# **Qualified Retirement Plan APPLICATION FOR DISTRIBUTION** From A Qualified Retirement Plan

Please read the important information and instructions on the following pages.

### **GENERAL INFORMATION**

Name of Plan					
Name of Employer					
Address					
City					
Name of Participant				Date of Birth	
Vested %					
<i>Complete the following section f</i>					
Name	-	· · ·		Date of Birth	
Home Address					
City				Zip	
Social Security No					
			ION REASON		
Normal Retirement Age	 Disability			f Employment	Plan Termination
Hardship	Other		Date of Event	•	
	]	METHOD O	F PAYMENT		
Single Sum Cash Payment -	Amount \$				
Installment Payments, In the following manner: Required Minimum Distribution - Amount \$ For Tax					
Is your spouse more than 10 years younger than you, and is he or she your sole beneficiary for the entire calendar year?					
$\square$ Yes $\square$ No					
If yes, the joint life expectancy of you and your spouse, recalculated, will be used. If no, the Uniform Lifetime Table will be used to calculate the Required Minimum Distribution.					
Qualified Joint and Survivor	Annuity				
Direct Rollover of Eligible R	Collover Distribution to	: (Check one)	IRA 🗌	403(a) Plan	457(b) Plan
(See the instructions on the follo	owing page.)		Qualified Plan	403(b) Plan	
Specify new plan or comple	ete and attach the Dire	ect Rollover Re	quest form:		
Other:					
Specify investment(s) to be liqui	dated (or other special	instructions):			
ACCOUNT DISTRIBUTED (For use with 401(k) plans only.)					
Employee 401(k) Contribution	ons:	Entire A	ccount	□\$	
Matching Contribution:		Entire A	ccount	<u> </u>	
Employer Profit Sharing Contribution:		Entire A	ccount		
Other	:	Entire A	ccount	<b></b> \$	
WITHHOLDING ELECTION Form W-4P OMB #1545-0415					

This Withholding Election section only applies (for Federal withholding purposes) to distributions that are **not** eligible rollover distributions. See the Withholding Notice and Instructions on the following page. If the boxes below are checked, Federal and State (if applicable) income tax will not be withheld from your distribution.

Do not withhold Federal Income Tax

Do not withhold State Income Tax

The Plan Administrator will check here if the following election does NOT apply. See instructions below.

### WAIVER ELECTION

Participant's Election To Waive Qualified Joint and Survivor Annuity	
As a participant in my employer's Qualified Retirement Plan, I acknowledge that I have read Survivor Annuities on the "Distribution Notice." I understand that benefits will be paid to m Survivor Annuity unless I waive that form of payment. I understand that if I am married, my hereby elect to waive the Qualified Joint and Survivor Annuity form of payment.	ne in the form of a Qualified Joint and
PARTICIPANT SIGNATURE	DATE
If you are not married, certify here:	DATE
SPOUSAL CONSENT	

### Spousal Consent To Waiver Of Qualified Joint And Survivor Annuity

I am the spouse of the participant named above. I hereby consent to my spouse's election not to have benefits under his or her Plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes the above waiver.)

PARTICIPANT'S SPOUSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### WITNESS OF SIGNATURE

The signature of the spouse must be witnessed by a notary public or signature guarantee as required.

## NOTARY PUBLIC/SIGNATURE GUARANTEE \_\_\_\_\_ DATE \_\_\_\_\_

### SIGNATURES

I have read and understand the "Distribution Notice" provided to me by the Plan Administrator. I hereby request payment from the Qualified Retirement Plan designated above in the manner indicated. In addition, if I am eligible to waive the notice requirements under Section 402(f), 417(a)(3) and 411(a)(11) of the Internal Revenue Code, I hereby waive the 30 day notice period.

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (employer), financial organization (Prototype Sponsor), or any Plan fiduciary. No tax advice has been given to me by either the Plan Administrator or Prototype Sponsor. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that the Plan Administrator, Prototype Sponsor, and any Plan fiduciary shall in no way be responsible for those consequences.

PARTICIPANT OR BENEFICIARY SIGNATURE	DA	ГЕ
AUTHORIZED PLAN ADMINISTRATOR OR EMPLOYER	DA	ГЕ

# **IMPORTANT INFORMATION AND INSTRUCTIONS**

### **INSTRUCTIONS FOR DIRECT ROLLOVER OF ELIGIBLE ROLLOVER DISTRIBUTIONS**

There are two ways you may be able to receive a Plan payment that is eligible for rollover: (1) certain payments can be made directly to a Traditional IRA or, if you choose, another qualified employer plan, eligible 457(b) plan, 403(a) or 403(b) plan that will accept it (direct rollover), or (2) the payment can be paid to you. If you choose to have your Plan benefit paid to you, you will receive only 80% of the payment, because the Plan Administrator is required to withhold 20% of the payment and send it to the IRS as income tax withholding to be credited against your taxes. You cannot waive that withholding.

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Eligible rollover distributions are all distributions from the Plan *except* the following:

- \* required minimum distributions;
- \* certain distributions that are part of a series of equal (or almost equal) periodic payments that will last for your lifetime (or joint lives of you and your beneficiary) or for a specified period of 10 years or more;
- \* distributions to nonspouse beneficiaries of deceased participants; and \* distributions due to hardship.

Your Plan Administrator has given or will give you a notice which describes your options in greater detail.

If you want your Plan Administrator to make a **direct rollover** of your Plan payment to a Traditional IRA, another qualified employer plan, eligible 457(b) plan, 403(a) or 403(b) plan you must provide certain information about that Traditional IRA or plan. Your Plan Administrator will specify that information. The Plan Administrator may ask you to complete and attach a *Direct Rollover Request* or similar form.

**NOTE:** Your Plan payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account because these are not Traditional IRAs.

### WITHHOLDING NOTICE AND INSTRUCTIONS

Substitute Form W-4P OMB #1545-0415

### GENERAL

Distributions from your Qualified Retirement Plan are subject to Federal (and in some cases, State) income tax withholding. For some distributions, you can elect not to have withholding apply. **However, you cannot waive withholding on any eligible rollover distribution that is paid to you.** See the information above for the definition of eligible rollover distribution and a description of the mandatory 20% withholding.

### DISTRIBUTIONS THAT ARE NOT ELIGIBLE ROLLOVER DISTRIBUTIONS

#### Election of No Withholding

If your distribution is not an eligible rollover distribution (see the definition of eligible rollover distribution above) you may elect not to have withholding apply. Check the withholding box (or boxes) if you do not want any Federal (or State, if applicable) income tax withheld from your distribution. Even if you do not have income tax withheld, you are liable for payments of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

The election to not have withholding apply does not apply to any periodic or nonperiodic distributions that are delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions may choose not to have income tax withheld only if an individual completes Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfies the documentation requirements as provided under the regulations.

#### **Periodic Distributions**

For purposes of the withholding rules on distributions that are not eligible rollover distributions, a periodic distribution is one that is includible in your income for tax purposes and that you receive in installments at regular intervals (e.g., annually, quarterly, monthly, etc.) over a period of time (generally, at least one year).

Periodic distributions are treated as wages for purposes of withholding. If you do not waive withholding on your periodic distributions, Federal income tax will be withheld from each payment as if you were a married individual claiming three withholding allowances. However, you can change the amount of the withholding by filling in the blanks below:

Number of allowances on which withholding is to be computed.					
Marital Status: Single Married Married, but withhold at higher "Single" rate					
Additional dollar amount to be withheld from each payment. \$					

#### Nonperiodic Distributions

If you do not waive withholding on any nonperiodic distribution that is not an eligible rollover distribution, Federal income tax will be withheld at the rate of 10%, unless you specify a greater rate here:

Rate \_\_\_\_\_% (not less than 10%)

**CAUTION:** Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

### INSTRUCTIONS FOR WAIVER ELECTION FOR QUALIFIED JOINT AND SURVIVOR ANNUITY

### Employer

The Waiver Election is applicable to all Money Purchase Pension Plans, Defined Benefit Pension Plans and Target Benefit Plans. It also applies to Profit Sharing Plans and 401(k) Plans if you did *not* select the REA Safe Harbor found in the Adoption Agreement. If you did select the REA Safe Harbor provision and no existing plan assets are subject to the REA annuity requirements, please place a check mark in the indicated box.

#### Participant

If this election applies (that is, the box is *not* checked) and you want to waive the joint and survivor annuity, you and your spouse must complete the Waiver Election section.