

## 401k Distribution Request Form

1 Account Information			
Your Name:	Account Number:	I am: <input type="checkbox"/> NOT Married <input type="checkbox"/> Married	
Email Address:	Date of Birth:	Social Security Number:	
Type of Account: <input type="checkbox"/> 401k Traditional <input type="checkbox"/> 401k ROTH	Phone Number:		
Employer Name:	EIN:		
Is this a distribution due to death? <input type="checkbox"/> NO- Skip Bene. Section and Proceed to Step 2 <input type="checkbox"/> YES – Please complete the following			
Beneficiary Name:	Beneficiary SSN:	Beneficiary Date of Birth:	Beneficiary Phone Number:
Beneficiary Home Address:		Beneficiary City, State, Zip:	

2 Distribution Type <i>(Complete one of the following groups below)</i>	
This distribution is from a 401k: <input type="checkbox"/> RMD <input type="checkbox"/> Normal (average 59 ½) <input type="checkbox"/> Premature (under age 59 ½) <input type="checkbox"/> Premature With Exception (under age 59 ½): Exception: _____ <input type="checkbox"/> Qualified ROTH Distribution <input type="checkbox"/> ROTH 401k: distributions within 5 years of establishment <input type="checkbox"/> Direct Rollover	<input type="checkbox"/> Prohibited Transaction <input type="checkbox"/> Refund of excess contribution AFTER tax filing date <input type="checkbox"/> Disability –attach physician’s statement <input type="checkbox"/> Divorce –attach decree or legal docs <input type="checkbox"/> Timely refund of excess/nondeductible contribution + earnings <input type="checkbox"/> Plan Termination <input type="checkbox"/> Other: _____

3 Distribution Details	
Manner of Distribution	Withholding
<input type="checkbox"/> <b>Full Distribution</b> (Close Account)  <input type="checkbox"/> <b>Partial Distribution</b> (Only distribute cash/asset as described below) <input type="checkbox"/> Cash Only: Amount \$ _____ <input type="checkbox"/> In-Kind*: Asset(s) to be distributed _____  <hr/> <p><b>Would you like to set up a scheduled recurring distribution?*</b></p> <input type="checkbox"/> No <input type="checkbox"/> Yes (select recurrence below) ➤ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually ➤ Date Payments to commence: _____  <p style="text-align: center;"><i>RMD's are not processed on a recurring basis.</i></p> <p><b>Recurring distribution payments incur a \$25 fee per instance.</b></p>	<p style="text-align: center;"><b><u>FEDERAL</u></b></p> <input type="checkbox"/> I elect <b>NOT</b> to have Federal Income Tax Withheld- <b>DIRECT ROLLOVER ONLY</b> <input type="checkbox"/> I <b>ELECT</b> to have Federal Income Tax withheld (cannot be less than 20% if elected) <input type="checkbox"/> withhold _____% from my payment(s) <b>OR</b> <input type="checkbox"/> withhold \$ _____ from my payment(s)  <p style="text-align: center;"><b><u>STATE -NC ONLY</u></b></p> <input type="checkbox"/> I elect NOT to have State Income Tax Withheld <input type="checkbox"/> I <b>ELECT</b> to have State Income Tax withheld (cannot be less than 5% if elected and must be a whole dollar amount) <input type="checkbox"/> withhold \$ _____ from my payment(s)  <p><b>Withholding instructions:</b></p> <input type="checkbox"/> Send the amount requested LESS my federal withholding election <input type="checkbox"/> Send the EXACT amount requested and submit my federal withholding election out of my remaining IRA cash balance
<p>*A current Fair Market Value must be provided to distribute assets in-kind          **This recurring distribution will remain in effect until you provide a written request to cancel or change.</p>	

**5 Funding Instructions**      *Send funds via:*    ACH    WIRE    CHECK

For ACH/WIRE – Please complete the info below		For Check – Please complete the info below	
Bank Name		Make Check Payable To	
ABA Routing Number		Mail Check To	
Account Holder Name		Address	
Account Number		City, State, Zip	
For Credit To	ACH Limit \$5,000	Send Check Via: <i>If payment is over \$5,000 it will be mailed <u>certified mail</u> unless marked otherwise below.</i>	
		<input type="checkbox"/> Regular Mail <input type="checkbox"/> Overnight Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Hold for pick up	

**6 Signatures and Acknowledgement**

**The distributions you receive from your individual qualified account established at this institution are subject to federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section above. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, federal income tax will be withheld from the amount withdrawn at a rate of 20%. If you elect not to have withholding apply to your distribution payments, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.**

**I certify that I am the proper party to receive payment(s) from this 401k, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator, Custodian, or Trustee, that distributions (except certain transfers) are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Administrator, Custodian, Trustee shall in no way be responsible for those consequences.**

**The above request is hereby approved, and the Administrator is authorized to distribute the participant's benefits in accordance with such request.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_