LEECH LAKE BAND OF OJIBWE 403(B) PLAN
204930
SINGLESRCRIA

403(b) In-Service Distribution Request Form

This form may be used if you are an employee and you wish to request a distribution of your pre-tax (non-Roth) and/or your Roth assets from the plan. Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact your plan administrator if you have any questions.

PARTICIPANT INFORMATION

Social Security Number ____________________ Phone Number ____________________

First Name ____________________ Last Name ____________________

Email Address ____________________

☐ Married ☐ Not Married

NOTE: *Your distribution will be paid to you by check and sent via regular mail to your current address on file. If your address has changed, please contact your plan administrator.*

DISTRIBUTION REASON

Specify the reason for the distribution. Your plan may not allow distribution for all reasons provided below. Contact your plan administrator for the allowable distribution reasons under your plan.

☐ Attainment of age 59½ ☐ Attainment of normal retirement age ☐ Active military duty for qualified reservist

☐ Other ____________________

DISTRIBUTION INSTRUCTIONS

COMPLETE THIS SECTION TO RECEIVE A PROPORTIONAL (PRO RATA) DISTRIBUTION OF YOUR ASSETS FROM THE PLAN OR IF YOU DO NOT HAVE BOTH PRE-TAX (NON-ROTH) AND ROTH ASSETS IN THE PLAN.

I wish to: *(select one)*

1. ☐ Receive a cash distribution of the maximum amount.
2. ☐ Receive a cash distribution of $__________.
3. ☐ Roll over the maximum amount available as directed in the *Direct Rollover Information* section(s) below.
4. ☐ Roll over $__________ as directed in the *Direct Rollover Information* section(s) below.
   (If you choose this option 4, also select one of the following items.)
   ☐ Leave the remainder of the maximum in-service distribution amount available in the plan.
   ☐ Pay the remainder of the maximum in-service distribution amount available to me.

NOTE: *Refer to your summary plan description to determine whether installment and/or annuity payments are available to you in addition to those types of distributions listed below. If installment and/or annuity payments are available to you and you wish to receive your distribution in one of those forms, please see your plan administrator for additional details.*

DIRECT ROLLOVER INFORMATION

I wish to directly roll over my distribution(s) to the following plan and/or individual retirement arrangement (IRA). *(Complete the financial organization or trustee information below and select from the listed types of retirement plans and IRAs. If you are rolling over to more than one type of plan or IRA, specify the percentage of the amount to be rolled over into each account.* ***The rollover percentages must total 100%.****)*

Financial Organization/Trustee Name	Financial Organization/Trustee Name	Financial Organization/Trustee Name
☐ QP/401(k) Plan ☐ 403(a) Plan ☐ 403(b) Plan ☐ 457(b) Plan Account Number __________ Rollover Amount __________%	☐ Traditional IRA ☐ SIMPLE IRA ☐ Roth IRA Account Number __________ Rollover Amount __________%	☐ Traditional IRA ☐ SIMPLE IRA ☐ Roth IRA Account Number __________ Rollover Amount __________%

NOTE: *A rollover of pre-tax (non-Roth) assets to a Roth IRA will result in all pre-tax rollover being included in your taxable income.*

DISTRIBUTION INSTRUCTIONS FOR PRE-TAX (NON-ROTH) ASSETS

COMPLETE THIS SECTION IF YOU WANT TO SPECIFY YOUR DISTRIBUTION AND/OR ROLLOVER FOR PRE-TAX (NON-ROTH) ASSETS ONLY.

I wish to: *(select one)*

1. ☐ Receive a cash distribution of the maximum amount.
2. ☐ Receive a cash distribution of $__________.
3. ☐ Roll over the maximum amount available as directed in the *Direct Rollover Information* section(s) below.
4. ☐ Roll over $__________ as directed in the *Direct Rollover Information* section(s) below.
   (If you choose this option 4, also select one of the following items.)
   ☐ Leave the remainder of the maximum in-service distribution amount available in the plan.
   ☐ Pay the remainder of the maximum in-service distribution amount available to me.

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DIRECT ROLLOVER INFORMATION FOR PRE-TAX (NON-ROTH) ASSETS

I wish to directly roll over my distribution(s) to the following plan and/or individual retirement arrangement (IRA). *(Complete the financial organization or trustee information below and select from the listed types of retirement plans and IRAs. If you are rolling over to more than one type of plan or IRA, specify the percentage of the amount to be rolled over into each account.* ***The rollover percentages must total 100%.****)*

Financial Organization/Trustee Name	Financial Organization/Trustee Name	Financial Organization/Trustee Name
☐ QP/401(k) Plan ☐ 403(a) Plan ☐ 403(b) Plan ☐ 457(b) Plan Account Number ________________ Rollover Amount ______________%	☐ Traditional IRA ☐ SIMPLE IRA ☐ Roth IRA Account Number ________________ Rollover Amount ______________%	☐ Traditional IRA ☐ SIMPLE IRA ☐ Roth IRA Account Number ________________ Rollover Amount ______________%

NOTE: *A rollover to a Roth IRA will result in all pre-tax assets you roll over being included in your taxable income.*

DISTRIBUTION INSTRUCTIONS FOR ROTH ASSETS

COMPLETE THIS SECTION IF YOU WANT TO SPECIFY YOUR DISTRIBUTION AND/OR ROLLOVER FOR ROTH ASSETS ONLY.

I wish to directly roll over my distribution(s) of Roth assets and their earnings to the following plan and/or Roth IRA. *(Complete the financial organization information or trustee information below and select from the listed types of retirement plans or Roth IRA. If you are rolling over to more than one type of plan or Roth IRA, specify the percentage of the amount to be rolled over into each account.* ***The rollover percentages must total 100%.****)*

Financial Organization/Trustee Name	Financial Organization/Trustee Name
☐ QP/401(k) Plan ☐ 403(b) Plan ☐ 457(b) Plan Account Number________________________________ Rollover Amount ______________%	☐ Roth IRA Account Number________________________________ Rollover Amount ______________%

WITHHOLDING ELECTION

NOTE: *Refer to the* Distribution Notice *for a listing of plan distributions that are not eligible to be rolled over. Generally, your distribution will be an eligible rollover distribution.*

FEDERAL WITHHOLDING *(Form W-4R/OMB No. 1545-0074)*

Your 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% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate below. You may not choose a rate less than 20%.

See the Withholding Instructions *for more information.*

Withholding Election. Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information.

Enter the rate as a whole number (no decimals) _________%

STATE WITHHOLDING *(If applicable, select one)*

Name of Withholding State ________________________________

☐ Withhold __________%

☐ Withhold $____________________

☐ Do Not Withhold State Income Tax

NOTE: *State income tax withholding may not be available for all states. If applicable, mandatory state income tax will be withheld from the distribution in accordance with state tax guidelines.*

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AUTHORIZATION

I certify that I have read, understand, and agree with the information provided in the instructions to this form. I acknowledge that I have timely received a written explanation of the optional forms of benefit payments and have received, if applicable, my spouse's consent to take a distribution. I understand that I have 30 days to decide on my rollover and/or distribution payment options and I elect to waive the 30-day period. I understand there may be a distribution fee charged against my account for this transaction and have been advised to contact the plan administrator for a description of any applicable fees. I instruct the plan administrator to authorize this distribution from the plan as soon as administratively possible.

Name of Participant____

Signature of Participant ________________________________ Date________________

Authorized Plan Representative Use Only

NOTE: *This form may not be used to request a distribution in the form of installment or annuity payments. If a participant requests a distribution in either of those forms of payment, please contact your Client Service Representative for further instructions.*

Name of Authorized Plan Representative ________________________________

Signature of Authorized Plan Representative________________________ Date________________

FORM SUBMISSION INSTRUCTIONS

Please forward this completed *403(b) In-Service Distribution Request Form* to your plan administrator for approval. Once approved, please email the fully executed form to: requests@ascensus.com.

Please be advised that all forms are processed in the order received. Incomplete or inconsistent information on the form may delay processing of the distribution.

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