



Disbursement Form

TRUST BANK

Trust Account Number: **87654321** Plan Name: **XYZ Incorporated 401k Plan**

Payee Social Security or Tax ID #: **098-12-7654**

Payee Name/Address (must match IRS Form W-9) Foreign Address (may require W-8BEN)

Payee Name (First)	(Middle)	(Last)
JUSTIN		STONE
Address 1		
432 Sunflower Drive		
Address 2		
City	State	Zip
HOUSTON	TX	34215
		Country
		USA

Alternative Address for Check Delivery (or enter wire/ACH banking instructions here)

Address 1			
Address 2			
City	State	Zip	Country

Net Check Disbursement Amount \$ **25,000.00**

Payment Type: Check/Regular Mail Check/Overnight Delivery Wire ☒ ACH/EFT Transfer to Schwab Account

Name of Institution **BANK OF USA** ABA # **098765432**

Account # **123098345765** Account Name **XYZ Incorporated** ☒ Checking Savings

FBO _____ FFC (Further Credit) _____

Schwab Account # (for participant ACH/EFT) **0987-6543**

Special Mailing: Overnight (Complete box below.) Other (Please describe.): _____

For overnight delivery (Cannot deliver overnight to a post office box.)

UPS/FedEx@#: _____ Billing Zip Code (required for UPS): _____ Recipient Phone Number (required): _____

Disbursement Type

Section 1 (IRS Form W-9 is not required for these types of disbursements.)

- | | |
|--|--|
| <input type="checkbox"/> Health Insurance Premium | Return of Mistake-in-Fact Contribution (Explanation required below.) |
| <input type="checkbox"/> Life Insurance Premium | Tax Payment |
| <input checked="" type="checkbox"/> New Participant Loan | Transfer to Another Trustee/Custodian |
| <input type="checkbox"/> Non-Qualified Plan Distribution | Transfer/Disbursement for Health Savings Account (HSA) |
| <input type="checkbox"/> Refund of Excess Loan Payment | Transfer/Disbursement to Paying Agent |
| <input type="checkbox"/> Reimbursable Expense | Refund of Contribution |
| Other (Please list; explanation required below.) _____ | |
| Explanation: _____ | |

This explanation (time period covered, etc.) will appear on the check stub and the Trust Statement.

Section 2 (Charles Schwab Trust Bank must have the IRS Form W-9 for each payee on file before the following payments will be made.) All payments to attorneys or unincorporated entities will be reported using a single year-end IRS Form 1099-MISC.

- | | |
|-----------------------------|--|
| Administrative Expenses | Loan Processing Fee |
| Attorney Fee | Other Insurance Expense |
| Audit Fee | Other Plan Expense (Please describe.): _____ |
| Distribution Processing Fee | Recordkeeping/Actuary Fee |
| Investment Management Fee | Trustee/Custodian Fee |
| Explanation: _____ | |

This explanation (time period covered, etc.) will appear on the check stub and the Trust Statement.

In accordance with the authority vested in me by the Administrative Committee of the above-mentioned Plan, please issue the payment noted above. By signing below, the Authorized Party(ies) certifies that the Plan Administrator has obtained all necessary forms and authorizations for the issuance of this check as required by the Plan.

Authorized Signature(s)

Signature(s) and Date(s) Required

X *mcReever*

Authorized Signature

GREGORY McREVEER

Print Name

Date

Title

Company