

Form Completion Instructions: 457(b) Plan Distribution Request (457DIST)

The **457(b) Plan Distribution Request** (457DIST) allows you to request a distribution(s) from your 457(b) account provided you meet a qualifying reason for the distribution. This form is also used to establish a systematic withdrawal from a 457(b) account.

These instructions will assist in the proper completion of this form. Snapshots of each section along with instructions on how to properly complete that section are available below.

Please take special care in reviewing the "Points to Remember" referenced within this document. They are to assist you in properly completing the form.

1. Participant and Employer Information

Participant's First Name (print) _____ Participant's Last Name (print) _____ Participant's Date of Birth _____

Employer's Name (print) _____

Marital Status: If married, you may be required to obtain spousal consent to take a distribution. Check with your Plan Administrator. If spousal consent is required, complete **Section 6**.

Indicate the following Participant and Employer information:

- **Participant's First Name and Participant's Last Name** (as shown in FFS account registration)
- **Participant's Date of Birth**
- **Employer's Name** (403(b) Employer on FFS account) (as shown in FFS account registration)

2. Reason for 457(b) Distribution *Only one reason may be selected in this section.*

Before completing this section, please check with the Plan Administrator to ensure that the reason for the distribution is permitted under the Employer's plan. Our general procedures require the Employer or its designated Third Party Administrator ("TPA") to sign in **Section 8**. For plan-to-plan transfers, the receiving Plan's Employer or its designated TPA must sign in **Section 9**.

Check one:

Termination of Employment I have terminated my employment and am eligible to receive a distribution under the terms of the 457(b) plan.

Death Participant is deceased. Each beneficiary, or if not named, legal representative, must complete a separate 457(b) Plan Distribution Request and have his/her signature guaranteed. Unless already on file with Foresters Investor Services, Inc., enclose a certified copy of the death certificate, Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment.

I am (check one box): Spouse Beneficiary Non-Spouse Beneficiary

Name of Beneficiary, Trust or Estate (print) _____

Complete Mailing Address (Street, City, State, Zip Code) of Beneficiary, Trust or Estate _____

Social Security # of Beneficiary or Employer Identification # for Trust or Estate _____ Date of Birth of Beneficiary or Date of Trust _____

Divorce Distribution is being made pursuant to a Domestic Relations Order. **I have attached the appropriate document(s) or certify that such document(s) have been provided to my Employer, or if applicable, TPA.**

In Service Distribution as defined in the 457(b) Plan.

Unforeseeable Emergency as defined in the 457(b) Plan.

Return of Excess Contribution Remove excess contribution of \$ _____ for tax year _____. If you are removing excess contributions by October 15 of the year following the year for which the excess contribution was made, Foresters Investor Services, Inc. will calculate and remove any earnings on that amount according to IRS rules.

Attainment of Age 70½ I have either attained age 70½ or will attain age 70½ during the current calendar year.

Trustee-to-Trustee Transfer* I am: transferring the assets to another investment provider within the same Plan.
 transferring the assets to another 457(b) vehicle in a different 457(b) Plan.

Note: 457(b) assets held in an eligible governmental 457(b) plan may only be transferred to another eligible governmental 457(b) plan. 457(b) assets held in an eligible 457(b) plan of a tax-exempt entity may only be transferred to another eligible 457(b) plan of a tax-exempt entity.

purchasing service credit in a governmental defined benefit plan.

* Are assets being used to purchase service credits comprised solely of "pre-tax contributions"? yes no

* **I have attached a copy of the letter or form from the plan verifying the purchase amount that the governmental defined benefit plan will accept.**

* In **Section 4** check the box entitled "by check to financial institution" and provide requested information.

Check only **one** distribution reason. If necessary, IRS 1099-R tax forms generated due to the distribution will be coded according to the election made in this section, and you must meet a qualifying reason for the distribution of a 457(b) account.

Select one of the following reasons:

- **Termination of Employment:** Select if you terminated your employment and you are eligible to receive a distribution under the terms of the 457(b) plan.
- **Death:** Select if participant is deceased.
 - Each beneficiary/legal representative must complete a separate 457(b) Plan Distribution Request and have their signature guaranteed.
 - Unless already on file with Foresters Investor Services, enclose a certified copy of the death certificate, Affidavit of Domicile or Tax Waiver, and if applicable, the currently certified court appointment.
 - Check box for either **spouse beneficiary** or **non-spouse beneficiary**.
 - Indicate name of beneficiary/trust/estate, complete mailing address of beneficiary/trust/estate, social security # of beneficiary or employer identification # for trust or estate, date of birth of beneficiary or date of trust.

- **Divorce:** Select if the distribution is being requested pursuant to a Domestic Relations Order. Appropriate documentation must be submitted.
- **In Service Distribution:** Select if this distribution is defined in your 457(b) Plan.
- **Unforeseeable Emergency:** Select if this distribution is defined in your 457(b) Plan.
- **Return of Excess Contribution:** Select if you are removing an excess contribution. Provide the dollar amount and the tax tear of the excess contribution.
- **Attainment of Age 70¹/₂:** Select if you have attained age 70¹/₂ or will attain age 70¹/₂ during the current calendar year.
- **Trustee-to-Trustee Transfer:** Select if:
 - 1) transferring assets to another investment provider within the same Plan; or
 - 2) transferring the assets to another 457(b) vehicle in a different 457(b) Plan; or
 - 3) purchasing service credit in a governmental defined benefit plan. Check box if purchasing service credits in a governmental defined benefit plan. Check yes/no box to indicate if assets are being used to purchase service credits comprised solely of "pre-tax contributions".

Note: In Section 4, check the bottom box entitled "by check to financial institution" and provide requested information.

3. Distribution Options (GG) required if more than \$100,000.

Complete **Part A** for a one-time distribution or complete **Part B** to select periodic distributions from one or multiple fund account(s). Parts A and B should not be completed for the same request.

A. One-Time Distribution

Note: If the stated dollar amount is greater than the current value of the fund account, the fund account will be liquidated in full.

I request that my distribution, net any required income tax withholding as described in **Section 5**, be paid as follows:

Select either **A1** or **A2** below:

A1) 100% of ALL 457(b) Accounts under my Master Account # _____
example: 0000123456-001

A2) Specified Dollar Amount or Percentage indicated below.

_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____
_____ %	OR	\$ _____	from fund account # _____

This section is to be completed for a **One-Time Distribution** from a single or multiple fund account(s). You must check **one** box for the following options:

- **A1) 100% of ALL 457(b) Accounts:** select if you are requesting a full distribution from ALL of your 457(b) Accounts and provide the **13-digit Master Account Number**, OR
- **A2) Specified Dollar Amount or Percentage indicated below.** Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.

Point to Remember: A specific dollar amount or percentage must be provided. Do not indicate "balance" to reach a specific total dollar amount.

B. Periodic Distribution

If (i) dividends and/or capital gains are currently being distributed from the fund account(s) indicated, and if (ii) an election is being made to receive periodic distributions from that (those) fund account(s), then the prior election to receive dividends and/or capital gains will be deemed to be terminated and all future dividends and/or capital gains will be reinvested into that (those) fund account(s).

I request that my distribution, net any required income tax withholding as described in **Section 5**, be paid as follows:

Method - Select either B1 or B2 below:

B1) Specified Dollar Amount or Percentage indicated below.

<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>
<input type="text"/>	% OR \$	<input type="text"/>	from fund account #	<input type="text"/>

B2) Life Expectancy Option.

Check one:

- based on my life expectancy.
- based on the life expectancy of me and my designated beneficiary, who is my spouse.
Spouse's date of birth
- based on the life expectancy of me and my oldest designated beneficiary, who is not my spouse.
Beneficiary's date of birth

To be distributed:

- Exclusively from fund account #
- Proportionately from all fund accounts under this Master Account #
example: 6000123456-001

Frequency - Check one: Monthly Quarterly Semi-Annually Annually

If a frequency is not indicated, distributions will be made annually on the anniversary of the initial distribution (or the following business day).

Start Date:

If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

This section is to be completed to select a **Periodic Distribution** from one or multiple fund account(s).

- **Method:**
 - You must check **one** box for the following options:
 - **B1) Specified Dollar Amount or Percentage indicated below.** Indicate the specific dollar amount or percentage and the fund account number(s). Multiple spaces are provided to allow multiple liquidations to be processed on one form.
 - **B2) Life Expectancy Option.**
 - Indicate type of life expectancy.
 - **Frequency.** Check the appropriate box to indicate the frequency of the distributions. If a frequency is not indicated, the distributions will be made annually on the anniversary of the initial distribution (or the following business day).
 - **Start Date.** Provide the start date for the distributions to begin. If a start date is not indicated, initial distribution will be made on the day a completed request is received in good order.

4. Payment Directions

* MAIL DELIVERY: Payment made by check will be sent via regular mail unless the expedited delivery option is selected below.

- Deliver distribution proceeds via overnight mail and deduct the cost of the overnight delivery from the amount of the distribution from my 457(b) account # _____.
- Note: If no account is specified above, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.
- Note: If selected, overnight delivery will be to address of record unless indicated otherwise below.

Check one:

- by check to the address of record.* (SG) if address has been changed within 30 days.
- by Electronic Funds Transfer (EFT) to my pre-designated Bank Account ending with the last 5 digits of _____. A check will be issued to the address of record if this distribution request is received before the Electronic Funds Transfer (EFT) privilege is established.
- by check to financial institution.* (SG)
(Specify exact account registration for the receiving investment provider.)
- Check this box if proceeds are being directly rolled over into an IRA or other eligible Employer plan.
- Check this box if requesting a Trustee-to-Trustee Transfer. (Attach Receiving Provider's Application or instructions, if applicable.)
- Financial Institution's Name (print) _____ Financial Institution's Telephone # _____
- Financial Institution's Address (Street Address, City, State, Zip Code) _____
- Financial Institution's Account Registration _____ Financial Institution's Name of Fund or Existing Account # _____
- by check to an alternate payee.* (SG)
- Alternate Payee's Name (print) _____ Relationship to Owner _____
- Alternate Payee's Street Address, City, State, Zip Code _____
- purchase First Investors Funds non-retirement shares in a new or existing account in my name:
Existing Account # (Attach Master Account Agreement, if not already on file, and Mutual Fund Account Instructions form) _____
- purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Traditional IRA in the same fund(s):
Existing Account # (Attach Master Account Agreement and IRA Application, if not already on file) _____
- purchase shares as a Direct Rollover in my name to a Foresters Financial Services, Inc. Roth IRA in the same fund(s):
Existing Account # (Attach Master Account Agreement and IRA Application, if not already on file) _____
- roll over the 457(b) account into an Inherited Traditional IRA for my benefit and invest in the same Fund(s) as the current 457(b).
Attach Master Account Agreement and IRA Application, if not already on file. Attach Required Minimum Distribution Request Form, as applicable.

Payments by check will be sent via regular mail unless the expedited delivery option is selected.

- To deliver distribution proceeds via overnight mail, check the delivery box and provide the 457(b) account number. The expedited delivery fee will be deducted from the distribution.
- Note: If no account is specified, the cost of the overnight delivery will be deducted from the amount of the distribution from the account with the highest market value.
- Note: If this option is selected, overnight delivery will be to the address of record unless indicated otherwise below.

Check only **one** box to indicate who the proceeds are being made payable to.

- **By check to address of record**
 - A signature guarantee is required if the address has been changed within the previous 30 days.
- **By Electronic Funds Transfer (EFT) to pre-designated bank account**
 - Provide the last 5-digits of the bank account number.
 - The bank account must already be on file and the EFT privilege already established.
- **By check to financial institution**
 - Check the box if proceeds are being directly rolled over into an IRA or other eligible Employer plan.
 - Check the box if requesting a Trustee-to-Trustee Transfer. (Attach Receiving Provider's Application or instructions, if applicable.)
 - Provide the name, telephone number and complete mailing address of the financial institution.
 - Provide the account registration at the financial institution as that is how the check will be payable.
 - Signature guarantee is required.
- **By check to an alternate payee**
 - Provide the alternate payee's name, relationship to the account owner and the complete mailing address.
 - Signature guarantee is required.
- **Purchase First Investors Funds non-retirement shares in a new or existing account in my name**
 - Indicate existing account #.
 - Attach a Master Account Agreement, if not already on file, and Mutual Fund Account Instructions (FIMFA) form.
- **Purchase shares as a Direct Rollover in my name to a Foresters Financial Traditional IRA in the same fund(s)**
 - Indicate existing account #.
 - Attach a Master Account Agreement & IRA Application, if not already on file.
 - Shares will be purchased in the same funds as the source account.

- **Purchase shares as a Direct Rollover in my name to a Foresters Financial Roth IRA in the same fund(s)**
 - Indicate existing account #.
 - Attach Master Account Agreement & IRA Application, if not already on file.
 - Shares will be purchased in the same funds as the source account.
- **Roll over the 457(b) account into an Inherited Traditional IRA for my benefit and invest in the same Fund(s) as the current 457(b).**
 - Attach a Master Account Agreement and IRA Application, if not already on file.
 - Attach a Required Minimum Distribution Request Form, as applicable.
 - Shares will be purchased in the same funds as the source account.

5. Federal Tax Withholding

If your distribution is an "eligible rollover distribution," mandatory 20% income tax withholding will be deducted. No mandatory withholding will apply if an eligible rollover distribution is transferred directly to an IRA or eligible retirement plan. No withholding will apply if you are authorizing a trustee-to-trustee transfer; e.g., if you are transferring assets to another 457(b) investment vehicle.

See the attached Internal Revenue Service Notice for a detailed explanation of your options. Then, if applicable, check the appropriate box.

I am not subject to 20% income tax withholding because the distribution is not an "eligible rollover distribution." The distribution is:

Check one:

- due to an unforeseeable emergency.
- payable over my life expectancy.
- a minimum required distribution due to the later of my attainment of age 70 1/2 or termination of service with this employer.
- payable over the joint life expectancy of me and my designated beneficiary.

If you are not subject to 20% income tax withholding due to an exception noted above, **you must complete and return an IRS Form W-4P or your request will not be processed.** However, if your request is due to an unforeseeable emergency and you do not complete and return an IRS Form W-4P, the distribution will be processed and 10% federal tax will automatically be withheld.

Indicate one of the following federal tax withholding elections:

- 20% federal tax withholding is mandatory and will be deducted as long as the distribution constitutes an "eligible rollover distribution." In this case, nothing needs to be completed in this section.
 - All exceptions require the selection of the appropriate box and the submission of a W-4P.
- Please see the "Special Tax Notice Regarding 457(b) Retirement Plan Payments" attached to this distribution request for further information.

Point to Remember: IRS Form W4-P must be submitted with this form if you are electing a different tax withholding election (due to an exception) than the standard 20%.

6. Spousal Consent (if applicable)

This section must be completed if you are married and your spouse must consent to the distribution. Your spouse's signature must be witnessed by the Plan Administrator or by a Notary Public. See your Plan Administrator to determine if spousal consent is required.

I, the spouse of Participant, hereby voluntarily consent to the distribution of benefits requested. I also agree to waive the remainder of the 30 day notice period during which time I may consider the distribution options available. I understand that the effect of this consent will be to forfeit benefits I would have been entitled to receive upon my spouse's death and that my consent is irrevocable unless my spouse revokes this waiver.

Spouse's First Name (print) Spouse's Last Name (print) Signature of Spouse Date

Spouse's signature must be witnessed either by the Plan Administrator or a Notary Public:

Witnessed by Plan Administrator:

OR

Witnessed by Notary Public:

Plan Administrator's First Name (print) Plan Administrator's Last Name (print)

Signature of Plan Administrator Date

Notary Public:

State of _____ County of _____

This instrument was acknowledged before me this _____ day of _____ month _____, year _____, by _____

Participant's Name (print)

Signature of Notary Public Commission Expiration Date (SEAL)

Name of Notary Public (typed, stamped, printed)

- This section must be completed if you are married and your spouse must consent to the distribution.
- The spouse's signature must be witnessed by the Plan Administrator or Notary Public whose commission is still in effect.
- You should consult with your Plan Administrator to determine if spousal consent is required.


7. Signature(s)

Our procedures generally require your Employer or its designated Third Party Administrator ("TPA") to sign in Section 8 and/or 9.

Participant / Ex-Spouse if distribution due to divorce / Person Requesting Distribution

I acknowledge that I have received, read and understand the 457(b) Custodial Agreement as well as the attached IRS notification explaining the tax consequences of a distribution of my 457(b) assets, my right to make a direct rollover of an eligible rollover distribution, and how making a direct rollover avoids mandatory 20% income tax withholding. I understand that unless I make an affirmative election otherwise, the law requires a notice period of not less than 30 days nor more than 180 days prior to making a distribution and that, if I am requesting a distribution within the 30 day notice period, I am affirmatively waiving any unexpired portion of the 30 day notice period during which I may consent to a plan distribution. I acknowledge that neither Foresters Financial Services, Inc., nor any of its affiliates has any duty or responsibility for determining whether a distribution, rollover, transfer or exchange is permitted or complies with the Employer's plan or applicable laws. I understand that, upon my divorce, state law may automatically revoke the designation of my spouse as beneficiary. I certify that I have reviewed, and, if applicable, updated my beneficiary designation. I certify, on behalf of my beneficiaries and heirs, that neither Foresters Financial Services, Inc., nor any of its affiliates will incur any liability if, upon my death, payments are made in accordance with my beneficiary designation on file and my beneficiary designation is subsequently determined to be in violation of state law, federal law or a valid domestic relations order. If a distribution is being requested by an ex-spouse beneficiary upon the death of or divorce from the participant, I, the ex-spouse, certify that I am eligible to receive the distribution requested and that such distribution is not in violation of any state law, federal law or domestic relations order. I further understand and agree that Foresters Investor Services, Inc. ("FIS") may delay processing my Distribution Request if such request is not received in good order, for example, if the request is not properly completed, signed and dated or if the beneficiary information on this request differs from the beneficiary designation on file, and FIS will not be held responsible for such delay. I understand that the Employer has certain responsibilities to ensure that the 457(b) plan complies with federal and state laws and that the Employer may engage the services of a TPA to carry out some or all of those responsibilities. I understand that, after processing a full redemption of my Foresters Financial Services, Inc. 457(b) Custodial Account, FIS reserves the right to automatically return residual contributions received on my behalf to my Employer/TPA without my authorization. If FIS exercises this right, I agree to the return of such contributions to the remitting Employer/TPA. I hereby authorize FIS to notify the Employer and/or TPA of this distribution and any future distributions and give my permission for a copy of this document to be sent to the receiving institution listed in Section 4, if applicable. I certify that all statements made on this Distribution Request are true and correct. I hereby authorize and direct Foresters Financial Services, Inc., and its affiliates to act in accordance with the distribution instructions contained herein.

TAXPAYER CERTIFICATION. Under penalties of perjury, I certify that (1) the number shown on this Application is my correct taxpayer identification number (or I am awaiting a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions); and (4) I am exempt from Foreign Account Tax Compliance Act reporting. You must cross out (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. If you are claiming an exemption as a non-resident alien, you should check this box and attach an IRS Form W-8BEN to this form. **The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

 denotes a signature guarantee is required.

Attach Medallion Signature Guarantee Here, if Required:
Stamp qualified for a specific date and/or individual or altered in any manner, may not be accepted.

First Name and Last Name of Person Requesting Distribution (print)

Signature of Person Requesting Distribution _____ Date _____

- Provide name and signature of person requesting distribution.
- In addition, if a Medallion Signature Guarantee is required, it can be provided in this section.
 - A Medallion Signature Guarantee cannot be qualified or altered in any manner (i.e. arrows, dates, etc).

Point to Remember: If the signature does not match how the account is registered, further documentation may be required.

I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.				
Reg. Rep # _____	Office # _____	Registered Representative's Name (print) _____	Registered Representative's Signature _____	Date _____
Principal # _____	Principal's Name (print) _____	Principal's Signature _____	Date _____	

In lieu of a Medallion Signature Guarantee, a Foresters Financial representative may provide a Signature Guarantee.

8. 457(b) Employer or Third Party Administrator ("TPA") Signature(s)

Our procedures generally require the Employer or TPA to sign below before we will process distributions.

I certify that I am eligible to make this certification on behalf of the Employer named in **Section 1**. I certify that I have reviewed all records and required documentation regarding this distribution request; the request is in accordance with the provisions of the Plan and the facts stated on this distribution request form are true and correct; and the distribution is hereby authorized.

I certify that the Provider designated to receive 457(b) assets from First Investors Funds ("Receiving Provider") is an approved vendor under the Employer's Plan. For TPAs, I also certify that the Employer named in **Section 1** has authorized the TPA to act on behalf of the Employer. I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 457(b) and complies with the Employer's Plan.

Authorized Individual's First Name and Last Name for Employer or TPA (print) Title Employer's or TPA's Telephone Number

Signature of Authorized Individual for Employer or TPA Date

If TPA, Name of TPA Firm (print)

- An original signature of an authorized individual for Employer or Third Party Administrator for the 457(b) Employer on the account must be provided.
- If signed by a Third Party Administrator, the name of the Third Party Administrator must be listed in the space provided.
 - Indicate Employer or Third Party Administrator's telephone number.

Point to Remember: This section must be completed to process Third Party Administrator approval.

9. Plan-to-Plan Transfers/Rollovers:

Receiving Employer or Authorized Third Party Administrator ("TPA") Information

This section must be completed if requesting a Plan-to-Plan Transfer/Rollover.

I certify that the Provider designated to receive 457(b) assets from First Investors Funds ("Receiving Provider") is an approved vendor under the receiving Employer's Plan. In addition, I certify that the assets received by the Receiving Provider will be placed into an account that meets the requirements of IRS Code 457(b) and complies with the receiving Employer's Plan.

I certify that I am authorized to make this certification and the transfer/rollover requested by the Participant or, if applicable, the Participant's Beneficiary, may be made since it is allowed under the Employer's plan and complies with the requirements of the IRS Code Section 457(b). For TPAs, I also certify that the Employer of the receiving plan has authorized the TPA to act on behalf of the Employer.

Authorized Individual's First Name and Last Name for Employer or TPA (print) Title Employer's or TPA's Telephone Number

Signature of Authorized Individual for Employer or TPA Date

If TPA, Name of TPA Firm (print)

- Provide name and signature of an authorized individual for Employer or TPA for the 403(b) Employer on the account.
- Indicate Employer or TPA's telephone number.

Point to Remember: This section must be completed to process Plan-to-Plan Transfers/Rollovers.