



Distribution Election Form

Print Name: _____ Social Security Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Employer: _____ Date Last Employed: _____
Signature: _____ Date: _____

Please note: Complete the form in a legible manner. The processing fee for each distribution is \$80.00. These fees will be deducted from your account upon completion of the distribution request. Please read the Special Tax Notice that describes the tax implications of the payment and transfer options included with this form. By signing this form prior to 30 days after you receive it, you are electing to waive the 30-day notice period. The ACH Direct Deposit Authorization Agreement is not required and only applicable to Option 1. Fill out the form, print it, sign it, then either fax the completed Distribution Election Form to 919-942-2804 or mail the form to Plan Perfect, Inc., 3713-C University Drive, Durham, NC 27707.

Option 1 – Direct Payment to Participant or Beneficiary

Distribute: 1. My entire account balance, or 2. \$_____ (insert dollar amount of at least \$ 500.00). I understand that any amount paid to me directly will be subject to mandatory Federal income tax withholding at twenty percent (20%) as well as State withholding where required.

I am a legal resident of the State of _____.

For Direct Deposit: I have completed the ACH Direct Deposit Authorization Agreement.

Option 2 – Direct Rollover to Traditional IRA or Another Qualified Plan

Rollover funds to: 1. Traditional IRA, or 2. Another Qualified Plan

I want: 1. My entire account balance, or 2. \$_____ (insert amount of at least \$500.00).

Name and address of rollover custodian or trustee:

Make check payable to: _____

Mail check to: _____

Address: _____

City: _____ State: _____ Zip: _____

Account number: _____ Attn: _____