

DISTRIBUTION REQUEST

PLAN NAME: _____

INVESTMENT PRODUCT: _____

PARTICIPANT DATA

Participant: _____ Social Security #: _____

Address: _____

City, State Zip: _____

Date of Event: _____ Date of Hire: _____ Date of Birth: _____

Reason for Distribution:

- Termination of Employment
Retirement: As defined in your plan document.
Death: Include copy of Beneficiary Designation, their mailing address and the Death Certificate.
Disability: Determined by the plan administrator based on medical evidence that I suffer from an impairment that my result in death or to last for a continuous period of not less than six (6) months that renders him/her incapable of performing his/her duties.
Other: Specify Reason _____

Marital Status (at time of event):

- Married Not married

During plan year in which event occurs:

Table with 2 columns: Description (Compensation Earned, 401(k) Deferrals, Roth Deferrals, Employer Contributions, Loan Payments, Hours Worked**) and Amount (\$)

** Include any hours paid for vacation, holidays, illness, disability, layoff, jury duty, military duty and leave of absence.

Termination Fee to be paid by participant Yes No

Employer Signature

Date