth 403(b) Account.

If your distribution is a nonqualified distribution and if your distribution is an "eligible rollover distribution", the earnings portion of the distribution is subject to 20% mandatory federal income tax withholding unless the assets are being directly rolled over to a Roth IRA or a designated Roth account in an eligible retirement plan.

See the attached Internal Revenue Service Notice for a detailed explanation of your options. Then, if applicable, check the appropriate box.

I am not subject to 20% income tax withholding because the distribution is not an "eligible rollover distribution." The distribution is:

### Check one:

- payable over my life expectancy.
- payable over the joint life expectancy of me and my designated beneficiary.
- a minimum required distribution due to my attainment of age 70½.
- one of a series of equal payments that will be made at least once a year and will continue for a period of at least 10 years.

If you are not subject to 20% income tax withholding due to an exception noted above, **you must complete and return an IRS Form W-4P or your request will not be processed.**

## 7. Spousal Consent (if applicable)

This section must be completed if you are married and your spouse must consent to the distribution. Your spouse's signature must be witnessed by the Plan Administrator or by a Notary Public. See your Plan Administrator to determine if spousal consent is required.

I, the spouse of Participant, hereby voluntarily consent to the distribution of benefits requested. I also agree to waive the remainder of the 30 day notice period during which time I may consider the distribution options available. I understand that the effect of this consent will be to forfeit benefits I would have been entitled to receive upon my spouse's death and that my consent is irrevocable unless my spouse revokes this waiver.

Spouse's First Name (print) \_\_\_\_\_

Spouse's Last Name (print) \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

Date \_\_\_\_\_

**Spouse's signature must be witnessed either by the Plan Administrator or a Notary Public:**  
**Witnessed by Plan Administrator: OR Witnessed by Notary Public:**

Plan Administrator's First Name (print) \_\_\_\_\_ Plan Administrator's Last Name (print) \_\_\_\_\_

Signature of Plan Administrator \_\_\_\_\_

Date \_\_\_\_\_

### Notary Public:

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of month \_\_\_\_\_, year \_\_\_\_\_, by

Affiant's Name (print) \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

(SEAL)

Name of Notary Public (typed, stamped, printed) \_\_\_\_\_

## 8. Signature

**Our procedures generally require your Employer or its designated Third Party Administrator ("TPA") to sign in Section 9 and/or 10.**

### Participant / Ex-Spouse if distribution due to divorce / Person Requesting Distribution

I acknowledge that I have received, read and understand the 403(b) Custodial Agreement and Disclosure Statement as well as the attached IRS notification explaining the tax consequences of a distribution of my Roth 403(b) assets, my right to make a direct rollover of an eligible rollover distribution, and how making a direct rollover of a nonqualified distribution avoids mandatory 20% income tax withholding or earnings. I understand that unless I make an affirmative election otherwise, the law requires a notice period of not less than 30 days nor more than 180 days prior to making a distribution and that, if I am requesting a distribution within the 30 day notice period, I am affirmatively waiving any unexpired portion of the 30 day notice period during which I may consent to a plan distribution. I acknowledge that neither Foresters Financial Services, Inc. ("FFS"), nor any of its affiliates has any duty or responsibility for determining whether a distribution, rollover, transfer or exchange is permitted or complies with the Employer's plan or applicable laws. I understand that, upon my divorce, state law may automatically revoke the designation of my spouse as beneficiary. I certify that I have reviewed, and, if applicable, updated my beneficiary designation. I certify, on behalf of my beneficiaries and heirs, that neither FFS, nor any of its affiliates will incur any liability if, upon my death, payments are made in accordance with my beneficiary designation on file and my beneficiary designation is subsequently determined to be in violation of state law, federal law or a valid domestic relations order. If a distribution is being requested by an ex-spouse beneficiary upon the death of or divorce from the participant, I, the ex-spouse, certify that I am eligible to receive the distribution requested and that such distribution is not in violation of any state law, federal law or domestic relations order. I further understand and agree that Foresters Investor Services, Inc. ("FIS") may delay processing my Distribution Request if such request is not received in good order, for example, if the request is not properly completed, signed and dated or if the beneficiary information on this request differs from the beneficiary designation on file, and FIS will not be held responsible for such delay. I understand that the Employer has certain responsibilities to ensure that the 403(b) plan complies with federal and state laws and that the Employer may engage the services of a TPA to carry out some or all of those responsibilities. I hereby authorize FIS to notify the Employer and/or TPA of this distribution and any future distributions and give my permission for a copy of this document to be sent to the receiving institution listed in **Section 4**, if applicable. For transfer of shares (in kind), I authorize FIS to sell any non-transferrable money market fund shares and transfer the proceeds as cash.

I certify that all statements made by me on this Distribution Request are true and correct. I hereby authorize and direct FFS and its affiliates to act in accordance with the distribution instructions contained herein.

**TAXPAYER CERTIFICATION.** Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number (or I am awaiting a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions); and (4) I am exempt from Foreign Account Tax Compliance Act reporting.

- Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.
- Non-Resident Aliens: Check this box if you are claiming an exemption as a non-resident alien and attach an IRS Form W-8BEN to this form.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**SG** denotes a signature guarantee is required.

**Affix Medallion Signature Guarantee Here, If Required:**  
Stamps qualified for a specific date and/or individual or altered in any manner, may not be accepted.

\_\_\_\_\_  
First and Last Name of Person Requesting Distribution (**print**)

\_\_\_\_\_  
Signature of Person Requesting Distribution

\_\_\_\_\_  
Date

### I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.

Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

**9. 403(b) Employer or Third Party Administrator ("TPA") Signature(s)**

*Our procedures generally require the Employer or TPA to sign below before we will process distributions.*

**For governmental and church 403(b) Plans and Plans subject to ERISA:** I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request, the request is in accordance with the provisions of the Plan, and the distribution is hereby authorized.

**For non-ERISA 403(b) Plans maintained by a Tax-Exempt 501(c)(3) Organization:** I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request, the request is in accordance with the provisions of the Plan and the facts stated on this distribution request form are true and correct.

I certify that the Provider designated to receive Roth 403(b) assets from First Investors Funds ("Receiving Provider") is either an approved vendor under the Employer's Plan or has entered into an Information Sharing Agreement with the Employer or its TPA. For TPAs, I also certify that the Employer named in **Section 1** has authorized the TPA to act on behalf of the Employer. This includes approving contract exchange requests. I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 403(b) and complies with the Employer's Plan.

Authorized Individual's First and Last Name for Employer or TPA (**print**) Title Employer's or TPA's Telephone Number

Signature of Authorized Individual for Employer or TPA Date

If TPA, Name of TPA Firm (**print**)

**10. Plan-to-Plan Transfers/Rollovers:**

**Receiving Employer or Authorized Third Party Administrator ("TPA") Information**

*This section must be completed if requesting a Plan-to-Plan Transfer/Rollover.*

I certify that the Provider designated to receive Roth 403(b) assets from First Investors Funds ("Receiving Provider") is either an approved vendor under the receiving Employer's Plan or has entered into an Information Sharing Agreement with the receiving Employer, or, if applicable, the Employer's TPA. In addition, I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 403(b) and complies with the receiving Employer's Plan.

I certify that I am authorized to make this certification and the transfer/rollover requested by the Participant or, if applicable, the Participant's Beneficiary may be made since it is allowed under the Employer's plan and complies with the requirements of the IRS Code Section 403(b). For TPAs, I also certify that the Employer of the receiving plan has authorized the TPA to act on behalf of the Employer.

Authorized Individual's First and Last Name for Employer or TPA (**print**) Title Employer's or TPA's Telephone Number

Signature of Authorized Individual for Employer or TPA Date

If TPA, Name of TPA Firm (**print**)

**Return by Regular Mail:**  
Foresters Investor Services, Inc.  
Attn: Redemptions & Exchanges Department  
P.O. Box 7837, Edison, NJ 08818-7837

**Return by Overnight Mail:**  
Foresters Investor Services, Inc.  
Attn: Redemptions & Exchanges Department  
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

**For More Information:**  
First Investors Funds  
800-423-4026 (Shareholder Services)  
www.foresters.com

**SPECIAL TAX NOTICE  
REGARDING 403(b) RETIREMENT PLAN PAYMENTS  
FOR PAYMENTS FROM A DESIGNATED ROTH ACCOUNT**

**YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from your 403(b) Plan (the "Plan") is eligible to be rolled over to a Roth IRA or designated Roth account in an employer plan. This notice is intended to help you decide whether to do a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are from a designated Roth account. If you also receive a payment from the Plan that is not from a designated Roth account, you will be provided a different notice for that payment. The Plan administrator or the payor will tell you the amount that is being paid from each type of account.

Rules that apply to most payments from a designated Roth account are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

**GENERAL INFORMATION ABOUT ROLLOVERS**

**How can a rollover affect my taxes?**

After-tax contributions included in a payment from a designated Roth account are not taxed, but earnings might be taxed. The tax treatment of earnings included in the payment depends on whether the payment is a qualified distribution. If a payment is only part of your designated Roth account, the payment will include an allocable portion of the earnings in your designated Roth account.

If the payment from the Plan is not a qualified distribution and you do not do a rollover to a Roth IRA or a designated Roth account in an employer plan, you will be taxed on the earnings in the payment. If you are under age 59½, a 10% additional income tax on early distributions (generally, distributions made before age 59½) will also apply to the earnings (unless an exception applies). However, if you do a rollover, you will not have to pay taxes currently on the earnings and you will not have to pay taxes later on payments that are qualified distributions.

If the payment from the Plan is a qualified distribution, you will not be taxed on any part of the payment even if you do not do a rollover. If you do a rollover, you will not be taxed on the amount you roll over and any earnings on the amount you roll over will not be taxed if paid later in a qualified distribution.

A qualified distribution from a designated Roth account in the Plan is a payment made after you are age 59½ (or after your death or disability) and after you have had a designated Roth account in the Plan for at least 5 years. In applying the 5-year rule, you count from January 1 of the year your first contribution was made to the designated Roth account. However, if you did a direct rollover to a designated Roth account in the Plan from a designated Roth account in another employer plan, your participation will count from January 1 of the year your first contribution was made to the designated Roth account in the Plan or, if earlier, to the designated Roth account in the other employer plan.

**What types of retirement accounts and plans may accept my rollover?**

You may roll over the payment to either a Roth IRA (a Roth individual retirement account or Roth individual retirement annuity) or a designated Roth account in an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457 plan) that will accept the rollover. The rules of the Roth IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the Roth IRA or employer plan (for example, no spousal consent rules apply to Roth IRAs and Roth IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the Roth IRA or the designated Roth account in the employer plan. In general, these tax rules are similar to those described elsewhere in this notice, but differences include:

- If you do a rollover to a Roth IRA, all of your Roth IRAs will be considered for purposes of determining whether you have satisfied the 5-year rule (counting from January 1 of the year for which your first contribution was made to any of your Roth IRAs).
- If you do a rollover to a Roth IRA, you will not be required to take a distribution from the Roth IRA during your lifetime and you must keep track of the aggregate amount of the after-tax contributions in all of your Roth IRAs (in order to determine your taxable income for later Roth IRA payments that are not qualified distributions).
- Eligible rollover distributions from a Roth IRA can only be rolled over to another Roth IRA.

**How do I do a rollover?**

There are two ways to do a rollover. You can either do a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your Roth IRA or designated Roth account in an employer plan that will accept direct rollovers. You should contact the Roth IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit (generally within 60 days) into a Roth IRA, whether the payment is a qualified or nonqualified distribution. In addition, you can do a rollover by making a deposit within 60 days into a designated Roth account in an employer plan that accepts rollovers if the payment is a nonqualified distribution and the rollover does not exceed the amount of the earnings in the payment. You cannot do a 60-day rollover to an employer plan of any part of a qualified distribution. If you receive a distribution that is a nonqualified distribution and you do not roll over an amount at least equal to the earnings allocable to the distribution, you will be taxed on the amount of those earnings not rolled over, including the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

If you do a direct rollover of only a portion of the amount paid from the Plan and a portion is paid to you at the same time, the portion directly rolled over consists first of earnings.

If you do not do a direct rollover and the payment is not a qualified distribution, the Plan is required to withhold 20% of the earnings for federal income taxes (up to the amount of cash and property received). This means that, in order to roll over the entire payment in a 60-day rollover to a Roth IRA, you must use other funds to make up for the 20% withheld.

**SPECIAL TAX NOTICE  
REGARDING 403(b) RETIREMENT PLAN PAYMENTS  
FOR PAYMENTS FROM A DESIGNATED ROTH ACCOUNT**

**How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Required minimum distributions after age 70½ (or after death);
- Hardship distributions;
- Corrective distributions of contributions that exceed tax law limitations;
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends);
- Cost of life insurance paid by the Plan; and
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

The Plan administrator can tell you what portion of a payment is eligible for rollover.

**If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If a payment is not a qualified distribution and you are under age 59½, you will have to pay the 10% additional income tax on early distributions with respect to the earnings allocated to the payment that you do not roll over (including amounts withheld for income tax), unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the earnings not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation;
- Payments made due to disability;
- Payments after your death;
- Corrective distributions of contributions that exceed tax law limitations;
- Cost of life insurance paid by the Plan;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days;
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution; and
- Payments for certain distributions relating to certain federally declared disasters.

**If I do a rollover to a Roth IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from a Roth IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions on the earnings paid from the Roth IRA, unless an exception applies or the payment is a qualified distribution. In general, the exceptions to the 10% additional income tax for early distributions from a Roth IRA listed above are the same as the exceptions for early distributions from a plan. However, there are a few differences for payments from a Roth IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to a Roth IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

**SPECIAL RULES AND OPTIONS**

**If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the outstanding amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset. Generally, you may roll over all or any portion of the offset amount. If the distribution attributable to the offset is not a qualified distribution and you do not roll over the offset amount, you will be taxed on any earnings included in the distribution (including the 10% additional income tax on early distributions, unless an exception applies). You may roll over the earnings included in the loan offset to a Roth IRA or designated Roth account in an employer plan (if the terms of the employer plan permit the plan to receive plan loan offset rollovers). You may also roll over the full amount of the offset to a Roth IRA.

How long you have to complete the rollover depends on what kind of plan loan offset you have. If you have a qualified plan loan offset, you will have until your tax return due date (including extensions) for the tax year during which the offset occurs to complete your rollover. A qualified plan loan offset occurs when a plan loan in good standing is offset because your employer plan terminates, or because you sever from employment. If your plan loan offset occurs for any other reason, then you have 60 days from the date the offset occurs to complete your rollover.

**If you receive a nonqualified distribution and you were born on or before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump sum distribution that is not a qualified distribution and that you do not roll over, special rules for calculating the amount of the tax on the earnings in the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.



**SPECIAL TAX NOTICE  
REGARDING 403(b) RETIREMENT PLAN PAYMENTS  
FOR PAYMENTS FROM A DESIGNATED ROTH ACCOUNT**

**If you receive a nonqualified distribution, are an eligible retired public safety officer, and your payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income nonqualified distributions paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

**If you are not a Plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, whether the payment is a qualified distribution generally depends on when the participant first made a contribution to the designated Roth account in the Plan. Also, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you receive a nonqualified distribution and you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to a Roth IRA, you may treat the Roth IRA as your own or as an inherited Roth IRA.

A Roth IRA you treat as your own is treated like any other Roth IRA of yours, so that you will not have to receive any required minimum distributions during your lifetime and earnings paid to you in a nonqualified distribution before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies).

If you treat the Roth IRA as an inherited Roth IRA, payments from the Roth IRA will not be subject to the 10% additional income tax on early distributions. An inherited Roth IRA is subject to required minimum distributions. If the participant had started taking required minimum distributions from the Plan, you will have to receive required minimum distributions from the inherited Roth IRA. If the participant had not started taking required minimum distributions, you will not have to start receiving required minimum distributions from the inherited Roth IRA until the year the participant would have been age 70½.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited Roth IRA. Payments from the inherited Roth IRA, even if made in a nonqualified distribution, will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited Roth IRA.

Payments under a qualified domestic relations order. If you are the spouse or a former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment as described in this notice).

**If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year (only including payments from the designated Roth account in the Plan) are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you can do a 60-day rollover.

If provided in the Plan and unless you elect otherwise, a mandatory cashout from the designated Roth account in the Plan of more than \$1,000 will be directly rolled over to a Roth IRA chosen by the Plan administrator. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide. You may also have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at [www.irs.gov](http://www.irs.gov).

**FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or a professional tax advisor before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.