

# DISTRIBUTION OF BENEFITS REQUEST FORM

## SECTION ONE – COMPLETED BY EMPLOYER & PARTICIPANT

Previous Employer / Plan Name

Participant's Name

Social Security Number

Street Address

City

State

ZIP

Date of Birth

Date of Hire

Date of Termination

Last Contribution Date

Hours Worked in Current Plan Year

### REASON FOR DISTRIBUTION (Select One)

<input type="checkbox"/> Termination of Employment	<input type="checkbox"/> Retirement	<input type="checkbox"/> Disability
<input type="checkbox"/> Death	A copy of the <i>Death Certificate</i> and <i>Beneficiary Designation</i> must be attached.	
<input type="checkbox"/> QDRO	A copy of the <i>Qualified Domestic Relations Order</i> must be attached.	
<input type="checkbox"/> Required Minimum Distribution	Over Age 70½. <b>No taxes withheld unless elected.</b>	
<input type="checkbox"/> Other	Distribution Reason _____	

## SECTION TWO – COMPLETED BY THE PARTICIPANT

### TYPE OF DISTRIBUTION (Select One)

<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Partial Payment \$ _____ (enter amount)	<input type="checkbox"/> Calculate required minimum distribution amount
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Other distribution options such as joint and survivor annuities or periodic installments may be available to you under the provisions of your plan. Please contact your employer for more information if you are interested in these options.

### FORM OF PAYMENT (Choose 1 of the following 3 options. If option 3 is chosen, complete both option 1 & 2.)

#### OPTION 1:

I elect a direct rollover of my eligible rollover distribution to the following type of account: (Attach Institution Form)

IRA     Qualified Retirement Plan

Payable to

Street Address

City

State

ZIP

Account Number

Contact Company

Contact Name

Contact Phone Number

#### OPTION 2:

I elect to receive a distribution of \_\_\_\_\_ (enter percentage or dollar amount) of my eligible rollover distribution. (100% if left blank)

I understand that 20% of the distribution will be withheld for Federal Income Taxes.

I also understand that a 10% penalty may apply if I am under 59½ years of age.

I elect to have \_\_\_\_\_% withheld for State Tax (0-80%, no mandatory amount. 0% if left blank)

#### OPTION 3:

I elect to split my distribution, partial withdrawal and/or partial rollover. To fulfill this request, you must complete both options 1 and 2 above.

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## SECTION THREE – PARTICIPANT AUTHORIZATION

I understand that by signing below I am requesting a distribution in accordance with the selections I have made on this form. In addition, I acknowledge that I received and read the attached *Special Tax Notice Regarding Plan Payment*.

Participant's Signature

Date

## SECTION FOUR – SPOUSAL WAIVER (Select One)

No Spouse     I hereby consent to the distribution from my spouse's qualified plan as indicated above.

Name of Spouse

Spouse's Signature

Date

Date of Birth

## SECTION FIVE – PLAN SPONSOR AUTHORIZATION (Completed by Employer)

Name of Trustee / Plan Representative

Trustee / Plan Representative's Signature

Date

Send check to:

Plan Sponsor (Employer)     Participant (Employee)     Rollover Account as indicated (Receiving Institution)

**NOTE: The original must be kept by your employer. All signatures are necessary for this form to be valid. Copies of completed forms should be mailed to:**

**THE STOLLER COMPANY**  
190 North Wiget Lane, Suite 110  
Walnut Creek, CA 94598-2476