



- Normal Processing
 RUSH Processing (Additional \$60 Fee applies except for QDRO)

REQUEST FOR DISTRIBUTION

Note: Time sensitive material. Please complete this form carefully. Missing information may delay processing. The Request for Distribution Form Instructions and the Special Tax Notice should be reviewed prior to completing this form.

Plan/Company Name: _____

Participant Name: _____
Print or Type Complete Legal Name – First, MI, Last

Social Security #: _____ **Date of Birth:** _____ **Date of Hire:** _____

Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip:** _____ **Phone:** _____

Date of Separation from Active Employment (if applicable): _____

Do you currently have an outstanding loan balance in this plan Yes No

Participant's Spouse: _____ **Social Security #:** _____
Print or Type Complete Legal Name – First, MI, Last

My benefits are subject to a court order dividing benefits as a result of a dissolution of marriage. Yes No

Citizenship: U.S. Citizen U.S Resident Alien Nonresident Alien (Please refer to instructions for this choice)

SECTION 1: TRA DISTRIBUTION PROCESSING FEE

Complete by **PLAN ADMINISTRATOR** and **PARTICIPANT** for **ALL** distributions

EMPLOYER – Verify payment responsibility (NOTE: retirement, death & disability are generally billed to the Company): The Participant **will** **will not** be responsible for paying the TRA distribution processing fee (if “will not” is checked, TRA will bill the Company). The processing fee is \$ _____ (if RUSH add additional \$60 to the processing fee except for QDRO requests).

PARTICIPANT - Select the method of payment (if applicable):

- A cashier's check or money order made payable to The Retirement Advantage, Inc. is enclosed.
 Deduct the processing fee from the distribution proceeds.
(Subject to investment manager policy – please check with the Plan Administrator before making this election.)

NOTE: If payment cannot be deducted from proceeds and no payment is received, TRA will bill the company.

SECTION 2: REASON FOR WITHDRAWAL

Completed by **PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY** for **ALL** distributions

I would like a withdrawal for the following reason (choose **ONE** of the following):

Separated from Active Employment (date of separation required above):

- Termination of Employment** – participant is no longer employed with the Employer for reasons other than death, disability or retirement
 Death of a Participant – attach a certified copy of the death certificate and Beneficiary Designation Form to this form
 Permanent Disability – attach documentation of the disability from the attending physician to this form
 Retirement – participant must have reached the retirement age specified in the Plan Document
 Plan Termination – the Plan has been terminated

In-Service Withdrawal (to the extent allowed by the Plan Document):

- Pre-Retirement Withdrawal**
 Required Minimum Distribution (age 70 ½ and older)
 Withdrawal of Employee After-Tax Contributions (no 401(k) deferrals, Roth or employer contributions)
 Withdrawal of Rollover Contributions
 QDRO – Qualified Domestic Relations Order – must be an approved Qualified Domestic Relations Order
 Hardship Withdrawal – Hardship distributions for medical, funeral or education expenses are available to an individual who is named as a Participant's Plan beneficiary, with the Participant paying the applicable tax on the distribution.

I confirm that the reason for the hardship is one of the following and that the amount requested does not exceed the amount of need (choose **ALL** that apply):

- Payment of un-reimbursed deductible medical expenses incurred by me, my spouse, my dependents or my Plan beneficiary.
- Costs directly related to the purchase of my principal residence (does not include making mortgage payments). This requires that the residence be purchased – a renovation or remodeling is not a sufficient reason for this requirement. Furthermore, the residence may not be for a family member or for a second or vacation home, but must be the primary residence of the participant.
- Payments necessary to prevent my eviction from my principal residence or to prevent the foreclosure on the mortgage of my principal residence.
- Payment of post-secondary education tuition, room and board and related educational fees for the next 12 months for me, my spouse, my dependents or my Plan beneficiary.
- Payments for burial or funeral expenses for my deceased parent, my spouse, my dependents or my Plan beneficiary.
- Payment of expenses for the repair of damage to my principal residence that resulted from a natural disaster that would qualify for the casualty deduction under Code Section 165.
- The Plan Administrator has determined an immediate and heavy financial need based on the facts and circumstances (this option available only if the Plan Document does not require that the safe harbor hardship rule be used)

SECTION 3: ALTERNATE PAYEE OR BENEFICIARY INFORMATION

Completed by **BENEFICIARY/ALTERNATE PAYEE** for Qualified Domestic Relation Order or death distributions **ONLY**

Alternate Payee or Beneficiary Name: _____

Print or Type Complete Legal Name – First, MI, Last

Social Security #: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip:** _____ **Phone:** _____

SECTION 4: WITHDRAWAL ELECTION

Completed by **PARTICIPANT** for hardship, after-tax or pre-retirement distributions **ONLY**

Hardship or After-Tax Withdrawal:

As a Participant in the Plan, I hereby apply for a withdrawal in the amount of \$ _____ (specify an exact amount; maximum available is only allowed for the purchase of a primary residence) (choose **ONE** of the following):

- Before taxes of 10% have been withheld
- After taxes of 10% have been withheld
- I **DO NOT** want to have taxes withheld from my distribution (to the extent allowed; a portion of the distribution may still be subject to withholding).

Pre-Retirement Withdrawal:

As a Participant in the Plan, I request the following:

- A complete distribution – Treat my outstanding Plan loan as follows (choose **ONE** of the following):
 - Not applicable – I do not have a loan
 - Include my Plan loan in my distribution
 - Do not include my Plan loan in my distribution – I will continue to make loan payments
- A partial distribution in the amount of \$ _____ (choose **ONE** of the following):
 - Before 20% mandatory federal taxes and any applicable required state taxes have been withheld
 - After the 20% mandatory federal taxes and any applicable required state taxes have been withheld

SECTION 5: VESTING

Completed by **PLAN ADMINISTRATOR** for non-Plan termination distributions **ONLY**

Is participant 100% vested? Yes No If no, complete the rest of this section.

Number of hours participant worked from original date of hire to the end of the **FIRST PLAN YEAR:** _____

Number of hours participant worked during **LAST PLAN YEAR** (first day of Plan Year through date of term): _____

Other than the first and last years of employment, did participant work **LESS** than 1,000 hours in any Plan Year? Yes No

If "Yes", please specify the Plan Years in which the Participant worked less than 1,000 hours:

If participant ever terminated prior and was rehired please provide those dates and hours worked in those years:

SECTION 6: ADDITIONAL CONTRIBUTIONS
 Completed by **PLAN ADMINISTRATOR** for **ALL** distributions

Choose **ONE** of the following:

- No Additional Contributions** – The Participant's last contribution for payroll ending _____ was deposited on approximately _____ Date _____ Date
- Additional Contributions** – The additional contributions listed below for the payroll periods ending _____ Date _____ will be deposited on approximately _____ Date _____ (*paperwork is held until payroll is deposited*)
- Deferral \$ _____ Match \$ _____
- Employer \$ _____ Loan Payment \$ _____

SECTION 7: BENEFIT ELECTION
 Completed by **PARTICIPANT/ALTERNATE PAYEE/SPOUSAL BENEFICIARY** for distributions other than non-spousal distributions **ONLY**

Please make a benefit election below. The availability and compliance of the election you choose will be verified in accordance with the Plan Document and IRS provisions. Please see the Special Tax Notice for information on withholding. It is recommended that you contact the Plan's investment agent or representative regarding your investment options. Note that Roth 401(k) deferral rollovers can only be made to a Roth IRA or a qualified plan with a Roth provision.

- Paid to Me in the Following Form** (choose **ONE** of the following):
- Lump Sum** (If you are electing a hardship withdrawal, Lump Sum is your only option)
 - Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)
 - Total State Withholding _____% (Subject State Regulations and/or investment manager policy)
 - Partial Withdrawal** (only if allowed by the Plan Document)
 - Installments** (only if allowed in the Plan Document)
 - Qualified Annuity Benefit** – (only if allowed in the Plan Document)
 - See the Request for Distribution Form Instructions for an explanation of the Qualified Annuity Benefit (choose **ONE** of the following):
 - Joint and 50% Survivor Annuity**
 - Joint and 75% Survivor Annuity**
 - Joint and 100% Survivor Annuity**
- Paid to Me as a Lump Sum and Direct Rollover** - Complete rollover information below*
- Amount to be paid to me is \$ _____, with the remainder (at least \$500) to be rolled over (choose from of the following):
- Before taxes are withheld
 - After taxes are withheld
 - Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)
 - Total State Withholding _____% (Subject to State Regulations and/or investment manager policy)
- Direct Rollover** - Complete rollover information below*
- I am electing a direct rollover from this Plan (distribution amount must be at least \$200) to (choose **ONE** of the following):
- Another qualified Plan
 - Another qualified plan with a Roth option for Roth 401(k) deferral rollovers
 - An IRA (Do not forward IRA set-up forms to TRA)
 - A Roth IRA (Do not forward IRA set-up forms to TRA)

***Rollover Information:** (unless otherwise directed by the Plan's investment manager, rollover checks will be sent directly to the participant)

Name of IRA or Qualified Plan: _____

Name of Roth IRA or Qualified Plan with Roth: _____

Make Check Payable To: _____

Account Number: _____ **Contact Person:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____

SECTION 8: ELECTRONIC FUND TRANSFER

Completed by **PARTICIPANT**

Only offered for plans with Guardian (greater than \$5,000), Hartford, ING, John Hancock, Nationwide and Verisight
Please submit a copy of a voided check for all EFT requests
Please note that mandatory federal and state withholding applies to EFT's.

Account # _____ Routing # _____

Exact name as it appears on bank account _____
(Participant must be single or joint owner of account)

Bank Account Type: Checking Savings

Bank Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____ Phone: _____

If this section is not fully completed, a check will be issued.

SECTION 9: BENEFIT ELECTION FOR NON-SPOUSAL BENEFICIARIES

Completed by **NON-SPOUSAL BENEFICIARIES** for non-spousal beneficiary distributions **ONLY**

Please make a benefit election below. The availability and compliance of the election you choose will be verified in accordance with the Plan Document and IRS provisions. Please see the Special Tax Notice for information on withholding. It is recommended that you contact the Plan's investment agent or representative regarding your investment options.

Lump Sum Payment of the Death Benefit (choose **ONE** of the following):

- Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)
 Total State Withholding _____% (Subject to State Regulations and/or investment manager policy)

Paid to Me as a Lump Sum and Direct Rollover – Complete rollover information below

Amount to be paid to me is \$ _____, with the remainder (at least \$500) to be rolled over (choose **ONE** of the following):

- Before taxes are withheld
 After taxes are withheld
 Total Fed. Withholding _____% (Use only for amounts greater than the 20% mandatory withholding)
 Total State Withholding _____% (Subject to State Regulations and/or investment manager policy)

Direct Rollover to Inherited IRA – Complete rollover information below

Rollover Information: (Rollovers into an Inherited IRA must be a direct Trustee to Trustee transfer)

Name of Inherited IRA: _____

Name of Inherited Roth IRA (for Roth money): _____

Make Check Payable To: _____

Account Number: _____ **Contact Person:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

SECTION 10: PLAN LIFE INSURANCE ELECTION

Completed by **PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY** for **ALL** distributions

Not Applicable (choose **ONE** of the following):

- I do not have life insurance in the Plan
 This is a Qualified Domestic Relations Order distribution
 This is a death distribution – The face value of the policy will be distributed

Participant Separated from Active Employment (choose **ONE** of the following):

- Continue policy – Continue the policy by transferring ownership of the policy from the Plan to me. I understand that future premiums will be billed to me.
 Surrender Policy – Surrender the policy for net cash surrender value, combine it with the remainder of my Plan assets and distribute as directed above. I understand that coverage will cease immediately.

- Participant Still Actively Employed** (choose **ONE** of the following):
 - Maintain Existing Policy – Maintain my policy as it currently exists.
 - Continue Policy with no Further Payments – Stop all future premium payments for policy and place on an extended term basis. I understand that the coverage will cease when the premium payments exceed the available cash value
 - Surrender Life Insurance Policy (**NOT** available for hardship distributions) – Surrender the policy for any net cash surrender value, combine it with the remainder of my Plan assets and distribute as directed above. I understand that coverage will cease immediately.
 - Surrender Life Insurance Policy and Combine with other Plan assets – Surrender the policy for any net cash surrender value and combine with the remainder of my Plan assets. I understand that coverage will cease immediately and that if there is a net cash surrender value to my policy at the time of surrender, I will be required to deposit such amount into my Plan account.

SECTION 11: REQUIRED SIGNATURES
Complete for **ALL** distributions

I understand that the investment manager may impose a charge to complete this distribution and/or may restrict the completion of all or a portion of this distribution. I have read and understand the instructions for this form, including the Special Tax Notice. I understand that applicable federal tax withholding will be made and that mandatory state withholding may also apply. I have at least 30 days to consider my payment options. By returning this completed form before the end of the 30-day election period, I am waiving the remainder of the 30 days.

If, following the distribution, but no more than 180 days from the date I executed this Request for Distribution Form, the Plan Administrator determines I am eligible for an additional allocation of earnings, forfeitures or employer contributions, the Plan Administrator will treat this consent to the distribution as applicable to the subsequent allocation and will make a subsequent distribution of such amounts in accordance with this election.

I understand if 180 days has passed since I signed this election form, I will be required to submit a new election form which will restart the time limit described above.

For annuity provisions, if I affirmatively elect a benefit payment option other than the Qualified Annuity Benefit, I have the right to revoke that election until the annuity starting date, or if later, for at least seven days after I receive the Qualified Annuity Benefit Notice (as included in the Request for Distribution Form Instructions). If applicable, I hereby elect to waive the qualified joint and survivor annuity and pre-retirement survivor annuity forms of payment.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back up withholding.

Certification required of U.S. persons only (including U.S. citizens or U.S. resident aliens)
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person or a U.S resident alien (as defined by the IRS instructions for Form W-9)

Certification Instructions
 By checking this box you are admitting you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

This plan is an account held in the United States which means you are not required to provide a code indicating that you are exempt from FATCA reporting.

Participant / Beneficiary / Alternate Payee - Please Print Name

Participant / Beneficiary / Alternate Payee - Signature

Date

Plan Administrator Name – Please Print Name

Plan Administrator - Signature (Required for ALL Distributions)

Date

If the Plan does not have annuity provisions and/or the participant is not married, please check here:

SPOUSAL CONSENT IS NOT APPLICABLE

If the Plan has annuity provisions, spousal consent must be given below:

Spousal Consent

I hereby consent to the foregoing election made by my spouse, to have benefits under the Plan paid in the form specified herein. I understand that in consenting to this distribution, I may be reducing or eliminating benefits that I may otherwise be legally entitled to at a later date and that this consent is irrevocable unless my spouse revokes the waiver before benefits begin.

Spouse Signature

Date

Witnessed by:

[] Notary Public Signature & Seal **OR** [] Plan Administrator Signature

Date

DID YOU REMEMBER TO...

- Read the Request for Distribution Form Instructions, Special Tax Notice and Postponement of Distribution Election?
- Include the appropriate processing fee?
- Obtain Participant/Beneficiary/Alternate Payee signature?
- Obtain Spousal consent (if needed)?
- Obtain Plan Administrator signature?
- Have the Plan Administrator complete Section 1, Section 5, Section 6, and Section 11?

**Completed forms can be sent to TRA by fax at (800)459-5815, email at processing@tra401k.com,
or mailed to 47 Park Place Suite 850, Appleton WI 54914-8233**