



Questions? Call 800-343-0860, business days from 8 a.m. to midnight Eastern time.

# Distribution — 457(b) Non-Governmental Plan

Use this form to request a total distribution, recurring distributions, or a transfer from your 457(b) non-governmental employer plan. Fill in by hand using CAPITAL letters and black ink, or on screen (if PDF). If you need more room for information, use a copy of the relevant page.

### Helpful to Know

- To get your plan number(s), call your plan sponsor (the employer that provides the plan) or go to netbenefits.com.
- To validate your profile, go to netbenefits.com/profile. To change your address, call your plan sponsor or go to netbenefits.com/profile.
- If you are a beneficiary or qualified alternate payee, call the original participant's plan sponsor instead of using this form.
- Distributions from 457(b) non-governmental plans are taxed as ordinary income for the year in which the distribution is made. You may want to consult a tax or financial professional.
- You cannot opt out of federal tax withholding on these distributions.
- Non-resident aliens must provide IRS form W-8BEN and a U.S. taxpayer ID number to claim any tax treaty benefits.
- To request a distribution from a 403(b), 401(k), 401(a) or 457(b) governmental plan, call Fidelity.
- To validate and/or update your tax withholding or designate where you want to have your plan payments directed, go to netbenefits.com.
- **Before you submit this form, a representative of your plan sponsor must sign it. If there is no plan sponsor signature in Section 6, your request will be denied.**

## 1. Account Owner/Participant

Name		Social Security or Taxpayer ID Number			
Date of Birth MM - DD - YYYY					

### Address

If the address we have for you is correct, skip to Section 2.

*Providing a new address may delay your check.*

Address			
City	State/Province	ZIP/Postal Code	Country

## 2. Plan Involved

*To get your plan number, call 1-800-343-0860 or your plan sponsor.*

Name of Plan Sponsor	Plan Number
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Form continues on next page. ▶▶





### 3. One-Time Distribution

Your available plan assets may be less than your plan value.

Choose **ONLY** one option and provide any required information, or skip to Section 4.

Timings start from when your distribution request is approved, and are estimates, not guarantees.

#### Cash Distribution

- ALL available plan assets, distributed as soon as possible
- ALL available plan assets, distributed on this date:

Distribution Date MM - DD - YYYY

MM	DD	YYYY

#### Transfer

- Transfer ALL available plan assets, as soon as possible, to another plan. *Must be a non-governmental 457(b) plan:*
  - ▷ Attach an original letter of acceptance from the receiving plan (on official letterhead) stating that the plan will accept these assets and including any information necessary to make the transfer.

Plan Sponsor Name
Plan Name

### 4. Recurring Distributions

If you made a selection in Section 3, do NOT complete this section; instead, skip to Section 5. Your available plan assets may be less than your plan value.

Choose **ONLY** one calculation method payment frequency, and start date. Provide any required information.

Timings start from when your distribution request is approved, and are estimates, not guarantees.

#### Calculation Method

- Distribute this AMOUNT drawn proportionally from all available plan assets:

Payment Amount

\$

- Distribute payments for the following NUMBER of YEARS drawn proportionally from all available plan assets:

Years

#### Frequency of Payments

- Once a year
- Every 3 months
- Once a month

#### Start of Payments

Payments will continue until available plan assets are depleted or the number of years that you specify elapses.

- As soon as possible
- On the following date:

Date of FIRST Payment MM - DD - YYYY

MM	DD	YYYY

Form continues on next page. ►►



## 5. Signature and Date *Account owner/participant must sign and date.*

By signing below, you:

- Accept all terms and conditions described in this form.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that, if the form is signed by an authorized plan representative but not by you, Fidelity will act on the distribution as requested on this form.

Print Participant Name	
Participant Signature	Date MM DD YYYY
<b>SIGN</b> ▶	▶

## 6. Plan Sponsor Approval *Plan representative must sign and date.*

Participant's Date of Hire MM - DD - YYYY	Separation Date <i>If applicable</i> MM - DD - YYYY

By signing below, you:

- Certify that you are on record with Fidelity as being authorized to sign on behalf of the plan sponsor.
- Certify that you have reviewed the participant's employment status and vesting, and that they are represented accurately on this form.
- Understand that the plan sponsor is solely responsible for plan compliance with IRS regulations concerning constructive receipt.
- Acknowledge that the distribution as requested on this form is permitted by the employer's plan and is compliant with IRS regulations concerning constructive receipt.
- Authorize Fidelity to act on all instructions given on this form.

Print Plan Representative Name	Daytime Phone
Plan Representative Signature	Date MM DD YYYY
<b>SIGN</b> ▶	▶

**Did you print and sign the form, and attach any necessary documents? Did ALL required individuals sign?** Send the ENTIRE form and any necessary documents to Fidelity.

**Questions?** Go to [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call 1-800-343-0860 (TTY, 1-800-259-9743), business days (except NYSE holidays) from 8 a.m. to midnight Eastern time.

*Unless otherwise directed, deliver to:*

**Regular mail**

Fidelity Investments  
P.O. Box 770002  
Cincinnati, OH 45277-0090

**Fax** 1-877-330-2476

**Overnight mail**

Fidelity Investments  
100 Crosby Parkway KC1E  
Covington, KY 41015

*On this form, "Fidelity" means Fidelity Investments Institutional Operations Company LLC.  
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