Name of Plan:_____

Required Minimum Distribution Form

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security # X X X-X X -_____

Address: _____ Date of Birth: _____

City: _____ State: ___ ZIP Code: _____

Marital Status: ☐ Married ☐ Single

Account or Plan Number _____

Part II. Distribution of Pension Benefit before my Required Beginning Date. (Select one payment option)

1. ☐ Single Lump Sum Distribution of my entire vested account balance
2. ☐ Under another form of payment offered under the Plan (Complete Distribution Form)

(Note: Your election under Part II may be subject to Qualified Joint and Survivor Annuity Requirements.)

For more information on the available payment options, review the Summary Plan Description or contact your Plan Administrator.

Part III. Required Distribution after Age 70 ½: (Select one payment option)

1. ☐ I hereby request payment of my RMD for the _____ Distribution Calendar Year:

   ☐ Required Amount $ _____

2. ☐ I hereby request payment of my RMD for the _____ Distribution Calendar Year. Required Amount of $_____ for current year and I authorize the repetitive payment of my RMD for each calendar year thereafter. I would like to receive this amount:

   ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

   (Note: No additional authorization or direction is required for RMD for future years.)

3. ☐ I hereby request my <u>entire</u> vested account balance in a single Lump Sum payment and understand that portion of this payment will satisfy my RMD for the _____ Distribution Calendar Year
4. ☐ I hereby request that the Plan Administrator commence payment of my RMD benefit for the _____Year with my:

   ☐ Required Amount Calculated Over my Life and the Life Expectancy of my (Select one)

   ☐ Spouse or ☐ Non-Spouse Beneficiary

Name of Spouse/Beneficiary: _____

Date of Birth: _____ Social Security # _____

Part IV. Taxation of Distribution: You can find more details on these requirements in the Section 402(f) Special Tax Notice. In general, any distributions that you receive from an annuity, pension or retirement plan may be taxable as ordinary income. For any distributions made to an address outside of the United States, a mandatory 30% withholding rate will apply, unless a completed IRS Form W-8BEN is submitted to the Plan Administrator.

Unless you elect one of the Direct Rollover options, 10% of this amount will be withheld for federal income tax.

☐ I understand that 10% of my distribution will be withheld for federal income tax.

I understand that I may request that a different amount be withheld (more than the amount indicated above).

☐ I wish to have ____ % or $_____withheld from my distribution for federal income taxes.

☐ I **do not** wish to have federal income tax withheld from my distribution.

_____ _____

Participant Signature Date

☐ Checking Account ☐ Saving Account

ABA-Routing # _____ Account # _____

Name of Financial Institution: _____

Address: _____

City: _____ State _____ ZIP Code _____

Part VI. Transfer Instructions: *(Note this is not an Eligible Rollover Distribution.)*

Name and Account Number: _____

Name and Account Number

Financial Institution: _____

Trustee/Custodian: _____

Address: _____

City: _____ State _____ ZIP Code _____

Part VII. Required Signature: I certify that all information provide is true and correct.

☐ I hereby request a distribution from the Plan and acknowledge receipt of the 402(f) Special Tax Notice.

☐ I wish to receive my distribution as soon as possible and hereby waive any unexpired portion of the 30-day notice period required after receipt of the 402(f) Notice to review my distribution option and hereby make a formal election for the Plan Administrator to release my benefit from the Plan. (Must be completed if you have elected the "Single Distribution of my entire Account Balance." option above.)

_____ _____

Participant Signature Date

Note: A signature guarantee is a written representation signed by an officer or authorized representive of the guarantor, showing that the signature of the shareowner is genuine. A signature by a notary cannot be accepted.

Part IX. Plan Administrator Acknowledgement: I hereby confirm receipt of this distribution form and I certify that payment is being made according to the terms of the Plan.

_____ _____

Plan Administrator Signature Date

Office Use Only: Type of Distribution:

☐ Pre-Tax ☐ Roth ☐ After-Tax

☐ Direct Rollover ☐ Qualified Plan ☐ Traditional IRA ☐ Roth IRA

☐ Early Distribution (10% penalty may apply) ☐ Eligible Rollover Distribution