For RPCSI Use Only

Retirement Plan Concepts & Services, Inc.

Distribution of Benefits Request Form

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Plan Name: _____

Investment Company: _____ **Investment Co. Plan ID:** _____

Section 1: Participant Information

Name of Participant: _____ **Social Security Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Date of Hire:** _____ **Date of Termination:** _____

Section 2: Reason for Withdrawal

- ○ Termination of Employment or Retirement
  - ☐ Prior to Age 55 ☐ Between Age 55 and 59 1/2 ☐ Over Age 59 1/2
- ○ In Service Withdrawal - Over Age 59 1/2
- ○ Hardship Distribution - Proof Required
- ○ Required Minimum Distribution
- ○ Corrective Distribution
- ○ Plan Loan
- ○ Permanently and Totally Disabled
- ○ Required Minimum Distribution
- ○ Death - Death Certificate Required

Section 3: Withdrawal Instructions

If the plan allows for distributions in the form of annuities, the IRS requires that if you are married, your spouse must be the beneficiary and the benefits must be paid in the form of a Qualified Joint and Survivor Annuity unless your spouse consents to another beneficiary and/or form of payment.

○ I elect to receive the Qualified Annuity Benefit as explained to me. (This option is not available if vested account balance is less than the force out limit.)

I waive the Qualified Annuity Benefit and instead elect to receive a:

○ Cash Distribution of 100% of Vested Account Balance (20% federal tax withholding applies)

○ Rollover to an IRA (No tax withholding)

○ Rollover to 401(k), 403(b) or 457 Plan (No tax withholding)

○ Distribute _____ to account holder and roll over remainder of account balance to an IRA or Qualified Plan.

○ Distribute _____ for a qualified Hardship distribution ☐ Withhold 10% Federal Taxes (Hardship Distributions Only)

☐ Do Not Withhold Federal Taxes (Hardship Distributions Only)

○ Distribute _____ for a post 59 1/2 in-service withdrawal. (20% fed. tax withholding applies)

○ Distribute _____ for a Required Minimum Distribution. ☐ Withhold _____ % Federal Taxes from the RMD

☐ Do Not Withhold Federal Taxes from the RMD

Section 4: Payment and Mailing Instructions

○ **Make Check Payable to Participant and Mail to Participant at Address on Form.**

○ **Make Check Payable To:** _____

Send Check To: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Section 5: Vesting (To Be Completed By TPA)

Vesting of Employer Sources:

Employer Match: _____ % **Employer Profit Sharing:** _____ % **Other:** _____ %

Third Party Administrator Signature: _____

Section 6: Signatures

I understand that I have at least 30 days to elect a direct rollover of my distribution, however, I am waiving this 30 day period and elect a distribution as soon as administratively feasible.

I certify that to the best of my knowledge the information contained on this form is complete and accurate and I hereby authorize the Plan Trustee to direct payment in accordance with such information.

Date: _____ **Signature of Participant or Beneficiary:** _____

☐ **Check this box if you do not have a living spouse.**

I certify that to the best of my knowledge the information contained on this form is complete and accurate and I herby authorize the Plan Trustee to direct payment in accordance with such information.

Date: _____ **Signature of Spouse:** _____

Date: _____ **Witnessed by Plan Representative or Notary Public:** _____

I certify that the participant has been provided a written explanation of the rollover rules; the special tax treatment available to lump sum distributions; the direct rollover option and the mandatory income tax withholding rules. I hereby approve the processing of the benefit election specified on this form.

Date: _____ **Signature of Trustee or Authorized Plan Fiduciary:** _____

Please fax the completed form to RPCSI at 260-484-1609.

The form may also be emailed to the RPCSI Administrator for your plan.

Retirement Plan Concepts & Services, Inc.

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