



## Benefit Payment Request

### Section A- General Information

Plan Name:			Case #:		
Participant's Name: (Last, First, M.I.)				Social Security Number:	
Participant's Address:			Date of Birth:		Date of Hire:
City:	State:	Zip:		Daytime Phone Number:	
Participant's e-mail address:			Hours worked this plan year:		Company Ownership %:

### Section B- Reason for Withdrawal

Retirement \_\_\_\_/\_\_\_\_/\_\_\_\_       Death \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Termination \_\_\_\_/\_\_\_\_/\_\_\_\_      Loan \$ \_\_\_\_\_ (Attach certified copy of Death Certificate & Beneficiary Form)  
 Final Contribution \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Disability     QDRO     In-Service \$ \_\_\_\_\_     Hardship \$ \_\_\_\_\_     RMD \$ \_\_\_\_\_

### Section C- Payment Instructions to PARTICIPANT/ BENEFICIARY DIRECTLY

I elect to have my distribution paid directly to me and understand that 20% will be withheld for federal income taxes.

#### **Section 1- Electronic Fund Transfer Information**

#### **Section 2- Check Information**

Bank Name: _____ Bank Address: _____ ABA No: _____ Account No: _____	Address if different from Participant address listed above: (Number, Street, Apt, City, State, Zip Code) _____ _____ _____
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### Section D- Payment Instructions for DIRECT ROLLOVER

I elect to have all or part of my distribution rolled over directly to the IRA or tax qualified plan specified below.  
 I understand that the amount not rolled over will be subject to 20% federal tax withholding.

#### **Section D1- What type of Rollover**

IRA - Account No. \_\_\_\_\_ and/or     Roth IRA - Account No. \_\_\_\_\_

**OR**

Qualified Plan - The Trustees of \_\_\_\_\_ Plan

#### **Section D2- Check Information**

Name of institution to appear on check: _____ Street Address: (Number, Street, Apt, City, State, Zip Code) _____ _____ Account #: _____
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#### **Section D3- Wire Information**

Name of institution: _____ ABA Routing #: _____ Account #: _____
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Participant's Name: (Last, First, M.I.)	Social Security Number:
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**Section E- Tax Withholding (see Tax Notice for information)**

**State Tax Withholding**

Do not withhold amount       Withhold \$ \_\_\_\_\_ or \_\_\_\_\_% of federal income tax amount **or** \_\_\_\_\_% of total taxable amount

**Federal Tax Withholding** (for Hardship distributions)

0%     10%     Other \_\_\_\_\_%

**Section F- Withdrawal Details (for Plan Administrator purposes only)**

**Loan(s)**

Are there any outstanding loans from this account?       Yes       No  
 Outstanding Loan Balance      \$ \_\_\_\_\_

**Distribution Code**

1- Under 59½     3- Disability     4- Death     7- Normal Distribution     G- Direct Rollover     Loan Default Code: \_\_\_\_\_

**Vesting Percentage(s)**

The following money types will be 100% vested unless otherwise indicated below: QMAC, QNEC, SHMAC, SHNEC.  
 For all other money types, indicate the vesting percentage(s) below.

ER Match      \_\_\_\_\_%      Other ER Money      \_\_\_\_\_%

Profit Sharing      \_\_\_\_\_%      Other ER Money      \_\_\_\_\_%

**For Partial Withdrawals**

\$ _____	<b>Money Type</b>	<b>EE</b>	<b>ER Match</b>	<b>ER PS</b>	<b>Other</b>
	\$				
	%				
	<b>Amount or Percentage</b>				

**Section G- Third Party Administrator Fee**

Flat Fee Amount      \$ \_\_\_\_\_

**Section H- Participant Signature**

Participant and Spouse, if married, must sign below. The Plan Administrator or a Notary Public must witness signatures.

I/we elect/consent, as stated above this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Spouse's Signature

If not married, initial here \_\_\_\_\_

\_\_\_\_\_  
Witness- Plan Administrator or Notary Public

**Section I- Plan Administrator Signature/Approval**

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date

**Please FAX this form back to (281) 965-3535 ATTN: Distributions**

**PARTICIPANT AND SPOUSE, IF MARRIED, MUST SIGN BELOW. SIGNATURES MUST BE WITNESSED BY THE PLAN ADMINISTRATOR OR A NOTARY PUBLIC.**

I/we elect/consent, as stated above this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Spouse's Signature

If not married, initial here \_\_\_\_\_

\_\_\_\_\_  
Witness - Plan Administrator or Notary Public