

Laurel County Board of Education 403(b) Plan

403(b) Distribution Form: This form must be completed and returned to Human Resources

I Employer Information

Laurel Co. Board of Education 718 North Main Street London, KY 40741	HR Contact : Wanda Goodin Phone: (606) 862-4600 Fax: (606) 862-4601	Plan Administrator: Ellen Bunch Phone (865) 765-0718 Fax (888) 229-9670
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II Participant Information

Name of Employee _____ Social Security # _____
Mailing Address _____ Date of Birth _____
City _____ State _____ Zip _____
E Mail Address _____ Phone _____

III Reason For Distribution (select one)

*** Verification Required – See instructions**

____ Loan Distribution : Pay Back over ____ Years	Amount Requested \$ _____	
____ Normal Distribution (on or after age 59 1/2)	Amount Requested \$ _____	
____ Premature Distribution (under age 59 ½, 10% penalty may apply)		
____ *Permanent & Total Disability of Participant	Date of Disability _____	
____ Separated from Service	Date of Separation _____	
____ *Death of Participant (Death Certificate Required)	Date of Death _____	
____ Transfer to Purchase Service Credits	Amount Requested \$ _____	
____ *Court Order due to Levy or Divorce	Amount Requested \$ _____	
____ *Hardship Distribution – Check Reason Below	Amount Requested \$ _____	
____ Medical Expense	____ Purchase Principal Residence	____ Major Home Repair
____ Funeral Expense	____ Education Expense	____ Prevent Eviction/Foreclosure

IV Vendor Information

____ Forms Attached ____ Forms have been sent to Vendor

____ American Fidelity Assurance Company	Account # _____
____ INVESCO (Oppenheimer)	Account # _____

V CERTIFICATIONS

By signing below, I represent that I am the owner of the 403(b) account listed above, and authorize the distribution of assets as indicated. I also certify that I have provided copies of my most recent on statements for ALL OF MY 403(b) ACCOUNTS and understand that if ANY account information is OMMITTED, that may have a NEGATIVE EFFECT ON THE PLAN AND RESULT IN ADDITIONAL TAXABLE INCOME TO ME.

X _____ Employee Signature	Date	_____	Date
		Authorized Signature of Employer	

VI AUTHORIZATION OF PLAN ADMINISTRATOR

Ellen J Bunch Insurance, Administrator, hereby approves the transaction requested. if the request is for a loan or hardship distribution, the maximum amount approved is: \$ _____ Loan, or \$ _____ Hardship Distribution.

Authorized Signature _____ Date _____