

Laurel County Board of Education 403(b) Plan

403(b) Distribution Form: This form must be completed and returned to Human Resources

I Employer Information

Laurel Co. Board of Education
718 North Main Street
London, KY 40741

Contact : Wanda Goodin
Phone: (606) 862-4600
Fax: (606) 862-4601

II Participant Information

Name of Employee _____ Social Security # _____

Mailing Address _____ Date of Birth _____

City _____ State _____ Zip _____

E Mail Address _____ Phone _____

III Reason For Distribution (select one)

*** Verification Required – See instructions**

_____ Loan Distribution	Pay Back Schedule _____ Years (maximum 5yrs)	
_____ Normal Distribution (on or after age 59 1/2)	Amount Requested \$ _____	
_____ Premature Distribution (under age 59 1/2, 10% penalty may apply)		
_____ *Permanent & Total Disability of Participant	Date of Disability _____	
_____ Separated from Service	Date of Separation _____	
_____ *Death of Participant (Death Certificate Required)	Date of Death _____	
_____ Transfer to Purchase Service Credits	Amount Requested \$ _____	
_____ *Court Order due to Levy or Divorce	Amount Requested \$ _____	
_____ *Hardship Distribution – Check Reason Below	Amount Requested \$ _____	
_____ Medical Expense	_____ Purchase Principal Residence	_____ Major Home Repair
_____ Funeral Expense	_____ Education Expense	_____ Prevent Eviction/Foreclosure

IV Vendor Information

_____ Forms Attached _____ Forms have been sent to Vendor

_____ American Fidelity Assurance Company Account # _____

_____ Oppenheimer Funds Distributors Account # _____

_____ # _____

_____ # _____

V CERTIFICATIONS

By signing below, I represent that I am the owner of the 403(b) account listed above, and authorize the distribution of assets as indicated. I also certify that I have provided copies of my most recent on statements for ALL OF MY 403(b) ACCOUNTS and understand that if ANY account information is OMMITTED, that may have a NEGATIVE EFFECT ON THE PLAN AND RESULT IN ADDITIONAL TAXABLE INCOME TO ME.

X _____
Employee Signature Date

Authorized Signature of Employer Date

VI AUTHORIZATION OF PLAN ADMINISTRATOR

Ellen J Bunch Insurance, Administrator, hereby approves the transaction requested. if the request is for a loan or hardship distribution, the maximum amount approved is: \$ _____ Loan, or \$ _____ Hardship Distribution.

Authorized Signature _____ Date _____