

DISTRIBUTION FORM

A. PARTICIPANT INFORMATION

Name: _____ SSN: _____ - _____ - _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____

IF YOU HAVE ATTAINED AGE 70 1/2, HAS YOUR CURRENT YEAR RMD REQUIREMENT BEEN SATISFIED? _____

B. REASON FOR DISTRIBUTION AND DATE OF OCCURANCE

- Termination of Employment ____/____/____ Retirement ____/____/____ Death ____/____/____
 Disability (evidence required) ____/____/____ Termination of plan ____/____/____ QDRO ____/____/____

C. BENEFICIARY DATA (Complete only if death is reason for distribution)

Beneficiary Name: _____ SSN: _____ - _____ - _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____

D. LOAN INFORMATION

- N/A, I do not have an outstanding plan loan
 I will NOT be paying off my loan. I understand my outstanding loan balance will be considered a distribution and that I will be responsible for any associated taxes and penalties.

If you would like to PAY OFF your outstanding loan, please contact your Plan Sponsor.

E. FORM OF PAYMENT (choose one) Please see the *Special Tax Notice* for details.

1. **Lump sum cash distribution** – withhold 20% required tax and distribute the balance to me (**no further action required**)
2. **Direct Rollover to IRA** _____
Financial Institution Name

Financial Institution Address

Options – Check one option only and provide IRA Account Number		√	IRA Account Number
1.	All funds to my Traditional IRA Account (applicable only if your distribution contains only non-Roth funds)		
2.	All funds to my Roth IRA (both Roth and non-Roth funds as applicable)		
3.	Split of : (provide both account numbers) <u>My non-Roth funds to my Traditional IRA</u> AND <u>My Roth funds to my Roth IRA</u>		
4.	Internal Roth Conversion (If your plan allows)		

3. **Direct Rollover to Qualified Plan**

The Trustee of

Plan Name Plan Account Number

Financial Institution Name

Financial Institution Address

F. PARTICIPANT'S SIGNATURE

I hereby acknowledge that I have read this form and that I have been provided with the Special Tax Notice Regarding Plan Payments. I wish to waive the 30-day notice period in order for my distribution to be processed as soon as possible.

I hereby consent to the payment indicated above. I understand that if I elect not to rollover an eligible rollover, there may be mandatory Federal Income Tax withholding from the taxable portion of my distribution.

Employee Signature

Date

G. VESTING DETERMINATION – To be completed by the employer

Hours worked in the year of separation from service

H. PLAN TRUSTEE'S SIGNATURE

As authorized signer of the plan, I certify that this distribution is in accordance with the terms of the plan; the participant has been provided with the Special Tax Notice Regarding Plan Payments and the recordkeeper is entitled to rely on our authorization and is hereby indemnified from all liability arising from following our instructions.

Plan Trustee Signature

Date

