

(Plan Name) _____
403(b)(7) ERISA Retirement Plan
Please call 1-800-523-1188 with any questions.

Vanguard Plan

0 _____

Distribution Request (Retirement / Severance from Employment / Disability) Direct Rollover

1. Account Information

Social Security # _____ **Date of birth** (mm/dd/yyyy) _____

Name (Last, First, MI) _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone # _____

Check here if address listed above is a new address.

2. Withdrawal Method Reason for Distribution: Retirement Severance from employment Disability

Form of Distribution: (choose one)
Note: These options apply to either a partial or total direct rollover. See reverse side of this form for additional information.

Lump Sum Cash Skip to Section 3
 Installments (Complete this form and call 1-800-523-1188 to obtain Installment Payment Request Form.)
 Partial Distribution Specific Fund(s) _____ or Prorated Dollar Amount: \$ _____ or Percentage: _____ %
 Direct Rollover to Vanguard traditional IRA (Complete this form and call 1-800-523-1188 to obtain a Vanguard IRA Adoption Agreement)
 Direct Rollover to Other Eligible Retirement Plan or Non-Vanguard IRA (Complete this form and obtain further instructions from the receiving institution.)

Note: Additional forms of distribution may be available. Please contact your Benefits office.

2a. Direct Rollover Information

You may roll over any or all of your distribution.

Pre-Tax: % To be transferred as direct rollover _____ %
% To be paid to me _____ %
100%

Check One: Traditional IRA Eligible Employer Plan (See the Special Tax Notice for the definition of eligible employer plan)

Trustee/Custodian Name _____
(Please show name exactly as check should be made out)

Account Number _____

Note: If account number is not provided, the Direct Rollover check will be mailed to you.

Mail check to me Mail check to institution at the address below.

City _____ **State** _____ **Zip** _____

After-Tax: % To be transferred as direct rollover _____ %
% To be paid to me _____ %
100%

Note: After-tax 403(b)(7) assets can only be rolled over into a traditional IRA or another 403(b) plan, subject to the receiving plan's provisions.

Check One: Traditional IRA 403(b)

Trustee/Custodian Name _____
(Please show name exactly as check should be made out)

Account Number _____

Note: If account number is not provided, the Direct Rollover check will be mailed to you.

Mail check to me Mail check to institution at the address below.

City _____ **State** _____ **Zip** _____

3. Waiver of Qualified Joint and Survivor Annuity

Your Retirement Plan Account is required to be distributed in the form of a qualified joint and survivor annuity (as described below) unless you waive this form of benefit with the consent of your spouse. To receive your requested withdrawal amount, you must waive the qualified joint and survivor annuity by completing this section. Your spouse (if any) must consent to your waiver and your spouse's consent must be witnessed by a notary public or plan representative.

A. *Required Certification To Be Completed By Non-Married Employee.*

I hereby represent and certify that I am not married.

B. *Election To Waive Qualified Joint and Survivor Annuity*

I hereby elect to waive the payment of my withdrawal under the Retirement Plan in the form of a qualified joint and survivor annuity.

C. *Required Spousal Consent To Be Completed By Spouse of Married Employee*

I am legally married to the employee identified in Section 1. I have read and I understand the Notice of Joint and Survivor Annuity Rights as provided by law, and I hereby consent to the election by my spouse to (1) waive the payment of his or her benefits in the form of a qualified joint and survivor annuity, and (2) to receive the payment of his or her benefits in the form designated in Section 2, entitled "Withdrawal Method." I hereby acknowledge that by signing this consent, and for as long as the election remains in effect, I am releasing and relinquishing my right to have my spouse's withdrawal from the Retirement Plan Account paid in the form of a qualified joint and survivor annuity. My consent applies, however, only to the specific withdrawal amount requested by my spouse on this form.

Spouse's Signature

The foregoing "Spousal Consent" was witnessed by me this _____ day of _____, (year) _____.

Witness (*Plan Representative or Notary Public*): _____ Title: _____

Note: Please read the bottom of form for additional information.

4. Income Tax Withholding

This section does not apply to installments. See Installment Payment Request Form.

If you elect to have your entire eligible rollover distribution transferred in a direct rollover to an IRA or a qualified plan, **no** federal tax will be withheld.

If you elect to have all or a portion of your eligible rollover distribution paid to you, the signer understands that a **20% federal tax will be withheld** on the taxable portion of the distribution. In addition, state tax will be withheld according to your state's guidelines. If you reside in a state which gives you the option not to withhold or to determine a dollar amount or percentage you want to withhold, please indicate below.

Withhold state taxes. Where applicable, indicate specific dollars \$ _____ or percentage _____%.

Do not withhold state taxes.

5. Authorization

I hereby acknowledge that I have received and read the "Special Tax Notice Regarding Plan Payments" and realize that 20% of my distribution will be withheld if it is not transferred in a direct rollover.

Signature of Employee

Date

Signature of Employer

Date

Eligible Sources: EE Basic ER Basic Supp.

Termination Date (mm/dd/yyyy)

Vested Percentage (if applicable) _____%

____/____/____

After-Tax Balance

All or a portion of your after-tax balance in your 403(b)7 plan is eligible to be rolled over to a traditional IRA or another 403(b) plan, subject to the receiving plans provisions. You also may elect to have all or a portion of the after-tax balance mailed directly to you.

Withdrawal Method: Forms of Distribution

Lump Sum Cash - By selecting this option you will receive your entire eligible cash balance.

Installments - By selecting this option you will receive a series of payments over a period of time.

Partial Distribution - By selecting this option you will receive a one-time partial payment from your retirement account.

Direct Rollover to Vanguard traditional IRA - By selecting this option you may choose to have all or a portion of your eligible balance rolled over to a Vanguard traditional IRA. If you wish to receive any portion in cash, please check off the Partial Distribution box under Withdrawal Method and indicate the amount. If you do not currently have a Vanguard IRA, you will need to complete a Vanguard IRA Adoption Agreement.

Other Eligible Retirement Plan or Non-Vanguard IRA - By selecting this option you may have all or a portion of your eligible cash balance rolled over to a traditional IRA or other eligible employer plan as described in the accompanying Special Tax Notice Regarding Plan Payments. In addition, it is your responsibility to open an account at the receiving institution prior to initiating your direct rollover through Vanguard.

Vanguard 403(b)(7) Custodial Account

Notice of Joint and Survivor Annuity Rights

By law, your Retirement Plan Account may be required to be distributed in the form of a qualified joint and survivor annuity, unless you (and your spouse, if married) waive this form of benefit. The Employee Retirement Income Security Act (ERISA) mandates that if you do not waive your right to a qualified joint and survivor annuity, your distribution must be used to purchase an annuity contract. Furthermore, if you are married, your qualified joint and survivor annuity contract must provide you with regular payments for the rest of your life and, if your spouse survives you, your spouse must receive not less than 50 percent of the payments you were receiving for the rest of his or her life. If you are not married, the annuity contract must provide you with regular payments for the rest of your life, with no survivor benefits payable upon your death.

If you do not wish to receive your Retirement Plan Account in the form of a qualified joint and survivor annuity (as described above), you may elect to waive this form of benefit by completing the Waiver of Qualified Joint and Survivor Annuity in Section 3 of this form. If you are married, your spouse must consent to your election to waive the qualified joint and survivor annuity, and your spouse's consent must be witnessed by a notary public or plan representative. You may revoke any prior election to waive the qualified joint and survivor annuity form of benefit at any time prior to the distribution of your account.

Return completed form to your Benefits Office.