



Industrial-Alliance *Pacific* Life Insurance Company
 P.O. Box 19009
 Greenville, SC 29602-9009
 Tel: (866) 363-3290 FAX: (866) 368-0095

403(b) Distribution Request Form

Please print in ink

Policyowner Name: _____ Policy Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone Number: (____) _____

- I am requesting a full surrender. * **(This is the only option available to Life Insurance policies)**
- I am requesting the maximum withdrawal allowed to have my policy remain in-force.*
- I am requesting a withdrawal in the gross amount of \$_____.*
- I am requesting a penalty-free distribution.* A penalty-free distribution refers to a partial withdrawal that is allowed without having a surrender charge levied. This type of withdrawal may not be available. Please refer to your policy contract for more information.

*Federal and/or state taxes will be withheld and reported to the IRS. Industrial-Alliance *Pacific* Life Insurance Company ("Industrial Alliance Pacific") will later provide you with a 1099R tax slip for the distribution. If you do not want taxes withheld, you must provide Industrial Alliance Pacific with a completed W4P Form.

I acknowledge that if contributions are still being sent to Industrial Alliance Pacific and applied to my policy, my request may be delayed for processing.

An employee of a non-profit organization is permitted under IRC Section 72(t) to request a distribution (either full or partial) from their own 403(b) policy. To determine eligibility, see the list of qualifying events below. **If you do not meet at least one of these events, your distribution will not be granted. Industrial Alliance Pacific may approve, disapprove, or grant an amount less than the requested withdrawal.**

I would like to request a distribution for the following reason:

(Select one box below. Supporting documents are required for all qualifying events. For examples of supporting documentation, see Appendix on page 2).

- I am currently over the age of 59½**
- I am retired and I am age 55 or older**
- I have separated from service**
- I am disabled**
- I have entered into a Qualified Domestic Relations Order (QDRO)**
- I am in hardship as indicated below.** (select one):

Note: If my request is for a hardship distribution, it is my responsibility to provide IAP with a copy of my Salary Reduction Agreement confirming that my contributions will be stopped for at least 6 months.

- I need to make this distribution due to medical expenses for myself, spouse, or dependants.
- I need to make this distribution to purchase a principal residence for myself.
- I need to make this distribution for payment of tuition and related educational fees for the next 12 months of post secondary education for myself, spouse, or dependants.
- I need to make this distribution to prevent eviction from my residence, or to prevent foreclosure, excluding mortgage payments.
- Other: Please provide specific details of your hardship if you are not able to check one of the boxes above. Your request may be denied if it is determined your request does not meet the IRS definition of a hardship distribution. Industrial Alliance Pacific requires that supporting documents be provided along with your request.

* Please refer to IRS Reg. 1.401(k)-1(d) (3)(iii) for further information regarding hardship distributions.

I hereby acknowledge that all information provided for this distribution is true and correct. If this request is for a hardship, I declare that I have exhausted all other financial resources including a loan drawn against the policy, if available to me.

Policyowner's Signature: _____

Date: _____
(M M / D D / Y Y Y Y)

Spouse's Signature: _____

(If residing in a Community Property State)

Date: _____
(M M / D D / Y Y Y Y)

Spouse's Name: _____

(please print clearly)

APPENDIX

If your qualifying event requires **proof of age**, acceptable documentation would include:

- Copy of driver's license; or
- Copy of birth certificate; or
- Any federal or state issued document supporting date of birth

If your qualifying event is **retired and over age 55**, acceptable documentation would include:

- Notice of termination; or
- Teacher Retirements System statement showing receipt of income

If your qualifying event is **separated from service**, acceptable documentation would include:

- Notice of termination; or
- Resignation letter

If your qualifying event is **disabled**, acceptable documentation would include:

- Written confirmation of disability from a licensed, attending physician; or
- Insurance health claim

If your qualifying event is **QDRO**, acceptable documentation would include:

- Copy of order

If your qualifying event is **hardship**, acceptable documentation would include:

- Statement of medical expenses due; or
- Statement of property tax due; or
- Insurance health claim; or
- Tuition payment notice; or
- Eviction / foreclosure notice (excluding mortgage payments); or
- Letter from a real estate office advising of future home purchase / mortgage contract

Do not write in this section.

This section is for Industrial Alliance Pacific Insurance and Financial Services Inc. and Plan Administrator use only.

Approved as Requested Not Approved Revised Approval Amount \$ _____

Authorized Plan Administrator Signature: _____

Printed Name: _____

Authorized Industrial Alliance Pacific Signature: _____

Printed Name: _____