

# Lump-Sum Distribution Sample for Non-PCRA 401k Plans

## 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 \$ 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

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

#### 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

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