



### Distribution Election Form

Plan Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date Of Hire: \_\_\_\_\_ Date of Term: \_\_\_\_\_

*Please print clearly or your distribution may be delayed. The processing fee for each distribution is 15% of the participant's benefit amount not to exceed \$150.00. These fees will be deducted from your account upon completion of this distribution request. Please read the Special Tax Notice that describes the tax implications of the payment and transfer options included with this form.*

#### Distribution Election

You may elect to receive a distribution of your vested Account Balance in any form designated below. If you do not consent to a distribution from the Plan, your vested Account Balance will remain in the Plan until such time as you consent to a distribution or the Plan is required to make a distribution.

I elect to have my benefit of \$ \_\_\_\_\_ paid as shown below:

- Lump sum distribution.** I elect to have my entire vested account balance distributed to me in a lump sum less mandatory federal withholding and optional state withholding as shown on **page 2**. (See the *Special Tax Notice Regarding Plan Distributions* for a description of the rollover and withholding rules that apply to your distribution.)
- Total Direct Rollover.** I elect to have my entire vested Account Balance directly rolled over to an IRA or to another qualified plan. (See Identification of IRA or Qualified Plan section below.)
- Partial Direct Rollover.** I elect to have \$ \_\_\_\_\_ (not less than \$500) of my vested Account Balance directly rolled over to an IRA or another qualified plan. (See Identification of IRA or Qualified Plan section below.) I elect to have the remainder of my vested Account Balance distributed in a lump sum, less income tax withholding. (See the *Special Tax Notice Regarding Plan Distributions* for a description of the rollover and withholding rules that apply to your distribution.)

#### Identification of IRA or Qualified Plan

If a Total or Partial Direct Rollover is elected above, complete this section to identify the IRA or qualified retirement plan to which the distribution will be rolled over.

Name of IRA or Qualified Plan : \_\_\_\_\_  
Make check payable to: \_\_\_\_\_  
Mail check to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account number: \_\_\_\_\_ Attn: \_\_\_\_\_

#### Acknowledgement and Consent

I hereby acknowledge that I have read and understand the *Special Tax Notice Regarding Plan Distributions*. I also acknowledge that any IRA or Qualified Plan described above, is a proper recipient to receive a Direct Rollover (if applicable).

I understand that distribution will be made as soon as administratively feasible following my completion of this election form. I understand that I may consider my elections under this *Distribution Election Form* for at least 30 days. I also understand that I may waive the 30-day election period by submitting this completed form to the Plan Administrator before the expiration of the 30-day period. I hereby authorize the Plan Administrator to make a distribution in accordance with the elections in this *Distribution Election Form* and, if this form is submitted prior to the end of the 30-day notice period, I hereby waive any unexpired portion of such 30-day period.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date



**SINGLE SUM PAYMENT INSTRUCTIONS - TAX WITHHOLDING**

If you elected to have your distribution paid to you in a single lump sum payment, please complete this page.

**FEDERAL TAX WITHHOLDING**

I understand that my distribution is subject to **mandatory** withholding and that the Trustee will be required to withhold 20% of my entire taxable distribution for federal tax withholding.

**STATE TAX WITHHOLDING**

State income tax withholding will be calculated according to your state rate on the taxable portion of your distribution from your plan.

State of Residence	State Income Tax Withholding Information
AL, AK, CO, FL, HI, ID, KY, MN, ND, NH, NV, OH, PA, SC, SD, TN, TX, WA, WY	No state income tax will be withheld for residents of these states.
AZ, CT, D.C., GA, IL, IN, LA, MO, MS, MT, NJ, NM, NY, RI, UT, WI, WV <input type="checkbox"/> Withhold State Tax <input type="checkbox"/> Do Not Withhold State Tax	State income tax will be withheld only if you instruct us to withhold it, see below for exceptions.  D.C. 8.95% of the distribution amount is required if a total distribution is taken. MS 5% of the distribution amount is required if an early distribution is taken.
AR, IA, KS, MA, MD, ME, NC, NE, OK, VA, VT	State income tax withholding is required when federal withholding applies. See below for state-specific minimums and exceptions.  FRD=Flexible rollover distribution Non-FRD=Non-eligible rollover distribution AR 5% (for ERDs) or 3% (for non-ERDs) of the distribution amount at \$200 or above. IA 5% of the distribution amount. KS 4.5% of the distribution amount is required at \$200 or above for ERDs. MA 5.15% of the distribution amount. MD 7.75% of the distribution amount is required when federal withholding is applied to ERDs. ME 5% of the distribution amount. NC 4% of the distribution amount is required at \$200 or above for ERDs; 4% of the distribution amount is required at \$200 or above for non-ERDs. To opt out or request an amount greater than the required amount for a non-ERD, you must complete and attach a form NC-4P. NE 5% of the distribution amount. OK 5% of the distribution amount is required for ERDs. VA 4% of the distribution amount is required for ERDs. VT 4.8% (for ERDs) or 2.4% (for non-ERDs) of the distribution amount at \$200 or above.
CA, DE, MI, OR  <input type="checkbox"/> Withhold State Tax <input type="checkbox"/> Do Not Withhold State Tax	State income tax withholding is required when federal withholding applies, unless you instruct us not to withhold state income taxes. See below for state-specific minimums and exceptions.  CA 10% of the federal withholding amount DE 5% of the distribution amount MI 4.25% of the distribution amount (whether or not federal withholding applies). To make a different OR 8% of the distribution amount.

\*If you have questions regarding your tax selection please contact your financial advisor/tax preparer.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_



www.planperfectretirement.com

4001 MacArthur Blvd., Suite 102

Newport Beach, CA 92660

Telephone: 949-223-8392

Fax: 888-593-8958

**SPOUSAL CONSENT AND WAIVER OF JOINT AND SURVIVOR ANNUITY**

Unless the participant elects otherwise, Federal law requires that a married participant receive retirement benefits in the form of a QJSA (Qualified Joint Survivor Annuity). A QJSA provides payments to the participant beginning at retirement which continues during his/her lifetime. When the participant dies, the spouse will receive continuing payments for his/her lifetime in the same or in a reduced amount. If the participant elects to receive a form of benefit other than the QJSA, the spouse may or may not receive a benefit when the participant dies, depending on the form selected by the participant.

I have read the above notification and hereby elect to waive the QJSA and attest to the fact that:

- My spouse's *notarized* consent to such waiver appears below.  
**(Notarized/Witnessed spousal consent required if distribution exceeds \$5,000)**
- My spouse cannot be located.
- I am not married.

This present Waiver is in substitution for and revokes **any prior election(s)**.

\_\_\_\_\_  
Participant's Signature Date: \_\_\_\_\_

**CONSENT TO WAIVER**

I hereby consent to my spouse's waiver of the Qualified Joint and Survivor Annuity (QJSA) and acknowledge that, as a result of such Waiver and my consent, no benefits will be paid to my spouse or to me under the QJSA provisions of the Plan, as described above. I further understand and acknowledge that I'm waiving any legal right to the survivor annuity which the Plan would otherwise provide me.

\_\_\_\_\_  
Spouse's Signature Date: \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_

OR  
WITNESSED BY PLAN SPONSOR/TRUSTEE

\_\_\_\_\_  
Plan Sponsor's Signature Date: \_\_\_\_\_