



NOTICE OF MINIMUM REQUIRED DISTRIBUTION ELECTION

PLEASE COMPLETE ALL APPLICABLE ITEMS.

Plan Name: _____

Participant Name: _____

Social Security No: _____ Birth Date: _____

Address: _____

Marital Status:

- Not Married or Legally Separated
- Married – Spouse’s Date of Birth: _____

Tax Year: _____

Minimum Required Benefit of \$ _____ to be paid as a single Lump Sum distribution.

NOTICE OF WITHHOLDING ON MINIMUM REQUIRED DISTRIBUTION

Federal and State income tax withholding on Required Minimum distributions is optional. You may elect not to have withholding applied to your distribution payment or change the amount to be withheld by completing the election below.

ELECTION FOR RECIPIENTS OF SINGLE, LUMP SUM PAYMENT

- I elect not to have State income tax withheld from my single, lump sum payment.
- I elect to have _____ State income tax withheld from my single, lump sum payment.
- I elect not to have Federal income tax withheld from my single, lump sum payment.
- I elect to have _____ Federal income tax withheld from my single, lump sum payment.

If no election is made there will be 10% Federal income tax and 2% (CA) State income tax withholding applied to your distribution payment.

*Please Note: If you take more than the Minimum Required Distribution amount **please let us know**. There is a mandatory 20% Federal income tax withholding on any amount in excess to the Required Minimum distribution. You may elect not to have state income tax withholding applied to your distribution payment depending on your state income tax rule. If no election is made there will be 20% Federal income tax and 2% State income tax withholding applied to your distribution payment.*

Participant’s Signature

Date