

# (In-Service Distribution Sample for Non-PCRA 401k Plans)

## Non-Periodic Distribution Directive\*

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

**NOTE: Financial Institution must be a federally-registered bank, brokerage firm, insurance company, or similar institution that offers IRA accounts to the public. Private trust companies do not qualify.**

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: **Ancity** State: **CA** Zip: **88000**

### Financial Institution Information

Financial Institution for Direct Rollover: **Bank of America**  
Financial Institution or Alternate Participant Address:  
Address: **123 Center Street**  
City: **Sunnyplace** State: **CA** Zip: **80008**

### Payment Detail

Total Gross Payment Amount \$ **10,600.00**  
Less Federal Tax Withholding \$ **0.00**  
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** \$ **10,600.00**

### Taxability

Taxable Income \$  
EE After-Tax Contribution/Roth Basis \$  
Gain/Loss \$  
First Year of Designated Roth Contribution  
Cost Basis \$ NUA \$  
Symbol CUSIP  
Total Distribution ☐ Yes ☐ No  
Taxable Amount Not Determined ☐ Yes ☐ 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: **Bank of America IRA Rollover for John Smith**

ABA Number **12345-6789** Account Number **Account # 00000011 - Rollover** ☐ 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 choose Code #2 or #7 depending upon the age of the recipient.**

#### Reason for Distribution

- ☐ Automatic Rollover to CSTB IRA ☒ In-Service Withdrawal—Non-Hardship  
☐ Automatic Rollover to CSTB Roth IRA ☐ Pass-through Dividend  
☐ Death ☐ Qualified Domestic Relations Order (QDRO)  
☐ Designated Roth Distribution ☐ Required Minimum Distribution at Age 70½  
☐ Disability ☐ Retirement  
☐ Hardship Withdrawal ☐ Return of Excess Deferrals/Contributions  
☐ Return of Employee Contributions/Earnings Under §414(w) ☐ Other  
☐ Taxable Roth Conversion  
☐ Termination of Service  
☐ Withdrawal of EE After-Tax Contributions  
☐ Distribution at Age 70½ (amount above required minimum)  
☐ 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