

DISTRIBUTION ELECTION

PLAN NAME: <planname>

Participant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

PAYMENT ELECTION

Distribute my total benefit directly to me. I understand that 20% federal withholding will be withheld from my distribution. California state income tax will not be withheld unless I elect otherwise.  Yes withhold California state income tax. (If state withholding is elected, please contact your Plan Administrator.)

Direct Rollover to the IRA or qualified employer plan:  
Name of Financial Institution/Eligible Retirement Plan: \_\_\_\_\_  
Account Number (if applicable): \_\_\_\_\_  
Check made payable to: \_\_\_\_\_  
Address: \_\_\_\_\_

**WAIVER OF 30-DAY NOTICE PERIOD.** I consent to an immediate distribution of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

**MARITAL STATUS.** I am (check one)  not married  married (if you are married, your spouse must sign below)

SIGNATURES

**Participant:** I have read and understand the attached "Special Tax Notice". I hereby request payment from the Plan as designated above. If there has been an overpayment, I will promptly repay that amount. I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Spouse:** I, the undersigned, am the legal spouse of the Participant. I hereby consent to the single-sum payment as elected by my spouse, the Plan participant, as I have read and understand the ramifications of this transaction as outlined in this package.

Spouse's Name: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness of Spousal Consent** This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Witness by Plan Representative. \_\_\_\_\_  
Plan Official/Trustee

Witness by Notary. State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, the undersigned, a Notary Public personally appeared the spouse name above and executed the spousal consent as a free and voluntary act. In witness thereof, I have signed my name and affixed my official notarial seal.

(seal) \_\_\_\_\_  
Notary Public