



501(c)(3) ERISA-Exempt Distribution Certificate

Please complete this form and submit to ADMIN Partners, LLC along with all appropriate paperwork required by your investment provider. Original paperwork should be mailed to ADMIN Partners, LLC, ATTN: Compliance Team, 200 Lake Drive East, Suite 102, Cherry Hill, NJ 08002.

Fax submissions should be made to 856-755-3515. Email submissions: service@youradminpartners.com

ADMIN Partners ("Plan Coordinator") is responsible for coordinating the information under the 403(b) plan sponsored by your employer (the "Plan") and performing non-discretionary recordkeeping, compliance and other ministerial retirement plan services. Distributions from the Plan are based on the terms of the Plan and provisions of the annuity contracts or custodial accounts ("Individual Agreements") in which you have invested your contributions. Loans will be made only if your Individual Agreement permits loans and will be subject to any restrictions or conditions applicable under the applicable Individual Agreement. **Please note: Financial Hardship Distributions are not allowable under this Plan Structure.**

By completing this form, you are providing information and requesting that an amount be moved from your 403(b) account. You should indicate the type of transaction that you are requesting and provide the required documentation, if any, as described in the column labeled "Criteria." We will verify the facts necessary to satisfy the Criteria requirements and any conditions that may apply under the Plan. Once the information is collected, we will review it for conformity with the requirements of the Plan and forward your request with the supporting information to the Vendor that you identify so that your request can be processed. ADMIN Partners' signature on this form provides verification of the facts only and is not an exercise of discretion over Plan assets or activities.

Participant Information (*indicates a REQUIRED field)

*Last Name		*First Name	*EMAIL	
*Address		*City	*State	*ZIP
*SS#	*DOB	*Home Phone	Work Phone	
*Employer Name				

A. DISTRIBUTIONS, EXCHANGES or TRANSFERS

Distribution Options			
<input type="checkbox"/> Separated from Service <input type="checkbox"/> Plan Termination	<input type="checkbox"/> Termination Date ____/____/____ <input type="checkbox"/> Retirement Date ____/____/____	<input type="checkbox"/> Cash Distribution <input type="checkbox"/> Plan to Plan Transfer <input type="checkbox"/> Rollover to: <input type="checkbox"/> IRA <input type="checkbox"/> Other Plan	<input type="checkbox"/> Full balance Or \$_____/_____%
<input type="checkbox"/> In-service distribution (not listed above)	<input type="checkbox"/> Participant is age 59 ½ or older	<input type="checkbox"/> Lump sum <input type="checkbox"/> Rollover to: <input type="checkbox"/> IRA <input type="checkbox"/> Other Plan	<input type="checkbox"/> Full balance Or \$_____/_____%
<input type="checkbox"/> Required Minimum Distribution	<input type="checkbox"/> Participant is age 70 ½ or older		<input type="checkbox"/> Full balance Or \$_____/_____%
<input type="checkbox"/> Permanent & Total Disability (see documentation and forms)	Please refer to your vendors' requirements for proof of disability.		<input type="checkbox"/> Full balance Or \$_____/_____%

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<input type="checkbox"/> Death of Participant	<input type="checkbox"/> Certified copy of death certificate		<input type="checkbox"/> Full balance Or \$ _____/____%
<input type="checkbox"/> QDRO (Per QDRO, divide account assets as follows:)	<input type="checkbox"/> Certified Qualified Domestic Relations Order issued by a court		<input type="checkbox"/> Full balance Or \$ _____/____%
<input type="checkbox"/> Rollover in	Funds must be going to a vendor on the approved vendor list within the Plan	Former Plan Type: _____	<input type="checkbox"/> Full balance Or \$ _____/____%
<input type="checkbox"/> Exchange Contract/Acct# _____	Funds must be going to a vendor on the approved vendor list within the Plan		<input type="checkbox"/> Full balance Or \$ _____/____%
<input type="checkbox"/> Transfer Contract/Acct# _____	From _____ 403(b) Plan To: _____ 403(b) Plan	<input type="checkbox"/> Transfer into the Plan <input type="checkbox"/> Transfer out of the Plan	<input type="checkbox"/> Full balance Or \$ _____/____%

B. LOANS: If you hold multiple loans with the vendor, please include each account number.

IF YOU ARE NOT TAKING A LOAN PLEASE DO NOT COMPLETE THIS SECTION

Request (check one)	Criteria	Amount Requested
<input type="checkbox"/> Loan Vendor _____ Contract/Acct# _____	Loan must be allowed in Vendor's Individual Agreement. On the chart below list outstanding loans, including any previously defaulted loans, and the Vendors that made the loans to you.	\$ _____ Highest Outstanding Loan Balance (for the last 12 months) \$ _____
Current Outstanding Loans:		
Vendor Name _____ Contract/Acct# _____		Approx. Loan Balance \$ _____
Previously Defaulted Loans:		
Vendor Name _____ Contract/Acct# _____		Approx. Loan Balance \$ _____

Acceptance and Authorization (YOUR SIGNATURE IS REQUIRED)

By my signature below, I hereby authorize ADMIN Partners to obtain information under my Individual Agreements with Vendor(s) and from my Employer as necessary to coordinate the information necessary to facilitate the request on this form.

_____	_____
<i>Signature of Participant or Beneficiary (Death Claim)</i>	<i>Date</i>

Verification by Plan Coordinator

The signature below verifies that we have reviewed this transaction request and the information that was provided to support the request and, to the best of our knowledge, the information is accurate and complete as presented. We further verify that the transaction is permitted under the terms of the named Employer's 403(b) Plan Document, but we make no statements as to its qualification or whether it is permitted under the terms of any Individual Agreement (vendor contract).

Authorized ADMIN Partners Signature _____ Date: _____

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