For RPCSI Use Only

Retirement Plan Concepts & Services, Inc.

Distribution of Benefits Request Form

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
- ○ Death - Death Certificate Required
- ○ Corrective Distribution
- ○ Plan Loan
- ○ Permanently and Totally Disabled
- ○ Death - Death Certificate Required

Section 3: Withdrawal Instructions

- ○ Cash Distribution of 100% of Vested Account Balance (20% fed. 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:** _____

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.

6509 Mutual Drive
Fort Wayne, IN 46825

Ph: 260-484-0848
Fax: 260-484-1609