**Name of Plan**

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) [ ] Plan Termination

 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

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)

Optional delivery methods (if no option is elected a check will be sent via 1st class mail):

 Certified Mail ($15.00 additional Fee): Overnight Delivery ($40.00 additional Fee):

Choose One: ACH/Direct Deposit ($20.00 additional Fee): \_\_\_\_\_\_ Wire ($30.00 additional Fee): \_\_\_\_\_\_

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 (how the check should be made payable) Account Number if available*

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

**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 (how the check should be made payable 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 \_\_\_\_\_\_\_\_%

 \* 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 %

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date