



403(b) PLAN DISTRIBUTION, LOAN, EXCHANGE, TRANSFER, & ROLLOVER FORM

Be sure to check your Plan's Summary on the website to see if your Plan allows the item you are requesting

900 S. Capitol of Texas Highway
Suite 350
Austin, TX 78746
Phone: (512) 795-8999 Fax: (512) 795-0414
Toll Free: (800) 943-9179 Fax (888) 989-9247
Email: 403b@jemtpa.com

A. PARTICIPANT INFORMATION (*Required information - Your request will NOT be processed without ALL of these items)

LAST NAME*		FIRST NAME*	EMAIL*	
MAILING ADDRESS	STREET*	CITY*	STATE*	ZIP CODE*
SOCIAL SECURITY NUMBER*		HOME PHONE*	WORK PHONE	

B. EMPLOYER INFORMATION*

CURRENT EMPLOYER: _____ (IF NO LONGER EMPLOYED, FILL IN LAST EMPLOYER APPLICABLE TO THIS ACCOUNT)

C. REASON FOR REQUEST* - FILL IN ONLY ONE REASON (IF NONE APPLY, YOU CANNOT OBTAIN FUNDS FROM THE ACCOUNT)

_____ 1. FINANCIAL HARDSHIP DISTRIBUTION. (Fill in a. - d. below. **You must read back of form**; you must submit proof listed on back of form):

a. HARDSHIP REASON: (1) Medical Expenses (2) Purchase Principal Residence (3) Funeral Expenses
 (4) Tuition & Related Expenses (5) Prevent Eviction/Foreclosure (6) Repair of Residence

b. IF THE REQUEST IS FOR MEDICAL EXPENSES PLEASE ANSWER: I DO DO NOT HAVE HEALTH INSURANCE

c. HARDSHIP AMOUNT REQUESTED: \$ _____

d. HARDSHIP - Exhaustion of other Plan resources - I hereby certify that I have obtained all other distributions available to me under the Employer's plans, including loans, unless requesting such loan(s) would add to my financial hardship. YES NO

_____ 2. DEATH OF PARTICIPANT _____ 3. MINIMUM DISTRIBUTION - PARTICIPANT IS AGE 70 1/2 OR OLDER

_____ 4. TRANSFER TO PURCHASE SERVICE - AMOUNT REQUESTED: \$ _____

_____ 5. PERMANENT & TOTAL DISABILITY OF PARTICIPANT

_____ 6. TERMINATION OF EMPLOYMENT: _____ CASH DISTRIBUTION
_____ TRANSFER FROM THIS PLAN TO ANOTHER 403(b) PLAN (If allowed by this Plan)
_____ ROLLOVER TO (List type of plan to which funds are going): _____

_____ 7. DISTRIBUTION DUE TO DIVORCE (Must be accompanied by Qualified Domestic Relations Order issued by a Court)

_____ 8. LOAN If allowed by your Plan and Vendor, you may borrow up to the lesser of 50% of the value of all of your 403(b) accounts (plus any other accounts of Plans of your Employer) or \$50,000, reduced by the greater of (1) the outstanding balance on any loans from any Plans of your Employer to you on the date the loan is made or (2) the highest outstanding balance on loans from the Plans of your Employer to you during the one-year period ending on the day before the date the loan is approved by the Administrator (not taking into account any payments made during such one-year period). Plans include 403(b), 457(b) and 401(a) plans of your Employer.
LOAN AMOUNT REQUESTED: \$ _____

_____ 9. EXCHANGE/TRANSFER INSIDE PLAN (Funds must be going to a Vendor on the Approved Vendor List for the Plan)
EXCHANGE/TRANSFER (Vendors) FROM: _____ TO: _____

_____ 10. AGE 59 1/2: LIST TYPE (Rollover or Lump Sum) & AMOUNT OF DISTRIBUTION _____ \$ _____

D. VENDOR INFORMATION

ACCOUNT/POLICYHOLDER NUMBER*	ARE ORIGINALS OF THE FORMS REQUIRED BY VENDOR?* <input type="checkbox"/> NO <input type="checkbox"/> YES		
DOES THE VENDOR REQUIRE THAT THEIR FORM(S) BE SIGNED?* <input type="checkbox"/> NO <input type="checkbox"/> YES (IF YES, YOU MUST ENCLOSE A COPY OF THE VENDOR FORMS)			
WHERE SHOULD WE SEND THE FORMS?* (Choose One; Default is You) <input type="checkbox"/> TO VENDOR LISTED BELOW <input type="checkbox"/> TO YOUR REPRESENTATIVE <input type="checkbox"/> TO YOU			
WHERE SHOULD WE SEND A COPY OF THE FORMS? <input type="checkbox"/> TO YOUR REPRESENTATIVE <input type="checkbox"/> TO YOU			
REPRESENTATIVE ADDRESS (IF APPLICABLE):			
VENDOR TO WHICH FORMS SHOULD BE SENT *		VENDOR NAME:*	
STREET ADDRESS*		CITY*	STATE*
PHONE NUMBER*		EMAIL ADDRESS*	
		FAX*	
		STATE*	ZIP CODE*

E. ACCEPTANCE AND AUTHORIZATION* - YOU MUST SIGN BELOW

By my signature below, I hereby authorize the transaction requested on this form.

I CERTIFY THAT I HAVE PROVIDED COPIES OF MY MOST RECENT STATEMENTS FOR ALL OF MY 403(b), 457(b) & 401(a) ACCOUNTS OF PLANS OF MY EMPLOYER AND UNDERSTAND THAT IF ANY ARE OMITTED THIS MAY HAVE A NEGATIVE EFFECT ON THE PLAN AND RESULT IN ADDITIONAL TAXABLE INCOME TO ME.

I further certify that if I am exchanging, transferring or rolling over funds into a 403(b) product sold in Texas, the product receiving the funds is on the current list of Certified Products published by the Teacher Retirement System of Texas.

SIGNATURE OF PARTICIPANT (OR BENEFICIARY, IF A DEATH CLAIM)

DATE

F. AUTHORIZATION AND ACCEPTANCE (TO BE COMPLETED BY JEM)

JEM hereby approves the transaction requested. If the request is for a loan or hardship distribution, the maximum amount approved is listed below.

Maximum Loan Amount \$ _____	Maximum Hardship Distribution Amount \$ _____
AUTHORIZED JEM SIGNATURE	DATE

DISTRIBUTION, LOAN & TRANSFER/ROLLOVER/EXCHANGE REQUEST RULES

In order to process a request, we must receive (a) the JEM 403(b) PLAN DISTRIBUTION, LOAN, EXCHANGE, TRANSFER, & ROLLOVER FORM, (b) copies of your most recent account statements for all 403(b), 457(b) and 401(a) accounts that you have with Plans of your Employer, and, if the distribution request is for a Hardship Distribution, (c) the proof of hardship listed below.

If your transaction meets Plan, IRS and vendor rules, we will approve it and sign the Vendor forms approving the transaction. Please see your Plan's Summary Plan Description on our website to review your Plan's allowable distribution options.

Hardship Distributions

A Participant may receive a distribution of up to 100% of his or her account balance attributable to elective deferral contributions for the following reasons:

(1) Medical expenses described in Internal Revenue Code Section 213(d) incurred by the Participant, his spouse, or any of his dependents* or expenses necessary for these persons to obtain medical care:

Proof required: If the employee has health insurance, the Explanation of Benefits (EOB) from the employee's Health Insurance Company, showing the participant's out-of-pocket medical expense. If the employee does not have health insurance, the billing or invoice for medical expenses for medical care that would be tax deductible on the employee's federal income tax form (whether or not the expenses exceed 7.5% of adjusted gross income).

(2) The purchase (excluding mortgage payments) of a principal residence for the Participant;

Proof required: Closing statement for the cost directly related to the purchase of a principal residence for the employee (excluding mortgage payments).

(3) Funeral expenses for a member of the Participant's family;

Proof required: Billing for payments for **burial and/or funeral expenses** for the employee's deceased parent, spouse, children or dependents;

(4) Payment of tuition and related educational fees for the next twelve (12) months of post-secondary education for the Participant, his spouse, children, or dependents*;

Proof required: Billing for payment of **tuition, related educational fees, and room and board expenses**, for up to the next 12 months of post-secondary education for the employee, or the employee's spouse, children, or dependents.

(5) The need to prevent the eviction of the Participant from his or her principal residence or foreclosure on the mortgage of the Participant's principal residence; or

Proof required: A letter or other notice from the employee's mortgage company or landlord showing the amount and date of payment(s) necessary to **prevent the eviction of the employee from the employee's principal residence or foreclosure on the mortgage on that residence**. *The letter or notice must list the expected date of eviction or foreclosure.*

(6) Expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction on the employee's federal income tax form (whether or not the loss exceeds 10% of adjusted gross income).

Proof required: Copy of insurance claim (if applicable); billing for expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction on the employee's federal income tax form (whether or not the loss exceeds 10% of adjusted gross income).

In addition, the following requirements must be met with regard to the Hardship request:

The Participant must have obtained all other currently available distributions (but not hardship distributions) and nontaxable (at the time of the loan) loans, under the 403(b) Plan and all other 403(b), 457(b) and 401(a) plans maintained by the Employer, unless obtaining such loan(s) would increase the hardship of the Participant.

The Participant's salary deferral contributions to the Plan must be suspended for the 6 months following the payment of the hardship distribution. Deductions will not automatically re-started at the end of the 6 months. Thus, Participant's are responsible to log into their account and enter their desired contribution amount and investment provider after the end of the 6 month suspension.

*As defined in Internal Revenue Code Section 152