



403(b) & 457 Distribution Request

This form is required for distribution of all 403(b) & 457 accounts administered by
ISC Group, Inc., 3100 Monticello Ave., Ste 800, Dallas, TX 75205
phone: (800) 888-3520 fax: (214) 520-3203

Notice to Beneficiaries:
The information to the right is for the MHRM employee only. Please enter your name, ssn, address, and relationship to the client in the Alternate Check Address area. Attach all supporting documents to this form (ie: death certificate, power of attorney, etc). If we can offer further assistance or information, please contact our office at 800-888-3520.

Employer

Account Type

403(b) 457

Social Security Number

Telephone

First Name

Init.

Last Name

Number & Street Address

City

State

Zip Code

Reason for Distribution

Separation Death* Hardship**

Date of Separation from Service

Fee Schedule

\$75.00 Check Fee

All fees held from check.

Do not send cash

Current Investments

(mark all that apply)

- American Funds Symetra
Mail all checks to ISC Group.
 LSW Other
 Pathways Not Sure

Distribution Options (mark all that apply)

- I would like more information before I make a final decision, and request a representative from ISC Group to consult with me regarding my current financial situation. I can be reached at the telephone number given above, or in the following manner:
- I want a Direct Distribution of my benefit payment. A mandatory 20% Federal Income Tax will be withheld, and an additional 10% penalty may be assessed by the IRS in addition to this withholding along with any additional tax due.
- Total Requested Distribution (percent or dollar amount after taxes):
- I have chosen to establish an IRA with ISC Group, and would like to roll all or part of my benefit payment into this IRA. For this option, ISC Group will waive the check fee.
- Total Requested Rollover (percent or dollar amount):
- I want to roll my benefit payment into an already established employer plan or IRA account. I have clearly written the full address and account number in the Alternate Check Address area below. (100% of account unless otherwise specified)

Alternate Check Address (please print)

Recipient Name or Rollover Company _____

Account or SSN _____

Address _____

City, State Zip _____

Other _____

*All death benefits are payable to the beneficiary on record and require a death certificate.

** Hardships require written Human Resource Dept. approval.

ISC Group use ONLY (do not write here)

EE Balance _____ Cash Amt. _____

ER Balance _____ Rollover Amt. _____

Est Proc Date _____ R/O Fund Co. _____

Notes: _____ Date App Rec. _____

Plan Administrator Signature

Date PW Rec (Stamp or Write In)

All 403(b) and 457 transactions require we issue a Form 1099R no later than January 31st of the year following your distribution. This will be sent to the last address we have on file. It is your responsibility to notify ISC Group in writing of any changes in your address.

Client Signature

Date

10120

