



# Financial Authorization Request Form

595 Millich Drive, Suite 100, Campbell, CA 95008  
Phone: (408) 978-1000, Fax: (408) 371-9327  
Web: <https://altamontclair.org/>

Options to return this completed form:

**Email:** [tpa@altamontclair.com](mailto:tpa@altamontclair.com)  
**Fax:** (408) 371-9327  
**Online:** [Financial Authorization Request Page](#)  
**Mail:** EBSA-Alta Montclair Plan Administrators  
595 Millich Drive, Suite 100, Campbell, CA 95008

**Your Information** – To facilitate your request, this form must accompany any distribution, loan request, contract exchange, or rollover paperwork provided by your 403(b) or 457(b) investment provider.

Employer:		<input type="checkbox"/> Employed <input type="checkbox"/> Retired											
Name of Participant:		Social Security #: <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (no dashes)											
Current Mailing Address:													
City, State, Zip:		Date of Birth:											
Email:		Daytime Phone: <input type="checkbox"/> Work <input type="checkbox"/> Cell											
Agent Name:		Agent Email:											
		Agent Phone:											

## Transaction Requested – Please select transaction type.

1. ☐ **Distribution Request** | *Indicate distribution type below.*

Account Type: ☐ 403(b) ☐ 457(b) From Investment Provider: \_\_\_\_\_

☐ **Cash Distribution** or ☐ **Rollover** To Investment Provider: \_\_\_\_\_

☐ **Separation from service** – Date of Separation: \_\_\_\_\_

☐ **Age 59 ½ (for 403(b) Plans Only)** – Date of Birth: \_\_\_\_\_

☐ **Age 70 ½ (for 457(b) Plans Only)** – Date of Birth: \_\_\_\_\_

☐ **Death** ☐ **Purchase Service Credit from my State Retirement System**

☐ **Disability** ☐ **Qualified Domestic Relations Order (QDRO)**

☐ **Financial Hardship (403b) / Unforeseen Emergency (457b)\*** ☐ **Required Minimum Distribution (RMD)**

\*You must complete next page and provide required documentation.

2. ☐ **Loan Request** | *Loans must be permitted on your employer's 403(b) / 457(b) plan and by your investment provider. The investment provider must be approved on your employer's 403(b) / 457(b) plan.*

Account Type: ☐ 403(b) ☐ 457(b) Investment Provider: \_\_\_\_\_

Loan Amount Requested: \$\_\_\_\_\_ Repayment Time: \_\_\_\_\_ Years

**Do you currently have any outstanding 403(b) or 457(b) loans?** ☐ Yes ☐ No If yes, provide names of investment providers for each loan.

Loan 1: \_\_\_\_\_ Loan 2: \_\_\_\_\_

**Have you ever defaulted on a 403(b) or 457(b) loan?** ☐ Yes ☐ No If yes, you are no longer eligible to take a loan.

3. ☐ **Contract Exchange** | *You must be employed with the employer listed above and the receiving investment provider must be approved on your employer's 403(b) / 457(b) plan.*

☐ I am transferring my 403(b) account from \_\_\_\_\_ to \_\_\_\_\_  
(Current Investment Provider)(New Investment Provider)

☐ I am transferring my 457(b) account from \_\_\_\_\_ to \_\_\_\_\_  
(Current Investment Provider)(New Investment Provider)

4. ☐ **Plan-to-Plan Transfer**

☐ I am transferring my 403(b) account from \_\_\_\_\_ to \_\_\_\_\_  
(Employer Plan Name)(Employer Plan Name)

☐ I am transferring my 457(b) account from \_\_\_\_\_ to \_\_\_\_\_  
(Employer Plan Name)(Employer Plan Name)

## Acknowledgement and Authorization

By signing this form, I authorize the release of non-public information pertaining to the above amounts and transactions to Alta Montclair - Employee Benefits Services & Advisors, Inc. (EBSA) as necessary to administer the Plan in accordance with the Internal Revenue Code.

☐ NOT MARRIED

Participant or Beneficiary Signature (Required)	Spousal Signature (Required by State of California)	Date
Alta Montclair-EBSA Signature (Required)		Date

## EMERGENCY DISTRIBUTIONS

### Please complete this page only if you are requesting 403(b) Hardship or 457(b) Unforeseen Emergency Distribution

#### Emergency Distribution

You must attach documentation providing evidence that you have a financial unforeseen emergency or hardship. Please note the request may not exceed the documented need.

**Employee Certification of Eligibility for Emergency Distribution:** I hereby certify that I do not have any other source of assets that can be liquidated to meet the financial unforeseen emergency outlined. I declare under penalty of perjury under the laws that the information I have supplied on this application is true and complete in all respects. To meet the criteria for an emergency withdrawal, you must first exhaust all other options.

**Please initial each line to confirm that you have exhausted all other options:**

\_\_\_\_\_ Cessation of elective contributions or employee contributions

\_\_\_\_\_ Reimbursement or compensation from insurance

\_\_\_\_\_ Reasonable Liquidation of employee's assets

\_\_\_\_\_ Distribution or non-taxable loans from other plans

\_\_\_\_\_ Loans from commercial sources

**Requested Emergency Amount \$** \_\_\_\_\_

#### Indicate Hardship or Emergency Distribution as defined by IRS

##### Hardship 403(b) Only

- ☐ Burial or funeral expenses for the employee's deceased parent, or dependents
- ☐ Medical care for the participant, the participant's spouse, or dependents
- ☐ Purchase of a participant's principal residence (not including mortgage payments)
- ☐ Eviction from or foreclosure on a mortgage on the participant's principal residence
- ☐ Next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents.

##### Unforeseen Emergency 457 Only

- ☐ Sudden and unexpected illness or accident of the participant or a dependent
- ☐ Burial or funeral expenses for the employee's deceased parent or dependents
- ☐ Eviction from or foreclosure on a mortgage on the participant's principal residence
- ☐ A loss of the participant's property because of a casualty

## EMERGENCY DISTRIBUTIONS INSTRUCTIONS PLEASE READ PRIOR TO SUBMISSION

You must attach documentation providing evidence that you have a financial unforeseen emergency or hardship. Please note the request may not exceed the documented need nor may it exceed your account balance.

Example: If you have \$2000 of documented expenses the maximum you may receive is \$2000; however if you only have \$1500 invested, you will not receive \$2000.

#### An IRS Defined Hardship (403(b) Only) Includes the following types of expenses:

1. Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents
2. Payment for or to obtain medical care for the participant, the participant's spouse, or dependents
3. Costs related to the purchase of a participant's principal residence (not including mortgage payments)
4. Payment of the next 12 months of postsecondary tuition and related educational fees for the participant, the participant's spouse, or dependents
5. Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence

#### Appropriate Documentation Includes:

*Bills and Receipts from Mortuary, Funeral Parlor*

*Medical Bills*

*Proof of Home Purchase (Escrow Documents)*

*Statement of Expenses from Bursar's Office*

*Notice of Eviction/Foreclosure*

#### An IRS Defined Unforeseen Emergency (457 Only) Includes the following types of expenses:

1. A severe financial hardship resulting from a sudden and unexpected illness or accident of the participant or a dependent
2. Payments for burial or funeral expenses for the employee's deceased parent, spouse, children or dependents
3. Payments necessary to prevent eviction from or foreclosure on a mortgage on the participant's principal residence
4. A loss of the participant's property because of a casualty

#### Appropriate Documentation Includes:

*Medical Bills demonstrating unexpected illness or accident*

*Bills and Receipts from Mortuary, Funeral Parlor*

*Notice of Eviction/Foreclosure*

*Insurance Report of Casualty Damage due to Natural Disaster and Repair Bills*

**The IRS only defines the above listed circumstances as an emergency. Please contact your insurance provider to find out about what loan options (if any) your investment choice offers.**