

PLAN ADMINISTRATOR DISTRIBUTION REQUEST FORM

From (Plan name): _____

Current Plan Year: _____ To: _____

Please prepare benefit election distribution forms for the following participant using the information provided below:

1. Participant: _____

2. Date of Birth: _____ Date of Hire: _____

3. Address: _____

4. Social Security Number: _____

5. Reason for Distribution (check one): DATE OF EVENT

Termination of employment _____

Normal Retirement Age (as defined in the Plan) _____

Disability (as defined in the Plan - attach
Physician's Statement) _____

Death Benefit (attach Certified Death Certificate) _____

Hardship distribution (attach application)

Loan Request (attach application and complete questions 10-15 below)

In-service distribution (indicate amount) _____

70 ½ Minimum Required Distribution _____
Date of Birth

6. Gross compensation for current plan year \$ _____

7. Does compensation in item 13 include severance pay? Yes _____ No _____

8. Number of hours worked in the current plan year: _____

9. Date of last 401(k) deposit: N/A _____

- 10. Total employee 401(k) deferrals deducted and deposited into this plan for the current plan year [] N/A \$ _____
- 11. Employer safe-harbor contribution deposited into this plan for the current plan year [] N/A \$ _____
- 12. Total loan payments deposited during the current plan year \$ _____
- 13. Date of last loan payment: _____
- 14. For new loan requests, please indicate the payroll period:
 Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Quarterly []
- 15. Date of next payroll _____

I authorize Windes to prepare Consent to Distribution form or participant loan agreement using the above information.

_____ Date

_____ Printed Name

Originals should be retained in permanent Plan Administrator/Sponsor files.

Upon completion, mail, fax or transmit via our secure website:

To: Windes Employee Benefit Services
 P.O. Box 22713
 Long Beach, CA 90802
 Fax: 1-562-436-6186

To conform to the Privacy Protection Act, please only send employee data electronically via our secure website. The file will be encrypted to protect sensitive employee information. Send data via our secure website to ebs@windes.com by logging on to www.sendthisfile.com/windes Complete the Sender, Recipients (ebs@windes.com), Subject (company name), and Message fields. Attach up to 5 files using the Browse button for each file then click the Send This File button. Wait for the upload to complete before closing Internet Explorer. You will receive an email confirming the upload.