



Financial Authorization Request Form

901 Campisi Way, Suite 240, Campbell, CA 95008
Phone: (408) 978-1000, Fax: (408) 371-9327 Web:
<https://altamontclair.org/>

Options to return this completed form:

Email: tpa@altamontclair.com
Fax: (408) 371-9327
Online: [Financial Authorization Request Page](#)
Mail: EBSA-Alta Montclair Plan Administrators
901 Campisi Way, Suite 240, Campbell, CA 95008

Your Information – To facilitate your request, this form must accompany any distribution, loan request, contract exchange, or rollover paperwork provided by your 403(b) or 457(b) investment provider.

Employer: Employed
 Retired

Name of Participant: Social Security #:

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(no dashes)

Current Mailing Address:

City, State, Zip: Date of Birth:

Email: Daytime Phone: Work
 Cell

Agent Name: Agent Email: Agent Phone:

Transaction Requested – Please indicate Account type: 403(b) 457(b) Roth 403(b) Roth 457(b)

1. **Cash Distribution** Full Amount Specific \$ Amount Percentage, % Investment Provider: _____

Check only one criterion below:

Separation from employment _____ **Age 59½ or older** _____
(Date of Separation) (Date of Birth)

Disability **Death**

Financial Hardship (403b), Unforeseen Emergency (457b)* **Required Minimum Distribution (RMD)**

Birth/Adoption

*You must complete next page and provide required documentation.

2. **Rollover** | You are moving money from the Plan identified above to another qualified plan: _____
(Plan Type: IRA, 401k, etc.)

Full Amount Specific \$ Amount Percentage, % From _____ To _____
(Current Investment Provider) (New Investment Provider)

Check only one criterion below:

Separation from employment _____ **Age 59½ or older** _____
(Date of Separation) (Date of Birth)

Disability **Death**

Qualified Domestic Relations Order (QDRO) **Purchase Service Credit from my State Retirement System**

3. **Transfer** | You are moving money from your prior employer to the Plan identified above. **Separation from employment** _____
(Date of Separation with prior employer)

From _____
(Prior Employer Plan Name)

From _____ To _____
(Prior Investment Provider) (New Investment Provider)

4. **Loan Request** | Loans must be permitted on your employer's 403(b) / 457(b) plan and by your investment provider. The investment provider must be approved on your employer's 403(b) / 457(b) plan.

Investment Provider: _____

Loan Amount Requested: \$ _____ Repayment Time: _____ Years

Do you currently have any outstanding 403(b) or 457(b) loans? Yes No If yes, provide names of investment providers for each loan.

Loan 1: _____ Loan 2: _____
(Investment Provider for Loan 1) (Investment Provider for Loan 2)

Have you ever defaulted on a 403(b) or 457(b) loan? Yes No If yes, you are no longer eligible to take a loan.

5. **Exchange** | You must be employed with the employer listed above and the receiving investment provider must be approved on your employer's 403(b) / 457(b) plan. The approved investment providers are listed at <https://altamontclair.org/vendors>

I am exchanging my account from _____ to _____
(Current Investment Provider) (New Investment Provider)

Acknowledgement and Authorization

By signing this form, I authorize the release of non-public information pertaining to the above amounts and transactions to Alta Montclair - Employee Benefits Services & Advisors, Inc. (EBSA) as necessary to administer the Plan in accordance with the Internal Revenue Code.

NOT MARRIED

Participant or Beneficiary Signature (Required) Spousal Signature (Required by State of California) Date © 2014 - 2022 — Alta Montclair

EMERGENCY DISTRIBUTIONS

Please complete this page only if you are requesting 403(b) Hardship or 457(b) Unforeseen Emergency Distribution

Emergency Distribution

You must attach documentation providing evidence that you have a financial unforeseen emergency or hardship. Please note the request may not exceed the documented need.

Employee Certification of Eligibility for Emergency Distribution: I hereby certify that I do not have any other source of assets that can be liquidated to meet the financial unforeseen emergency outlined. I declare under penalty of perjury under the laws that the information I have supplied on this application is true and complete in all respects. To meet the criteria for an emergency withdrawal, you must first exhaust all other options.

Please initial each line to confirm that you have exhausted all other options:

_____ Cessation of elective contributions or employee contributions

_____ Reimbursement or compensation from insurance

_____ Reasonable Liquidation of employee's assets

_____ Distribution or non-taxable loans from other plans

_____ Loans from commercial sources

Requested Emergency Amount \$ _____

Indicate Hardship or Emergency Distribution as defined by IRS

Hardship 403(b) Only

- Burial or funeral expenses for the employee's deceased parent, or dependents
- Medical care for the participant, the participant's spouse, or dependents
- Purchase of a participant's principal residence (not including mortgage payments)
- Eviction from or foreclosure on a mortgage on the participant's principal residence
- Next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents.

Unforeseen Emergency 457 Only

- Sudden and unexpected illness or accident of the participant or a dependent
- Burial or funeral expenses for the employee's deceased parent or dependents
- Eviction from or foreclosure on a mortgage on the participant's principal residence
- A loss of the participant's property because of a casualty

EMERGENCY DISTRIBUTIONS INSTRUCTIONS PLEASE READ PRIOR TO SUBMISSION

You must attach documentation providing evidence that you have a financial unforeseen emergency or hardship. Please note the request may not exceed the documented need nor may it exceed your account balance.

Example: If you have \$2000 of documented expenses the maximum you may receive is \$2000; however if you only have \$1500 invested, you will not receive \$2000.

An IRS Defined Hardship (403(b) Only) Includes the following types of expenses:

1. Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents
2. Payment for or to obtain medical care for the participant, the participant's spouse, or dependents
3. Costs related to the purchase of a participant's principal residence (not including mortgage payments)
4. Payment of the next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents
5. Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence

Appropriate Documentation Includes:

Bills and Receipts from Mortuary, Funeral Parlor

Medical Bills

Proof of Home Purchase (Escrow Documents)

Statement of Expenses from Bursar's Office

Notice of Eviction/Foreclosure

An IRS Defined Unforeseen Emergency (457 Only) Includes the following types of expenses:

1. A severe financial hardship resulting from a sudden and unexpected illness or accident of the participant or a dependent
2. Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents
3. Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence
4. A loss of the participant's property because of a casualty

Appropriate Documentation Includes:

Medical Bills demonstrating unexpected illness or accident

Bills and Receipts from Mortuary, Funeral Parlor

Notice of Eviction/Foreclosure

Insurance Report of Casualty Damage due to Natural Disaster and Repair Bills

The IRS only defines the above listed circumstances as an emergency. Please contact your insurance provider to find out about what loan options (if any) your investment choice offers.