

403(b)/457(b) Distribution Form

This form is for anyone wishing to move their 403(b)/457(b) funds out of the plan either to yourself or as a rollover. Please complete and return to PERA Administrators at **Support@peraadministrators.com** or fax it to **725.485.4857**

Employer Name: _____ Date: _____

Employee Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email Address: _____ Phone: _____

Agent Name: _____ Agent Email: _____ Agent Phone: _____

The IRS allows employees to take money from their 403(b)/457(b) accounts when certain situations occur. Please indicate which situation you would like to use for a distribution, and the date that the event occurred. If none of the events listed below apply to you, you may not be eligible for a distribution or rollover.

- Age 59 ½
- Severance from employment
- Disability
- Death
- Qualified birth or adoption
- Qualified federally declared disaster
- Terminal illness withdrawal
- Military or disaster-relief distribution
- QDRO
- Required Minimum Distribution (RMD)

Date of qualifying event: _____

Type of plan from which the distribution will occur

- 403(b)
- 457(b)

Investment provider:

Investment Provider Name: _____ Account Number: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employee Signature

Date