

Carruth Compliance Consulting 403(b) and 457(b) Qualified Birth or Adoption Distribution Supplemental Questionnaire

Please provide the following information:

Participant's Name: _____ Phone Number(s): _____
Email Address: _____ SSN: _____
Employer: _____ Date of Birth: _____

Please answer the questions below.

1. I wish to withdraw \$ _____ from my account at _____ (vendor holding the account) as a qualified birth or adoption distribution (*Note: the amount above cannot exceed a gross distribution amount of \$5,000 per child across all retirement plans under all the participant's employers.*)

2. Yes or No This distribution request is being made within the 1-year period beginning on the date my child(ren) was born or when the legal adoption of my "eligible adoptee(s)" is finalized. ***(If you answered No, you are ineligible for the distribution.)***

3. Please provide the following information concerning the individual(s) born or adopted:

Name(s) _____
SSN(s) or ATIN(s) _____
Date(s) of Birth or Adoption _____

4. **For adoptions only:** An "eligible adoptee" defined as any individual (other than child of the Participant's spouse) who has not attained 18 or is physically or mentally incapable of self-support. Is the child adopted an "eligible adoptee" using this standard?
 Yes or No ***(If you answered No, you are ineligible for the distribution.)***

Participant Certification for Qualified Birth or Adoption Distribution

- I certify that the information I have provided is true and accurate.
- I understand all the following:
 - The \$5,000 gross distribution limit per child applies to me as a taxpayer across all my retirement accounts.
 - My eligibility and the amounts available for distribution are subject to verification by CCC.
 - This distribution is subject to availability under my investment contract and my employer's Plan.
 - A Qualified Birth or Adoption Distribution is a taxable distribution (however is not subject to early withdrawal penalties).
 - I may choose to repay this Qualified Birth or Adoption Distribution to my account within 3 years of receiving the distribution (this repayment would be treated as a rollover contribution to my account).

X _____ X _____
Participant Signature (Required) Date

Submit this and your vendor form to Carruth Compliance Consulting:

- Fax to 833-895-7836. or
- Securely upload to <https://www.ncompliance.com/upload.aspx>.

If you have any questions or concerns, please call CCC at 503-968-8961 or toll free at 877-222-3090 or visit <https://www.ncompliance.com/contact.aspx>