BENEFIT ELECTION FORM

<Enter Plan Name> (the Plan)

1. Participant/Beneficiary Information

Participant/Beneficiary Name

Address **Social Security Number**

City **State** **Zip Code** **Date of Birth**

I certify that (check one):

☐ I am not Married.

☐ I am Married.

2. Distribution Option *(Choose one)*

A. ☐ All of my vested account balance paid to me.

B. ☐ All of my vested account balance paid as a direct rollover to an IRA or Qualified Plan.

Make the check payable to: _____

Address: _____

_____

3. Authorization

I have read the Special Tax Notice regarding my distribution from the Plan. I acknowledge that the lump sum payment paid to me from the Plan is subject to a mandatory 20% withholding for Federal taxes and may be subject to state taxes.

If I elect to directly rollover my account balance, I represent that the above named retirement plan is an individual retirement annuity plan or qualified retirement plan which accepts direct rollovers.

I understand a Form 1099-R will be issued to the address listed above, postmarked by January 31 of the year following the year my distribution check(s) was/were dated. I further understand that it is my responsibility to notify the Plan Administrator in writing if I have an address change so I may receive the Form 1099-R on a timely basis.

30 Day Notice: You have 30 days after you are provided the Special Tax Notice to make your election. You may however waive the 30-day notice requirement and make your election before the 30-day period expires. By returning the form before your 30-day period expires, you are officially waiving the 30-day notice requirement.

Participant's Signature _____ **Date Signed** _____

Return completed benefit election form to the Plan Administrator

FOR OFFICE USE ONLY

Type of Termination/Retirement:

Retirement ☐

Termination ☐

Disability ☐

Date of Termination/Retirement: _____

If Death:

Participant Name: _____

SSN: _____

Date of Death: _____

Is the beneficiary an employee: Yes No

Plan Administrator Signature _____ **Date Signed** _____