

Name of Plan:

### ELECTION OF DISTRIBUTION PAYMENT

(BEFORE FILLING OUT THIS FORM, CAREFULLY READ THE ACCOMPANYING INSTRUCTIONS)

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City, State & Zip Code

Date of Hire: _____	( ) Termination	( ) Plan Termination
Date of Termination: _____	( ) Retirement	( ) age 59 1/2 Distribution
	( ) Minimum Distribution	

Please provide an e-mail address and/or telephone number where you can be reached if we have any questions:

#### PART 1 - METHOD OF PAYMENT (Check one)

I elect a **DIRECT ROLLOVER** (Complete Part 2)

I elect a **CASH DISTRIBUTION** (Initial in Part 3)

**\*SEE ATTACHED NOTICE OF TAX LIABILITY**

#### PART 2 - DIRECT ROLLOVER OPTIONS (Check one)

I want my account distribution directly **rolled over to an IRA at my current plan investment company**. I understand my distribution will NOT be subject to the 20% tax withholding. I will complete and return an IRA rollover application.

I want my account distribution directly **rolled over into an existing IRA** and have attached the necessary authorization and transfer paperwork. *Please complete information below.*

I want my plan distribution **rolled over to another qualified pension plan with my current employer**. I have attached transfer forms and certify that my current Plan will accept this Rollover. *Please complete information below.*

**Distributing Plan Name:** \_\_\_\_\_ Name of Plan: \_\_\_\_\_

NAME OF RECIPIENT IRA OR CUSTODIAN (IRA or New Plan name) \_\_\_\_\_

ADDRESS OF RECIPIENT PLAN OR IRA \_\_\_\_\_

ACCOUNT # (IF APPLICABLE) \_\_\_\_\_

#### PART 3 - CASH DISTRIBUTION (Read and Initial)

##### **LUMP SUM DISTRIBUTION**

- I want a "Lump Sum Distribution" payable at this time and I have read the attached **Special Tax Notice Regarding Plan Payments**.
- I understand that my distribution will be subject to a 20% withholding tax which will be sent to the IRS.
- I understand that an additional 10% penalty may apply to this distribution.
- I understand this amount will be in lieu of the monthly pension to which I may otherwise be entitled.
- I understand that no further retirement benefit payments from the Plan will ever be payable to me or to any beneficiary.
- If married, my spouse agrees to this election and has signed in Part 5.

#### PART 4 - ELECTION OF PAYMENT OPTION AUTHORIZATION (Form must be signed)

I have elected the distribution options indicated on this form and understand that the distribution will take 30-60 days to process after the IRS and DOL approve the plan to

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

\_\_\_\_\_  
Date

**PLEASE COMPLETE SIDE #2 AND RETURN THIS ORIGINAL FORM TO:**

401kdlist.xls

Midwest Pension Actuaries, Inc.  
30680 Twelve Mile Rd.  
Farmington Hills, MI 48334-3808

WE CANNOT ACCEPT COPIES OR FAXES

(248) 539-5000

e-mail cmonhollen@midwestpension.com

# PLAN DISTRIBUTION - ELECTION OF DISTRIBUTION PAYMENT

Name of Plan: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

## PART 5 - SPOUSAL CONSENT TO PENSION ELECTION

### 1) IF NOT MARRIED INITIAL THE BOX BELOW (You must respond to this question)

I certify I am NOT married as of the date this form is signed.

### 2) IF MARRIED, ADD SPOUSE'S NAME & DATE OF BIRTH BELOW

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

The spouse of any employee receiving a pension benefit must consent to the payment of that benefit in any form other than a joint and survivor annuity the spouse. Therefore, although your spouse has already witnessed your election of other than a joint and survivor monthly annuity, he or she must now set forth below and have that consent witnessed by a plan representative or Notary Public.

I elect a form of pension payment other than a joint and survivor monthly annuity. If married, your spouse must consent below.

The undersigned, being the participant named above, and the spouse of such participant, have been advised that the participant is entitled to a distrib We have also been advised that such distribution cannot be made to the participant unless the participant consents and the spouse of the participant wa all rights to the qualified pre- retirement survivor annuity and the qualified joint and survivor annuity. The spouse of the participant confirms that been advised that the waiver will cancel the right of said spouse to both the qualified pre-retirement survivor annuity described in this Notice, and e release may eliminate any right the spouse may have to any benefits.

The undersigned and spouse hereby waive all rights to the survivor annuity benefits described in this Notice and consent to the METHOD OF PAYMENT in Part 1 on the reverse side of this form.

X		X	
Signature of Participant	Date	Signature of Participant's Spouse	Date

## NOTARY CERTIFICATION (of Spouse's Signature) Spouse's signature must be notarized if distribution is over \$5,000.

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that \_\_\_\_\_ is personally known to me in the same person whose name is subscribed to the foregoing, and acknowledge that he/she appeared before me this day in person and that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_

x

## PART 6 - TRUSTEE AUTHORIZATION

As Trustee of this Plan, I have reviewed the information on this form and authorize this distribution.

x

