

the Pension Studio

APPLICATION FOR BENEFITS

Note: Section 9, Page 3 may not need to be filled out – please read carefully.

COMPANY NAME: _____

DATE: _____

As a participant in the above Plan, I hereby request payment of my benefit as provided below: (Please print or type)

1. Name : _____
Address: _____

Social Security No.: _____
Date of Termination: _____

2. Reason for payment:
 Termination of employment, including retirement
 Death - Date of Death: _____
 Disability - Date of Disability: _____
 Attainment of Age 70 1/2 (required minimum distribution) Date of Birth: _____
 Termination of Plan
 In-Service Withdrawal (only available under a profit-sharing plan)

3. Loan Information:
 Participant does not have loan
 Participant does have a loan and will repay
 Participant does have a loan and will not repay

4. Form of payment:
Normal Form under the Plan: For married Participants, this would be Joint and 50% Survivor Annuity. For Single Participants, this would be a Life Annuity.

Lump Sum ("X" here for total distribution and proceed)
 Attainment of Age 70 1/2 (required minimum distribution)
 Installments payable: monthly, quarterly, semi-annually, annually
 Based on my life expectancy
 Based on life expectancy of me and my Beneficiary
 Specify number of payments _____
 Based on life expectancy of me and my Beneficiary with without recalculation of my life, my Spouse's life expectancy both my and my Spouse's Life expectancy

Payments may not be set up over a period exceeding the life expectancy of you and your Beneficiary. If your Spouse is not the primary beneficiary, special minimum distribution rules must be satisfied.

5. Direct Rollover (Transfer) or Rollover:

- I choose to have the taxable portion of my benefit paid in a direct rollover to an IRA
- Direct rollover to Employer's qualified plan (100%)
- Partial rollover to Employer's qualified retirement plan _____% of Distribution or \$ _____

Name of Plan or IRA: _____

Account Number: _____

Name of Employer or Bank: _____

Address of Employer or Bank: _____

Trust Account Number or Bank ABA Number: _____
(if wire transfers)

NOTE: It is your obligation to insure that the Employer Plan named above will accept the transfer of your benefit payment. Also, only taxable monies may be rolled into another Plan or IRA. Any non-taxable monies (after-tax) will be distributed to you. If you choose a direct rollover of your benefit, generally you should direct it to only one eligible retirement plan or IRA.

6. Distribution Paid to Me

- I choose to have the taxable portion of my benefit paid directly to me.

7. Certification

I hereby do attest that this form I have completed has been completed accurately to the best of my ability.

Signature of Participant

Signature of Plan Administrator

Date _____

Date _____

8. **This question to be completed by Plan Representative:**

The final contribution on behalf of this participant has been or will be withheld on ___/___/___
Hours of service credited to the participant during the Plan year in which he/she terminates equals:

- Less than 500
- 500 to 1000
- Over 1000
