



403 (b) Distribution/Transfer Request

Use this form for redeeming or transferring from your 403(b) Account.
All sections must be completed before we can process your request.

1 REGISTRATION INFORMATION *(as it appears on your existing account)*

_____ Participant Name <i>first, middle, last</i>		_____ Custodial Account Number		_____ Name of Plan	
_____ Last Four Digits SSN or Tax ID #		_____ Date of Birth <i>mm/dd/yyyy</i>		_____ Email Address	
_____ Daytime Phone <i>(area code, number, extension)</i>			_____ Evening Phone <i>(area code, number, extension)</i>		
_____ Employee Address		_____ City	_____ State	_____ Zip Code	
_____ Sponsor/Employer Name		_____ EIN		_____ Sponsor Phone Number	
_____ Sponsor/Employer Address		_____ City		_____ State	_____ Zip Code

2 REASONS FOR DISTRIBUTION/TRANSFER *(To be completed by Employee)*

Termination of Employment

Termination of Plan

Normal (I am at least 59 1/2 years old)

Retirement

Disability (I am disabled as defined by the Internal Revenue Code.)

Death of Participant: The beneficiary of a deceased Participant must complete this form and contact shareholder services for additional instructions. *Additionally, we must receive a certified copy of the death certificate. If no named beneficiary, the legal representative of the estate, must complete this form, have their signature guaranteed, and enclose a certified copy of his/her court appointment with a certified copy of the death certificate.*

Other - Explain

Date of Event *mm/dd/yyyy*

3 DISTRIBUTION REQUEST

I request that the proceeds from my custodial account be paid as follows:

Entire Account Balance - in a single payment

Partial Distribution of: \$ _____

Fixed dollar amount to be paid Periodically. *Indicate Amount here and complete Periodic Payment Instructions below.*

Periodic Payment Schedule

To begin immediately, usually on the 20th of the next month

To begin on: _____
Month/Year

Periodic payments to be made on or around the 3rd day of the month:

Monthly Quarterly Annually

** To request a Hardship Distribution (available only to participants in plans sponsored by government or governmental agencies that allow this option) please complete a Hardship Distribution form.*

4 TRANSFER REQUEST

Check one box only.

- A. Transfer to another investment provider in an account under my Employer's 403(b) plan.
- B. Transfer to another investment provider in an account under another current or former Employer's 403(b) plan.
- C. Transfer _____ % of my account balance to a 403(b) plan account within my Plan at the investment provider identified below.
- D. Transfer _____ % of my account balance to another 403(b) plan account at the investment provider identified below which is sponsored by my current or former employer.
- E. Direct Rollover of _____ % of my account balance to a retirement account at the investment provider identified below

Direct Rollover Type: (choose one)

IRA Roth IRA Qualified Plan
Non-spouse Inherited IRA Other

_____ *Type*

Investment Provider Information:

Name of Investment Provider

Street Address *no P.O. boxes, APO and FPO addresses are acceptable*

City

State

Zip Code

Account Name or Plan Name

Account Number

5 INCOME TAX WITHHOLDING *(form W-4R)*

Generally, retirement distributions are subject to federal income tax. The law requires 10% Federal Tax withholding unless you elect otherwise. Your federal tax withholding rate is determined by the type of payment you will receive. For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100%. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See the Marginal Rate Tables (below) for more information.

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables (below) for additional information. Enter the rate as a whole number (no decimals). Withhold Federal Income Tax of _____ %

Caution: Even if you elect not to have Federal income tax withhold, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Note: Unless a previous federal income tax withholding election is in place, or you indicate a different withholding amount above, we will withhold federal income tax at a default rate of 10%. Your withholding election is valid until you change it.

Please see Section #8 for options for state income tax withholding.

2024 Federal Marginal Rate Table

2024 Marginal Rate Tables					
You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See "Suggestion for determining withholding" below for more information on how to use this table.					
Single or Married filing separately		Married filing jointly or Qualifying widow(er)		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

*If married filing separately, use \$380,200 instead for this 37% rate.

For more information on IRS withholding tables and instructions on Form W-4R and the related worksheets, please visit irs.gov/pub/irs-pdf/fw4r.pdf. For your convenience, a federal income tax withholding calculator can be found at irs.gov/W4App.

6 STATE INCOME TAX WITHHOLDING

Some states require state income tax withholding if Federal taxes are withheld. If your address is located in one of these states, we will withhold the minimum required by your state unless you specify a higher amount below.

Some states require withholding unless you specifically elect not to have tax withheld. We will automatically withhold the minimum required by your state unless you check one of the boxes below.

I elect **not** to withhold state income tax from my distribution(s)

I elect to withhold my state's minimum requirement

I elect to withhold the following percentage or specific dollar amount for state income tax (*must be greater than your state's minimum requirement*)

_____ % OR \$ _____

7 EMPLOYEE'S SIGNATURE AND CERTIFICATION *(Required)*

A. Distribution Certification:

If I have requested a distribution or rollover from the Plan, I have read the "Special Tax Notice", previously provided to me by the Plan Administrator / Employer, and request the distribution or rollover from the retirement plan designated above. I wish to waive the 30-day notice period in order for my distribution or rollover to be processed immediately. I understand that a valid transfer to an account under the Plan listed above to an eligible investment provider not currently receiving Plan contributions, may require that my Employer enter into an information sharing agreement with the investment provider.

1. Former Employee Status Certification (Required if requesting a distribution due to retirement or termination of employment in 6.A. above)

By checking this box I state under penalties of perjury that: (1) I am not currently employed by the Employer listed above, (2) I separated from employment with such Employer prior to January 1 of the current year, and (3) I have made no contributions to my Custodial Account after December 31 of the prior year.

2. Disability Certification (Required to certify status as disabled (if requesting a distribution due to disability in 1 above)

By checking this box I certify my status as **disabled**. I have ___ (i) provided proof to plan administrator or my employer (Section 7 must be completed) or ___(ii) attached a copy of a letter from a licensed physician or proof that I have been awarded Social Security disability benefits.

B. Plan to Plan Transfer Certification:

If a plan-to-plan transfer has been selected in 4(b) above, I hereby certify that (1) I am a current or former employee of the sponsor of the Receiving Plan identified in 4(d) above and the Receiving Plan agrees to accept the transfer; (2) the Receiving Plan satisfies the requirements of Section 403(b) of the Code and that acceptance of the transfer is permitted under the Receiving Plan; and (3) that the Receiving Plan shall impose restrictions on distributions that are not less stringent than those imposed under the Plan.

Employee Signature

Date mm/dd/yyyy

8 PLAN ADMINISTRATOR OR EMPLOYER CONFIRMATION AND SIGNATURE *(Required unless 7.A.1 or 7.A.2 above is checked)*

As Plan Administrator/Employer, I hereby certify that if a distribution is requested, the reason for a distribution checked in A(1) above, is true. If a transfer is requested to an investment provider that is not currently receiving Plan contributions, I understand that the Employer must enter into a written agreement with the investment provider receiving this transfer as required by 403(b) regulations.

Name of Plan Administrator or Employer

Signature of Plan Administrator or Employer

Date mm/dd/yyyy

MEDALLION SIGNATURE GUARANTEE:

A Medallion Signature Guarantee stamp is required if redemption amount is over \$100,000

AFFIX MEDALLION GUARANTEE STAMP HERE

SIGNER NAME (PRINTED)



Mailing Address:*

Pear Tree Funds
Attention: Transfer Agent
55 Old Bedford Road, Suite 202
Lincoln, MA 01773

*For both standard and overnight Shipping



Phone Number:

(800)-326-2151



Website:

www.peartreefunds.com