

457(b) Distribution Request



Complete this form to request a distribution from your governmental 457(b) plan.

- Before completing this form, you must read the [Special Tax Notice](#) and [IRS Form W-4R](#).
- You may also want to consult a tax advisor before requesting a distribution.
- For payments that represent less than 100% of the account balance, distributions are paid from each fund and money type proportionally unless you provide other instructions.

Please print clearly in CAPITAL letters using black ink and sign in step 6. If you have questions, please call us at 1-800-345-3533.

1 Provide Information About Yourself

Please note: If you are a beneficiary, you must enter information about yourself in this step.

U.S. Social Security number

Date of birth (month-day-year)

First name

Middle initial

Last name

Street address

City

State

ZIP

Telephone number (daytime)

Email address

- Check here if this is a new address. If you are changing your address or have changed your address in the last 7 days, a signature guarantee is required on distributions over \$100,000.

2 Select a Reason for Distribution — Qualifying Event

Select only one reason from the following:

- | | |
|--|---|
| <input type="checkbox"/> Severance from employment Provide effective date: _____ <small>Date of severance (month-day-year)</small> | <input type="checkbox"/> Divorce (alternate payee) |
| <input type="checkbox"/> Required minimum distribution | <input type="checkbox"/> In-service withdrawal (check one of the following) |
| <input type="checkbox"/> Permanent and total disability | <input type="checkbox"/> Age 59½ or older |
| <input type="checkbox"/> Excess contribution For year: _____ | <input type="checkbox"/> Rollover contributions |
| Contribution type (select one): | <input type="checkbox"/> Small account balance* |
| <input type="checkbox"/> Pre-tax elective deferrals | <input type="checkbox"/> Unforeseeable emergency |
| <input type="checkbox"/> Roth elective deferrals | <input type="checkbox"/> In-Plan Roth rollover |
| | <input type="checkbox"/> Qualified birth and adoption (up to \$5,000 per birth/adoption) |
| | <input type="checkbox"/> Death of plan participant Provide plan participant's name: _____ |

* You may elect this option only once. To qualify for this option, your total plan balance must be less than \$5,000, and you must have made no contributions to the plan for two years prior to completing this form.

3 Select Type of Distribution

Select the type(s) of distribution(s) you want to take. **Age 72 and Older:** If you are required to take a minimum distribution for the current year but have not taken it yet, you may need to complete "Required Minimum Distribution (RMD)" (option C below) in addition to any other type of distribution you request in this step. The RMD amount is not eligible for a rollover to an IRA or employer plan.

A. Total Distribution (Lump Sum Distribution)

B. Automatic Distributions

Please pay my benefit in equal installments until my plan account balance is zero. I understand that when I reach age 72 or retire, whichever is later, my installment payments must be large enough to meet certain minimum distribution requirements. I understand I may need to increase my installment payments at that time to avoid penalty taxes.

\$ _____

Amount

Start date (month-day-year) _____

American Century Investments® will make the distribution on the 15th of the month unless you specify another day in the space above. If the distribution date falls on a weekend or holiday, we'll make the distribution the next business day. We'll pay your distribution quarterly unless you select a different frequency below.

Payment frequency: Annually Semiannually Quarterly Monthly

C. Required Minimum Distribution (RMD)

If you have selected an RMD in addition to another type of distribution in this step (options A, B or D), American Century Investments will calculate your RMD and mail you a check for the required amount before processing your other distribution. The check will be mailed to your address of record for this account, unless you call us to provide alternate payment instructions.

One-time distribution: Distribute my RMD for tax year _____.

Automatic distribution: Start an automatic distribution to satisfy my RMD for this year and all future years.

Start date (month-day-year)

American Century Investments will make the distribution on the 15th of the month unless you specify another day in the space above. If the distribution date falls on a weekend or holiday, we'll make the distribution the next business day. We'll pay your distribution quarterly unless you select a different frequency below.

Payment frequency: Annually Semiannually Quarterly Monthly

D. One-Time Partial Distribution

\$ _____

Amount

4 Provide Withholding Election (Not Required for Direct Rollovers)

If the entire amount of your distribution will be directly rolled over to an IRA or other eligible retirement plan, you may skip this step; taxes will not be withheld from the payment. For other distributions, please complete this step.

Federal Tax Withholding: Please review the enclosed [Special Tax Notice](#) and [IRS Form W-4R](#) and then complete the section below. Please consult a tax advisor if you need assistance determining the federal withholding rate that is appropriate for your situation. Exception: If you are a nonresident alien, do not use the W-4R form; call us for instructions.

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 from 0% to 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. (For American Century Investments 457(b) plans, "nonperiodic payments" include both one-time and automatic withdrawals that are **not rollover eligible**.)
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering a rate below. You may not choose a rate less than 20%. (Exception: Qualified birth and adoption distributions follow the 10% default withholding rate rules above.)

If you would like a rate of withholding that is different from the default withholding rate, complete the line below. See the instructions and the [Marginal Rate Tables](#) on the enclosed IRS Form W-4R for additional information.

Enter the rate as a whole number (no decimals) _____% (If left blank, or if you enter less than 20% for an eligible rollover distribution, the default rate will be withheld.)

State Tax Withholding: State tax will be withheld according to state regulations if, at the time of your distribution, your tax residency is within one of the mandatory withholding states.

5 Provide Direction for Payment

Select a method of payment. If you select more than one method, indicate the dollar amount or percentage to be paid by each method. Required minimum distributions, withdrawals for unforeseeable emergency, qualified birth and adoption distributions, and installment payments over a period of 10 years or more may be paid only by direct payment (option C) or transfer to a non-retirement account (option D).

A. Direct Rollover to Eligible Retirement Account at American Century Investments

Roll over my distribution directly into my American Century IRA or other retirement plan at American Century Investments. [Attach the appropriate *American Century Investments IRA Application* to open a new IRA and/or Roth IRA. The amount of your investment must meet the stated minimum for the fund(s) you select.]

Tell us what type of account the money is going to (check one):

Rollover/Traditional IRA² Roth IRA Employer-sponsored retirement plan³

| | | | |
|-----------|---|----------------|------------|
| _____ | · | _____ | _____ % |
| Fund name | | Account number | Percentage |
| _____ | · | _____ | _____ % |
| Fund name | | Account number | Percentage |

¹ Check only one option unless you are rolling over both pre-tax and Roth assets. Roth assets must be rolled over to either a Roth IRA or a 401(k), 403(b) or 457(b) that accepts Roth contributions.

² Refer to *Combining Contributions* below.

³ A letter of acceptance from the plan administrator is required in addition to this form.

Combining Contributions — If you are a non-spouse beneficiary, you may skip this section.

Proceeds from certain retirement plans that are rolled over to an IRA are normally deposited in a separate account designated as a Rollover IRA. Maintaining a separate account for rollover funds generally makes it easier to roll over these funds to another qualified retirement plan in the future. If you do not wish to preserve this option, please check the box below.

I have read the explanation above and I understand the consequences of combining contributions. You may use this as your authority to combine my rollover with my Traditional IRA.

Step 5 continued on the following page

6 Sign Your Name (Participant or Beneficiary)

I certify that I am aware of the Plan's provisions and requirements relating to distributions, and I understand the tax consequences of this distribution.

I request a distribution in the manner indicated on this form. I also acknowledge that I received, read and understand the *Special Tax Notice*. If I have elected a direct rollover, I certify, by my signature below, that the Custodian/Trustee named in step 5 will accept a direct rollover of my distribution. If I have requested an unforeseeable emergency distribution, I certify by my signature below that I have had an unforeseeable emergency, as defined in the *Governmental 457(b) Tax-Deferred Retirement Plan Distribution Booklet*. I acknowledge that I made an election to receive a benefit payment within 180 days of receipt of the *Special Tax Notice*. I waive the 30-day waiting period and request to have the distribution made now.

I have received, read and understand the *IRS Form W-4R* that was provided to me with this distribution form, and my withholding election is based on the W-4R form's instructions and Marginal Rate Tables. I have independently verified that the W-4R form I received is the most current IRS version available. My signature and date on this distribution form also serves as my W-4R form withholding election signature.

NOTE: A signature guarantee is **required only if** you redeem more than \$100,000 and your address on file has changed within 7 days of the redemption.



Signature

Date

Signature Guarantee (if required)

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signature must correspond in every particular, without alteration, with the name printed on the current account registration.

Your signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. The guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

NOTE: Acknowledgment of signature by a notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature and title of officer.

Employer or Third Party Administrator must complete the following page.

7 Obtain Employer or Third Party Administrator Signature

If the assets of the Plan are held in a trust, the number of Plan Trustees required to authorize transactions must complete and sign this section. Otherwise, if your Plan requires Employer or Third Party Administrator (TPA) approval to remove money, the Employer or TPA must complete and sign this section.

Participant Vesting

If the Plan includes a vesting schedule, I confirm the participant is _____% vested. (If left blank, I confirm the participant is 100% vested.)

(If the participant is less than 100% vested, we will automatically transfer the non-vested amount to a forfeiture account for the Plan, unless you instruct us otherwise.)

Authorization

- I certify that I have received and reviewed all required documentation regarding this distribution (as required by the Plan), and to the best of my knowledge, the distribution requested is proper under the terms of the Plan.
- I instruct American Century Investments to process a distribution from the Plan according to the instructions on this form.

Check this box if the distribution is mandatory upon severance from employment because the vested account balance is \$5,000 or less. No participant signature is necessary.

Printed name of employer or TPA

Printed name and title of employer representative or TPA

Employer representative or TPA's signature

Date

