

Non-Periodic Distribution Directive*

*Also used for Broker-Dealer Enhanced Paying Agent Services.

Account Number: **1234-5789** Plan Name: **XYZ Company 401k Plan**

Participant/Beneficiary Information

Social Security Number: **123-45-6789**

Name: **John Smith**

Address: **123 Fourth Street**

City: **Anycity** State: **CA** Zip: **88000**

Financial Institution Information

Financial Institution for Direct Rollover:

Financial Institution or Alternate Participant Address:

Address:

City: State: Zip:

Payment Detail

Total Gross Payment Amount	\$ 10,600.00
Less Federal Tax Withholding	\$ 2,120.00
Less State/Local Tax Withholding	\$ 0.00
Less Outstanding Loan Balance	\$ 0.00
Transfer in-Kind: Market Value	\$ 0.00
Transfer Detail (number of shares)	0
Net Check Amount	\$ 8,480.00

Taxability

Taxable Income	\$
EE After-Tax Contribution/Roth Basis	\$
Gain/Loss	\$
First Year of Designated Roth Contribution	
Cost Basis	\$
Symbol	CUSIP
Total Distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxable Amount Not Determined	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Type: ☒ Check/Regular Mail ☐ Wire ☐ ACH/EFT (If ACH or Wire, fill out fields below.) ☐ Transfer to Schwab Account ☐ Tax Form Only

Name of Institution

ABA Number Account Number ☐ Checking ☐ Savings

FBO/FFC (further credit)

Schwab Account Number

For overnight delivery:

UPS®/FedEx® Number:

'Cannot deliver overnight to a post office box.'

Recipient Phone Number (required):

Billing Zip Code (required for UPS):

Distribution Codes For use in preparation of the IRS tax form. (Select one or more.)

Payable to Participant

- ☒ 1. Early (premature distribution—no known exceptions, in most cases under age 59½)
- ☒ 2. Early (premature distribution—exceptions apply, under age 59½)
- ☐ 3. Disability
- ☐ 4. Death (spouse is eligible to roll over funds)
- ☐ 5. Prohibited Transaction
- ☐ 7. Normal Distribution (at least age 59½)
- ☐ 8. Excess Contributions Plus Earnings/Excess Deferrals Taxable in Current Year
- ☐ P. Excess Contributions Plus Earnings/Excess Deferrals Taxable in Prior Year
- ☐ E. Distributions Under Employee Plans Compliance Resolution System (EPCRS)
- ☐ A. May be eligible for 10-Year Tax Option
- ☐ U. Dividend distribution from Employee Stock Ownership Plan (ESOP) under sec. 404(k)
- ☐ B. Designated Roth Account Distribution

Please check #1 and #2 on this form.

Payable to Rollover Institution

- ☐ G. Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA
- Roth Conversion? ☐ Yes ☐ No
- ☐ H. Direct rollover of a Designated Roth Account to a Roth IRA

1099R Only

- ☐ L. Loan Default "Deemed Distribution" (See IRC Section 72(p).)
- ☐ 9. PS58 Costs
- ☐ M. Qualified Plan Loan Offset

Reason for Distribution

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Automatic Rollover to CSTB IRA | <input type="checkbox"/> In-Service Withdrawal—Non-Hardship | <input type="checkbox"/> Return of Employee Contributions/Earnings Under \$414(w) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Automatic Rollover to CSTB Roth IRA | <input type="checkbox"/> Pass-through Dividend | <input type="checkbox"/> Taxable Roth Conversion | |
| <input type="checkbox"/> Death | <input type="checkbox"/> Qualified Domestic Relations Order (QDRO) | <input type="checkbox"/> Termination of Service | |
| <input type="checkbox"/> Designated Roth Distribution | <input type="checkbox"/> Required Minimum Distribution at Age 70½ | <input type="checkbox"/> Withdrawal of EE After-Tax Contributions | |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retirement | <input type="checkbox"/> Distribution at Age 70½ (amount above required minimum) | |
| <input checked="" type="checkbox"/> Hardship Withdrawal | <input type="checkbox"/> Return of Excess Deferrals/Contributions | <input type="checkbox"/> Employee After-Tax Contribution | |

By signing below, the Authorized Party certifies that the Administrator has obtained such participant's and participant's spouse's waiver and/or consents and tax elections forms, including any necessary supporting documentation, for the above distribution as required by the Plan and the Internal Revenue Code and applicable regulations.

Authorized Signature

Signature(s) and Date(s) Required

X 

Authorized Signature

John Smith

Print Name

Date

Administrative Assistant

Title

XYZ Company Inc.

Company