



Employee Benefit Services

### 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. Telephone Number: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. 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 14-17 below)

[ ] In-service distribution (indicate amount) \_\_\_\_\_

[ ] 70 ½ Minimum Required Distribution \_\_\_\_\_  
Date of Birth

8. Gross compensation for current plan year \$ \_\_\_\_\_

9. Does compensation in item 8 include severance pay? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Number of hours worked in the current plan year: \_\_\_\_\_

11. Date of last 401(k) deposit [ ] N/A \_\_\_\_\_

12. Total employee 401(k) deferrals deducted and deposited into this plan for the current plan year [ ] N/A \$ \_\_\_\_\_

13. Employer safe-harbor contribution deposited into this plan for the current plan year [ ] N/A \$ \_\_\_\_\_

14. Total loan payments deposited during the current plan year \$ \_\_\_\_\_

15. Date of last loan payment: \_\_\_\_\_

16. For new loan requests, please indicate the payroll period:

Weekly [ ] Bi-Weekly [ ] Semi-Monthly [ ] Monthly [ ] Quarterly [ ]

17. Date of next payroll \_\_\_\_\_

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

\_\_\_\_\_  
Plan Administrative Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

Return the form in one of the following ways:

1. [Send This File](#)
  - Step 1: Click the above Send This File link to access.
  - Step 2: Enter your email address as the Sender.
  - Step 3: Enter Recipient's email address. Separate multiple email addresses by a comma.
  - Step 4: Enter the Subject and Message.
  - Step 5: Upload your file(s). Up to 12 are available at one time.
2. Step 6: Click "Send This File." [Windes Portal](#) (if you have completed a portal agreement).
3. Fax to 562-684-4749. Use a cover sheet indicating the intended recipient to ensure your communication is delivered to the correct person.