

# 403(b) Distribution Form



Please complete this form for a distribution from your 403(b) plan.  
Please mail this form to: **Clipper Fund, P.O. Box 219167, Kansas City, MO 64121-9167.**  
For overnight delivery: **Clipper Fund, 430 W. 7th St, Suite 219167, Kansas City, MO 64105-1407.**  
For assistance please call **Investor Services at 1-800-432-2504.**

TO ENSURE PROPER PROCESSING, PLEASE PRINT CLEARLY IN CAPITAL LETTERS USING BLACK INK

## A. PARTICIPATE INFORMATION

Name of Employee (First, MI, Last) \_\_\_\_\_

Employee Street Address \_\_\_\_\_ Suite/Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ +4 \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

## B. ACCOUNT INFORMATION

Dollar \$ \_\_\_\_\_  Dollar \$ \_\_\_\_\_  Dollar \$ \_\_\_\_\_  
 Percentage \_\_\_\_\_%  Percentage \_\_\_\_\_%  Percentage \_\_\_\_\_%

Account Number \_\_\_\_\_ Fund Number \_\_\_\_\_ Fund Number \_\_\_\_\_ Fund Number \_\_\_\_\_

## C. REASON FOR DISTRIBUTION (TO BE COMPLETED BY PLAN ADMINISTRATOR OR EMPLOYER—PLEASE SELECT ONE OPTION)

59 ½ years of age or older  Hardship withdrawal (Also complete section E)  
 Required minimum distribution (RMD)  Total and permanent disability \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Severance from Employment and under age 59 ½  Death \_\_\_\_\_  
Date of Event or Death

## D. METHOD OF DISTRIBUTION (TO BE COMPLETED BY THE EMPLOYEE—PLEASE SELECT ONE OPTION)

Distribute 100% of my account balance to me.  
 Distribute: \_\_\_\_\_% of my account balance, or \$ \_\_\_\_\_, to me.  
 Calculate and distribute my RMD to me based on my account's 12/31 balance.  
 Calculate and distribute my RMD to me based on the following 12/31 403(b) balance. \$ \_\_\_\_\_  
 Systematic distribution of my  RMD or a  fixed dollar amount \$ \_\_\_\_\_ to me on the \_\_\_\_\_ day of the month.  
Systematic delivery method:  Check  ACH to bank  
Frequency:  Monthly  Quarterly  Semi-Annually  Annually  
Frequency other than monthly,               
check the months of distribution: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec  
 In-Service Transfer \_\_\_\_\_% of my account balance to a 403(b) plan account at the investment provider below.  
 Direct Rollover of \_\_\_\_\_% of my account balance to a retirement account at the investment provider below.  
Type of rollover account:  IRA  Qualified Plan  Non-spouse Inherited IRA  Other \_\_\_\_\_

Please provide direct rollover information on the next page (Medallion Guarantee Stamp required)

**D. METHOD OF DISTRIBUTION—Cont'd.**

Investment Provider Name \_\_\_\_\_

Account Number \_\_\_\_\_

Account Name or Retirement Plan Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suite/Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

+4 \_\_\_\_\_

**E. HARDSHIP WITHDRAWAL DISTRIBUTION**

Hardship Withdrawal Distribution \$ \_\_\_\_\_.

I am applying for a hardship withdrawal, as defined by IRS Code Section 403(b)(7), from my account referenced above.

I understand that contributions made under a salary deferral agreement are eligible for hardship withdrawal, and that earnings attributable to my contributions after 1988 are **not** eligible for hardship withdrawal. I certify that the amount requested does not include earnings made on the account after December 31, 1988, or any employer contributions.

**Reason for Withdrawal**

This redemption is due to the following immediate and heavy financial need, and does not exceed the amount needed to meet my hardship, including amounts needed to pay taxes or penalties on the hardship withdrawal.

- Medical expenses not covered by insurance incurred for myself, my spouse, and/or my dependents as defined in Section 152 of the Internal Revenue Code.
- Purchase of a principal residence for me.
- Tuition expenses for the next semester or quarter of post secondary education for me, my spouse, my children, or other dependents.
- Prevention of eviction from, or foreclosure on the mortgage on, my principle residence.
- Funeral expenses for my immediate family member(s).

**Declaration**

By law, hardship distributions are only permitted to the extent that other resources are not available to meet your hardship needs. By signing this form, you affirm the following statements.

I certify that my heavy and immediate financial need cannot be met from other reasonable sources. I certify that the need cannot be met:

- Through reimbursement or compensation by insurance or otherwise.
- By reasonable liquidation of my assets or those of my spouse or my minor children, to the extent that such liquidation would not in itself cause an immediate and heavy financial need.
- By borrowing from commercial sources on reasonable commercial terms.
- By taking loans or distributions from any retirement plan in which I am a participant.
- Under penalty of perjury, I hereby attest that the foregoing facts and declaration are true and correct. By signing this form I acknowledge that I agree that per IRS rules I must suspend my salary withdrawal contributions for a period of six months that commences on the date of my requested hardship distribution.

**F. DELIVERY INSTRUCTIONS**

- Mail the check** to the address on record.
- Transfer the distribution shares** into a Clipper Fund non-retirement account in the same class of shares. If this is a new account, please attach a completed Clipper Fund Account Application to the 403(b) Distribution Form. If this is an existing account, please indicate the Fund and Account numbers below. If you are transferring shares to a Clipper Fund account registered to someone other than, or in addition to, the account owner, you must obtain a medallion signature guarantee.

Fund Number	Account Number
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Fund Number	Account Number
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Fund Number	Account Number
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Fund Number	Account Number
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- ACH** transfer to the bank account on record. If you are establishing or changing your banking instructions, please complete section G and you must obtain a medallion signature guarantee.
- Electronic "Wire"** transfer to the bank account on record. A \$5.00 wire fee applies. One-time distributions only, not available for systematic withdrawals.
- Mail the check to a 3rd party** at the address listed below. You must obtain a medallion signature guarantee.

Name of Payee \_\_\_\_\_

Street Address _____	Suite/Apartment _____
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City _____	State _____	Zip Code _____	+4 _____
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**G. BANKING INSTRUCTIONS**

If you would like to receive your distribution by ACH or electronic wire and have not previously established banking instructions on your account, please complete this section. Please staple a voided check to the form. Please note that generic deposit slips, starter checks, or mutual fund/investment checks are not acceptable.

Bank Name _____	Bank Phone Number _____
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Bank Account Number _____	Routing/ABA Number of Bank _____
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**Federal Tax Withholding<sup>1</sup>:**

Your withholding rate is determined by the type of payment you will receive.

Check this box if your distribution does not represent an RMD or hardship withdrawal and you have not elected a direct rollover.

▪ **For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on the line below. You may not choose a rate less than 20%. See pages 6 and 7 for more information.**

▪ Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the Marginal Rate Tables and instructions on pages 6 and 7 for additional information.

Enter the rate as a whole number (no decimals)

\_\_\_\_\_ %

Check this if your distribution represents an RMD, a hardship withdrawal, or a direct rollover.

▪ **For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on the line below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions. See pages 6 and 7 for more information.**

▪ Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the Marginal Rate Tables and instructions on pages 6 and 7 for additional information.

Enter the rate as a whole number (no decimals)

\_\_\_\_\_ %

1. For systematic distributions, the withholding elections indicated above will remain effective until you change them. You may change or revoke your elections at any time by calling Investor Services.
2. For Connecticut and Michigan residents: State withholding is mandatory unless a completed CT-W4P or MI-W-4P is submitted. For North Carolina residents, state withholding is required when federal withholding applies, unless a completed NC-4P is provided.
3. For Minnesota residents, state withholding is mandatory, and calculated using the wage tables, unless a W-4MNP is submitted.

This tax information is for informational purposes only and should not be considered legal or tax advice. We do not provide tax or legal advice and will not be liable for any decision you make based on this or other generated tax information we provide. Always consult a tax or legal professional before making financial decisions.

**State Tax Withholding:**

If federal income tax withholding is applied to your distribution, your state may also require state income taxes to be withheld. State laws regarding tax withholding are subject to change at any time without notice.

If your state requires withholding, Clipper Fund will withhold at least the required minimum state tax, regardless of your election.

Clipper Fund offers state tax withholding for the following states:

**AR, CA, CT<sup>2</sup>, DE, DC, IA, KS, ME, MD, MA, MI<sup>2</sup>, MN<sup>3</sup>, MS, NE, NC<sup>2</sup>, OK, OR, VT and VA.**

**Choose one:**

Do NOT withhold state taxes unless required by law.

Withhold state taxes at the applicable rate OR at a rate of:

**Percentage**

\_\_\_\_\_ %

**I. EMPLOYEE'S AUTHORIZATION (REQUIRED)**

I request the distribution, rollover or transfer from the retirement plan designated above. I wish to waive the 30-day notice period in order for my distribution rollover or transfer to be processed immediately. I understand a valid transfer, if requested, requires that my employer approve the new investment and enter into an agreement with the investment provider named above.

\_\_\_\_\_  
Name of Employee (First, MI, Last) (Please Print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employee Signature Date

Your signature must be Medallion Guaranteed if you are requesting any of the following:

- A distribution greater than \$100,000.
- Adding or changing banking instructions.
- Distribution to an address other than the address of record, or any address of record changed within 30 days.
- A distribution to someone other than the 403(b) plan participant.
- An in-service transfer or direct rollover

Place 2000/Medallion Guarantee Stamp Here

**J. PLAN ADMINISTRATOR'S OR EMPLOYER'S AUTHORIZATION AND VESTING VERIFICATION (REQUIRED)**

As Plan Administrator/Employer, I hereby certify that the vesting percentage for this Employee is equal to 100% and that the employee is eligible for the transfer or distribution requested above.

If a transfer is requested, I understand that the Employer must enter into a written agreement with the investment provider receiving this transfer as required by 403(b) regulations.

I authorize the distribution, direct rollover or transfer to be processed in the manner indicated above.

\_\_\_\_\_  
Plan Administrator's/Employer's Name (Please Print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Plan Administrator's/Employer's Name Signature Date

\_\_\_\_\_  
Plan Administrator's/Employer's Title (Please Print)

**Eligibility**

**Age 59 ½ or older.** You may begin taking distributions at age 59 ½ even if you continue working. Contributions and investment earnings are taxed as ordinary income at the time of withdrawal.

**Required minimum distribution (RMD).** You must begin taking RMDs during the year you reach age 70 ½, unless you are still working for the employer sponsoring the 403(b) plan.

**Severance from employment.** You may take a distribution anytime after you terminate employment. However, a 10% premature distribution penalty may apply, unless you meet an exception under the Internal Revenue Code.

To claim an exception, you must complete IRS Form 5329. Consult your tax advisor for additional information.

**Hardship withdrawal.** A hardship is defined as an immediate and heavy financial need when no other funds are available to you.

**Total and permanent disability.** You may take a distribution without penalty only if your disability is total and permanent as defined by the IRS.

**You must sign in section I and your administrator must sign in section J.** For more information about your eligibility for distributions, contact your administrator or consult your tax advisor. You may also refer to IRS Publications 571, 575, and 590, which are available online at [www.irs.gov](http://www.irs.gov).

**K. TAX WITHHOLDING INSTRUCTIONS (Form W-4R/OMB No. 1545-0074 Dept. of Treasury, Internal Revenue Service)**

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See the *Specific Instructions* on the following page for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period

of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2022 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See *Specific Instructions* on the following page for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying widow(er)		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
12,950	10%	25,900	10%	19,400	10%
23,225	12%	46,450	12%	34,050	12%
54,725	22%	109,450	22%	75,300	22%
102,025	24%	204,050	24%	108,450	24%
183,000	32%	366,000	32%	189,450	32%
228,900	35%	457,800	35%	235,350	35%
552,850*	37%	673,750	37%	559,300	37%

\*If married filing separately, use \$336,875 instead for this 37% rate.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate in Section H. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” in Section H. See the *Specific Instructions* on the following page for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its possessions.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2022, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% in Section H.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” in Section H. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

### Specific Instructions

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate in Section H.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate in Section H (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 6 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate in Section H. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate in Section H. (See *Example 2*.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate in Section H.

**Examples.** Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$54,725 but less than \$102,025, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$54,725 but less than \$102,025, the corresponding rate is 22%. Because these two rates are the same, enter “22” in Section H.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$23,225 but less than \$54,725, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$54,725 but less than \$102,025, the corresponding rate is 22%. The two rates differ. \$12,225 of the \$20,000 payment is in the lower bracket (\$54,725 less your total income of \$42,500 without the payment), and \$7,775 is in the higher bracket (\$20,000 less the \$12,225 that is in the lower bracket). Multiply \$12,225 by 12% to get \$1,467. Multiply \$7,775 by 22% to get \$1,710.50. The sum of these two amounts is \$3,177.50. This is the estimated tax on your payment. This amount corresponds to 15.9% of the \$20,000 payment (\$3,177.50 divided by \$20,000). Rounding up to the next whole number, enter “16” in Section H.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.