



# 403(b)(7) Distribution Form

Thank you for choosing Transamerica. Use this form to request a distribution from your Transamerica Funds 403(b)(7) accounts only. This form must be completed in its entirety. Forms for other types of distributions and account maintenance are available on our website at [www.transamerica.com](http://www.transamerica.com). If a distribution is being taken due to the death of the Account Holder, please complete the Death Distribution Form. For assistance call Transamerica Fund Services, Inc. at 1-888-233-4339.

## Section One-Account Registration

Legal Name of Owner

Social Security Number

Date of Birth

Daytime Telephone Number

Mailing Address

City

State

Zip Code

## Section Two – Type of Distribution

Distributions from 403(b)(7) accounts that are not rolled over directly to an IRA or another qualified retirement plan are taxable, and if taken before the account owner reaches age 59 1/2, may be subject to a federal 10% premature distribution penalty tax. If you intend to directly roll over your distribution to a Transamerica Funds account, you must also complete the appropriate rollover request form.

- Normal Distribution**<sup>1</sup> (I am over age 59 1/2)
- Permanent & Total Disability**<sup>1, 3</sup> (Please provide a copy of your valid Social Security Award Certificate.)
- Transfer Pursuant to Divorce Decree** (Medallion Signature Guarantee stamp required)
- Transfer to another 403(b)(7) Custodian** (A Letter of Acceptance will be required. Also, please check with the receiving Custodian for any additional requirements)
- Severance from Employment after attainment of age 55**<sup>1, 3</sup>
- Severance from Employment prior to Age 55**<sup>1</sup>
- Financial Hardship**<sup>2</sup> (By checking this box you are certifying that you believe this financial hardship distribution is in compliance with the financial hardship rules outlined by the IRS.)
- Plan Termination**<sup>1</sup> (Subject to Treasury Regulation Section 1.403(b)-10(a); please consult with your tax advisor regarding this option)
- Substantially Equal Periodic Payments** <sup>2, 3</sup> (You must have obtained Severance from Employment to select this option.)
  - **Required Minimum Distribution (RMD)** If you need to take a distribution to satisfy the IRS Required Minimum Distribution requirements, you must complete the Required Minimum Distribution Form and attach to this request.

### Employer or Authorized Plan Administrator Certification is required for all distributable events

Employer or Plan Administrator Authorized Signature	Date	Daytime Telephone Number
Name of Signer (Please Print)	Name of Employer	
Employer's Street Address	City	State
		Zip Code

<sup>1</sup> This distribution is eligible to be rolled over to another retirement plan. If you do not roll over this distribution directly to an IRA or other qualified retirement plan, the amount distributed is subject to 20% mandatory federal income tax withholding. If you intend to directly rollover your distribution to a Transamerica Funds account, you must also complete the appropriate rollover request form.

<sup>2</sup> This distribution is not eligible to be rolled over directly to an IRA or another qualified retirement plan.

<sup>3</sup> This distribution option is NOT subject to the federal 10% premature distribution penalty tax.



# 403(b)(7) Distribution Form

## Section Three – Distribution Instructions

- I elect to take a one-time distribution immediately \$ \_\_\_\_\_ or \_\_\_\_\_ %
- I would like a systematic distribution for \$ \_\_\_\_\_ or \_\_\_\_\_ %

**My distribution should be taken from the following account(s):**

\_\_\_\_\_  
Fund and Account Number \$ or %

\_\_\_\_\_  
Fund and Account Number \$ or %

\_\_\_\_\_  
Fund and Account Number \$ or %

**Frequency of systematic distributions:**

- Monthly
- Quarterly
- Semi-Annually
- Annually

First payment to begin on \_\_\_\_\_ Month/Day

**Note:** The withdrawal may be made between the 3rd and the 28th only, and will be made on the 20th if no selection is made.

## Section Four – Payment Options

- Deposit my withdrawal directly into my bank account.** (An ACH bank link must already be established for this option. Complete Section Six to establish this option for future distributions.)
- Send me a check to the address of record.**
- Deposit my distribution into my existing non-retirement mutual fund account(s), listed below:**

\_\_\_\_\_  
Fund Number and Account Number \$ or %

\_\_\_\_\_  
Fund Number and Account Number \$ or %

\_\_\_\_\_  
Fund Number and Account Number \$ or %

- Establish a new non-retirement mutual fund account in my name** (If you elect this option, please complete and submit a New Account Application.)
- Send check to optional addressee** (The Signature Guarantee in Section Seven must be completed if you elect this option.)

\_\_\_\_\_  
Payee

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

- Send check to another IRA/Employer Plan** (A Signature Guarantee must be completed if a letter of acceptance isn't included or if the distribution is over \$100,000)
  - Traditional IRA/Rollover IRA
  - Qualified Plan
  - Traditional IRA and immediately convert to a Roth IRA

\_\_\_\_\_  
Custodian Name IRA/Qualified Plan Number

\_\_\_\_\_  
Custodian Address

## Section Five – Withholding Instructions

### Federal Withholding

The distribution is automatically subject to 20% federal tax withholding, unless it is being rolled over to an IRA or other qualified retirement plan.

If you DO NOT make a federal withholding election, 20% will be withheld and forwarded to the IRS. This is a federal requirement. If federal tax is withheld, state tax will also be withheld if you reside in a state listed below.

- Withhold \_\_\_\_\_% (20% minimum) as a federal income tax withholding election from my distribution.

### State Withholding

If federal withholding is applied to your distribution(s) above, you are required to make a state withholding election if you are a resident of one of the following states: *Arkansas, California, Connecticut, Delaware, District of Columbia, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Mississippi, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, or Virginia*. These states will allow you to provide written instruction to opt out of state withholding. While we are unable to provide tax advice, you may contact Transamerica Customer Service with any additional questions regarding this option.

**Note: The states listed above may change as a result of changing legislation. Transamerica does not withhold state taxes for states not listed above. If you are a resident of Georgia or Louisiana, you can request withholding, but it is not required.**

- Withhold the state-calculated income tax for my state.
- Withhold \$\_\_\_\_\_ (in whole dollars) for state income tax.\*
- Do not withhold state income tax from my distribution.

## Section Six – Electronic Bank Link (optional)

By checking one of the boxes below, I authorize money to be transferred between my financial institution and Transamerica Funds.

- I have attached a pre-printed voided check or savings account deposit slip with my bank information.
- Use the bank information available on my account.

**Note: If the Transamerica Funds account holder's name does not appear on the enclosed check, an original Securities Transfer Agents Medallion Program (STAMP2000) Signature Guaranteed letter from the bank account owner and the Transamerica Funds account owner, authorizing use of the bank information will be required. Also, if the account owner does not have a void check or deposit slip they may also submit a letter on bank letterhead with the routing and account number, the account type, and the names of the registered bank account owners. This letter must be signed by a branch manager and must have a Medallion Signature Guarantee stamp. Due to your bank's requirements, please allow up to 30 days for the Electronic Bank Link to begin.**

Attach voided check or savings deposit slip here (Please use clear tape. Do not staple.)



YOUR NAME \_\_\_\_\_ Date \_\_\_\_\_  
 Your Address \_\_\_\_\_  
 Your City, State, Zip Code \_\_\_\_\_  
 Pay to The Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars  
 Authorized Signature \_\_\_\_\_ Memo \_\_\_\_\_  
 1234 - 567898765 - 4321234

## Section Seven – Signature

Neither Transamerica or its agents or representatives may provide tax, investment or legal advice. Anyone to whom this material is promoted, marketed, or recommended should consult with and rely on their own independent tax and legal advisors and financial professional regarding their particular situation and the concepts presented therein.

I certify that I am the account owner and that all information provided is correct, including my Social Security Number. I expressly assume full responsibility for all tax implications of this distribution, and acknowledge that no tax advice was provided to me by the IRA Custodian or Transamerica Fund Services.

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Signature

Date

A Signature Guarantee (STAMP2000) is required if:

- Your withdrawal is more than \$100,000.
- The withdrawal by check is made payable to someone other than the account owner.
- Your check is to be mailed to an address other than the address of record.
- You request a withdrawal by check within 10 days of a change of address.
- You request a withdrawal to your bank account within 10 days of electing a bank link update.

**Signature Guarantee (STAMP2000)**

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Name of Signing Officer (please print)

Date

*The completed and signed form may be faxed to 888-329-4339 if no Signature Guarantee stamp is provided or it can be mailed to Transamerica Fund Services:*

Regular Mail

Transamerica Fund Services, Inc.  
P.O. Box 219945  
Kansas City, MO 64121-9945

Overnight

Transamerica Fund Services, Inc.  
330 W. 9th Street  
Kansas City, MO 64105