

Distribution Form

San Diego County Schools FBC 3121 Plan - SDCCD

Submission of this form initiates the processing of distributions from the plan.
All items on the form must be completed for the distribution to be processed.



Fringe Benefits Consortium

Step 1	Employee Name	Social Security Number	District or Institution San Diego Community College
	Mailing Address <small>(Street)</small>	Date of Birth	Home Phone Number
	<small>(City, State, Zip)</small>	Current Date	Business Phone Number
	Email Address:		
Step 2	Select only one of the boxes below: <div style="float: right;"> <input type="checkbox"/> 401(a) plan <input type="checkbox"/> 457(b) plan </div> <input type="checkbox"/> I have terminated employment <input type="checkbox"/> I have retired and am no longer working for the school district <input type="checkbox"/> I have become permanently disabled (attach letter from doctor) <input type="checkbox"/> The employee has died and this form is being submitted by the beneficiary (provide documentation) <input type="checkbox"/> QDRO (provide documentation) <input type="checkbox"/> I have changed jobs with my employer and am in a district that does not offer this program <input type="checkbox"/> I have <u>not</u> made any contributions to the 3121 Plan for 2 years and have a balance less than \$5,000 <input type="checkbox"/> I have become eligible for CalPERS / CalSTRS effective _____.		
Step 3	Please provide the last pay date received (not applicable if QDRO request): Last paid date: _____		
Step 4	Please select one of the following options: <input type="checkbox"/> I elect to directly roll over the ENTIRE eligible distribution. (Please complete Step 5) <input type="checkbox"/> I do NOT want to directly rollover any portion of the eligible rollover distribution. Please pay me directly . I know that there will be mandatory Federal and State withholdings. (See Special Tax Notice Regarding Plan Payments)		
Step 5 <small>(Rollovers Only)</small>	If you elected to roll over your distribution, choose one of the following options and complete the information below *Please contact the financial institution to which you are rolling your funds to complete the following mailing instructions: <input type="checkbox"/> Eligible Retirement Plan <input type="checkbox"/> IRA Attention of: _____ Name of Financial Institution: _____ Plan / IRA Account Number: _____ Address: _____ City/State/Zip Code: _____		
Step 6	I, the Employee, hereby request and consent to the distribution above. I also certify that I have been given written notification of my distribution options and have had the opportunity to consider the decision of whether or not to elect a direct rollover for a minimum of 30 days as is my right under Code Sections 402(f) and 411(a)(11). I choose to waive the 30 day waiting period. By signing below I hereby affirm that I no longer work for the employer listed on this form and that I do not intend to re-contract for employment within the next 12 months. The administrator must verify separation from service. The distribution will be processed 3 months following my last paid date once termination date is established.		
	Employee Signature		Date
For SDCOE Use Only	_____ SDCOE Authorized Signature (Required) Date Date of Separation from Service		

(03/08)

Please return the form to the address below:

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