

QDRO AND DEATH DISTRIBUTION REQUEST FORM

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This form is to be used for distributions due to Qualified Domestic Relations Order, or Death. Please complete this form in its entirety. Upon completion, please send this form to the HR department of the employer sponsoring this plan so they may complete the Employer Authorization section and forward for processing. Any incomplete forms will be returned. Please allow 2 to 3 weeks for processing.

Part 1 - Participant Information (Please print clearly and complete all fields)

Plan Name		
Participant Name	Social Security Number	Date of Birth
Street Address		Daytime Phone Number
City, State, and Zip Code	Email Address	

Part 2 - Distribution Reason (Please check one)

- Qualified Domestic Relations Order (attach copy of court order)
 Death (attach copy of death certificate)

Part 3 - Alternate Payee/Beneficiary/Estate Information (Please print clearly and complete all fields)

Alternate Payee/Beneficiary/Estate Name	Social Security Number/TIN	Date of Birth
Street Address		Daytime Phone Number
City, State, and Zip Code	Email Address	
Relationship to Participant <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other (Specify Relationship) _____		

Part 4 - Method of Payment (Check one, or both if you are electing a split distribution. A split distribution is a partial cash distribution for a specified dollar amount, with the remainder of your account rolled to an IRA or Qualified plan.)

- I elect a **CASH DISTRIBUTION** (Complete Part 5)
 I elect a **DIRECT ROLLOVER TO AN IRA OR QUALIFIED PLAN** (Complete Part 6)

Part 5 - Cash Distribution (Check one)

- I want 100% of my vested account balance paid to me as a lump sum cash distribution (skip part 6)
 I want the following amount distributed to me as a lump sum cash distribution at this time, with the remainder of my vested balance rolled over to my qualified plan or IRA indicated in Part 6:

Partial Distribution Amount: \$ _____

Tax Withholding (Check one) Refer to the Special Tax Notice for more information regarding tax implications of your distribution

- Withhold the minimum as required by the IRS. *I understand that the minimum is 20% federal income tax withholding on any eligible rollover amounts not directly rolled over, plus state tax withholdings (if applicable).*
 Please withhold _____% **in addition** to the mandatory 20% federal income tax withholding.

Part 6 - Direct Rollover Options (Check one)

Return completed forms to the
Employer/Plan Sponsor

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<input type="checkbox"/> I want my vested account balance rolled over to an existing IRA. <i>Please complete information below.</i> <input type="checkbox"/> I want my vested account balance rolled over to another qualified plan. <i>Please complete information below.</i>			
Recipient IRA or Custodian (IRA or New Plan Name)			Account Number (if applicable)
Address of Recipient IRA or Qualified Plan			
Part 7 - Delivery Options (Select all that apply)			
<input type="checkbox"/> Mail check to my home address above. \longrightarrow		<input type="checkbox"/> Express mail delivery (Additional \$30 will be deducted from your account)	
<input type="checkbox"/> Mail check to my financial institution \longrightarrow		<input type="checkbox"/> Express mail delivery (Additional \$30 will be deducted from your account)	
<input type="checkbox"/> Transfer my proceeds to my personal bank account. <i>Please complete information below and provide a copy of a voided check or deposit slip from your bank</i>			
Bank Name		Bank City, State, and Zip Code	
<input type="checkbox"/> ACH <input type="checkbox"/> Wire	ABA # (Routing Number)	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Part 8 - Participant Authorization (Please read carefully and sign below)			
By signing below I hereby acknowledge the following: <ul style="list-style-type: none"> • I have read and understood the Special Tax Notice regarding Plan payments. • Any cash distributions chosen above will be subject to a 20% federal withholding tax. • Any cash distributions chosen above will be subject to state withholding tax, where applicable. • I understand a processing fee of \$100 will apply to this request paid to PA Retirement Solutions, Inc. and this amount will be deducted from my account at the time of processing. • I understand that additional fees may be charged by the corresponding vendor handling the disbursement of my funds to cover services including, but not limited to the wiring, ACH, and/or express mail delivery of my funds, as well as the preparation of my year-end tax reporting form. • I understand that any missing information on this form will delay processing and any incomplete forms will be returned to me. • I understand this distribution request may take 2 to 3 weeks for processing. • I have provided all information accurately to the best of my knowledge. 			
_____ Alternate Payee/Beneficiary Signature		_____ Date	
Part 9 - Employer Authorization			
By signing below I hereby acknowledge the following: <ul style="list-style-type: none"> • I am an authorized representative of the employer. • I certify the information provided on this form is accurate and complete to the best of my knowledge. • I understand the proceeds for this request will be forwarded per the instructions directed by the participant above. • I authorize this withdrawal request to be processed as soon as administratively feasible. 			
_____ Authorized Employer Signature		_____ Print Name	_____ Date

Return completed forms to the
Employer/Plan Sponsor