



## Generic Distribution Request and Instructions To The Brokerage-Custodian of Our Company's 401k Assets

*Attached are signed instructions for the 401k distribution of 401k plan assets belonging to the Participant listed herein. This request has been reviewed and approved by the Company's 401k Plan Sponsor.*

### Section A: Distribution Type (Please select ONE only!)

- ☐ 401k Rollover to Traditional IRA (Please complete Sections D & E)
- ☐ 401k Rollover to Roth IRA (Please complete Sections D & E)
- ☐ Death
- ☐ Designated Roth Distribution
- ☐ Disability
- ☐ Hardship Withdrawal
- ☐ In-Service Withdrawal for Recipient over 59 ½ (Non-Hardship) to 401k Rollover
- ☐ Qualified Domestic Relations order (QDRO)
- ☐ Required Minimum Distribution (RMD)
- ☐ Return of Excess Deferrals or Contributions (Error Corrections)
- ☐ Termination of Service or Employment (**Lump-Sum Distribution**)
- ☐ Distributions at Age 70 ½ (Above Amount Required by RMD)
- ☐ 401k Loan

## Section B: 401k Participant

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

### AUTHORIZED SIGNATURE

I understand that this document is provided to choose my Distribution. It is my responsibility as a plan participant (or surviving beneficiary thereof) to obtain my own legal, tax, or investment counsel to advise me concerning the Distribution of my 401(k) benefits. I have received a copy of the Special Tax Notice Regarding Plan Payments.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

***After completing and signing this initial distribution form please give it to your Plan Sponsor for processing.***

## Section C: Employer and Plan Sponsor Information

Employer \_\_\_\_\_

Name of Plan Sponsor \_\_\_\_\_

401k Plan Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***Plan Sponsor-When you receive this application for a 401k distribution please call us at (800) 660-0050 or send an email to [fvaguchay@401k-network.com](mailto:fvaguchay@401k-network.com) informing us of the type of distribution being requested (i.e. IRA Rollover, Hardship, etc.) We will provide you with the specific form that matches distribution type. Please review and sign the form we send, and return a signed copy to us, and to the applicant. We will continue the distribution process, and keep you informed of its progress. Thank you.***

Signature of Plan Sponsor \_\_\_\_\_ Date \_\_\_\_\_

## **Section D: Transfer to an Existing IRA Rollover Account (to be completed by Participant)**

- ☐ I have an existing traditional pre-tax IRA Rollover account, and my Transfer Instructions are to transfer the proceeds of my 401k account to the current IRA Rollover account listed herein. My account number at the financial institution where I want to direct the IRA Rollover is :\_\_\_\_\_
- ☐ I have an existing post-tax Roth IRA Rollover account, and my Transfer Instructions are to transfer the proceeds of my Roth 401k account to the Roth IRA Rollover account listed herein. My account number at the financial institution where I want to direct the Roth IRA Rollover is :\_\_\_\_\_
- ☐ I have BOTH, a traditional pre-tax IRA Rollover account, and a post-tax Roth IRA Rollover account. I understand that each IRA Rollover account has a separate account number assigned by the IRA Rollover custodian. I must submit TWO Transfer Instructions to the Plan Sponsor, one set of instructions for each of my two IRA Rollover accounts. I will identify for the Plan Sponsor the Transfer Instructions that shall apply to the traditional pre-tax IRA Rollover and identify the Transfer Instructions that shall use to the post-tax Roth IRA Rollover. I further understand that IRS rules require a transfer from pre-tax 401k to pre-tax IRA Rollover ONLY, and transfer of post-tax 401k to a post-tax Roth IRA Rollover ONLY. I will be subject to IRS fines and penalties if I mix, blend, or incorrectly assign pre-tax and post-tax 401k contributions into incorrect IRA Rollover(s).

**My account number at the financial institution where I want to direct the traditional IRA Rollover is**

:\_\_\_\_\_

**My account number at the financial institution where I want to direct the Roth IRA Rollover is**

:\_\_\_\_\_

# Section E: Participant's IRA Rollover Statement

I appoint \_\_\_\_\_ (Name of Custodian) as the Custodian of my retirement savings currently held in the \_\_\_\_\_ (Name of the former employer) 401k Plan.

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:**

***Appointed IRA Custodian must be a federally-registered financial institution such as a bank, brokerage firm, insurance company, or other financial institution licensed and/or registered by governmental agencies to provide qualified IRA accounts to the public. Private unregistered trust companies do not qualify.***

Name Of Custodian \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_