

Plan Name: _____

APPLICATION FOR DISTRIBUTION

Personal Information:

Participant Name: _____

Address: _____
Street

City

State

Zip Code

Social Security #: _____ Birth Date: _____

Telephone No: _____

Email: _____

Benefit applied for: (check one only)

Retirement Disability Termination Pre-retirement (if allowed)

Date of Qualifying Event: _____
(Date of Termination, Retirement, etc.)

Payment is to be: (check one only)

Immediate (check one and complete the Payment Election Form accordingly)

Payment to Me (option 1)

Rollover to IRA (option 2)

Traditional IRA Roth IRA

Rollover to New Employer Retirement Plan (option 3)

Combination of option 1 and either option 2 or 3

Deferred to a later date

Plan Name: _____ Participant Name: _____

PAYMENT ELECTION FORM

I hereby acknowledge receipt of the special tax notice explaining the income tax rules applicable to the distribution I am about to receive from the Plan. Based on the information in that form, I elect to have my benefits under the Plan distributed as follows: (check the applicable items)

OPTION 1:

PAYMENT TO ME - I elect to have the () entire distribution or \$_____ paid directly to me, subject to tax withholding. I UNDERSTAND THAT 20% OF THE DISTRIBUTION WILL BE WITHHELD AS FEDERAL INCOME TAX AS WELL AS ANY MANDATORY STATE TAX WITHHOLDINGS, AND THAT ONLY THE REMAINING AMOUNT WILL ACTUALLY BE PAID TO ME.

I wish to have additional taxes withheld as follows:

_____ Federal (specify additional dollar or percentage)

_____ State (specify additional dollar or percentage)

Electronic Fund Transfer Option (if not elected a check will be mailed):

Bank Name: _____

Bank Address: _____

ABA/Routing Number: _____

Account Number: _____

Check one:

Checking: _____ Savings: _____

For further credit to: _____

OPTION 2:

DIRECT ROLLOVER TO AN IRA - I elect to have the entire distribution made payable to my IRA. I represent that the IRA, as described below, is an individual retirement account eligible to receive my rollover. The distribution should be made payable to:

Name of IRA *Account Number if available*

Name and Address of Financial Institution of IRA (where to send rollover check)

Plan Name: _____ Participant Name: _____

OPTION 3:

DIRECT ROLLOVER TO A PLAN - I elect to have the entire distribution made payable to a plan sponsored by my new employer. I represent that the plan, as described below, is a tax-qualified retirement plan, and that my new employer has advised me that the plan is eligible and willing to receive my rollover. The distribution should be made payable to:

Name of new plan

Account or Plan Number if available

Name and Address of New Plan or Receiving Institution (where to send rollover check)

OPTION 4:

SPLIT DISTRIBUTION - I elect to have part of the distribution paid to me (subject to required income tax withholding) under Option 1 and the remainder transferred to an IRA or another plan under Option 2 or 3, as follows:

To be paid to me (subject to tax withholding under Option 1):

\$ _____ or _____%

To be transferred to an IRA or new plan, under Option 2 or 3:*

\$ _____ or _____%

* The minimum amount which may be transferred is \$500. Either Option 2 or Option 3 (but not both) may be used, and the applicable information under that Option must be completely filled out.

Total Distribution \$ _____ or 100 %

I UNDERSTAND THAT:

If my benefit is greater than the automatic rollover limit (usually, \$5,000, but varies by plan) the processing of my distribution cannot begin until I file this election form.

Print Full Name

Signature

Date