



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 (to be completed by the Employee)

I understand that this distribution will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The address on this form will determine my state of residence for state withholding purposes. I also understand that the distribution will be subject to income taxes unless I roll over the distribution amount to another retirement account. Any distribution eligible for rollover that is greater than \$200 is subject to 20% mandatory Federal Income Tax withholding unless I transfer or directly roll over the amount of the distribution to another retirement account. I further understand that, if I receive this distribution prior to age 59½, the distribution may be subject to a 10% early withdrawal penalty. State taxes will be withheld at state's mandatory withholding rate, if applicable.

- Withhold** Federal Income Tax at _____ % of the total distribution (must be 20% or greater).

Some states require state income tax withholding if federal taxes are withheld. If your IRA 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 select one of the following:

- I elect not to withhold State income taxes from my distribution(s)
- I elect to withhold my state's minimum requirement
- I elect to withhold the following percentage (must be greater than my state's minimum) or specific dollar amount for State income tax _____ % OR \$ _____

There is a mandatory 20% tax withholding from any distribution from a 403(b) plan account unless the distribution is being transferred directly to another qualified plan.

6 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

7 PLAN ADMINISTRATOR OR EMPLOYER CONFIRMATION AND SIGNATURE *(required unless 6.A.1 or 6.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



Mailing Address:*

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



Phone Number:

(800)-326-2151



Website:

www.peartreefunds.com