



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
<input type="checkbox"/> Termination of employment	_____
<input type="checkbox"/> Normal Retirement Age (as defined in the Plan)	_____
<input type="checkbox"/> Disability (as defined in the Plan - attach Physician's Statement)	_____
<input type="checkbox"/> Death Benefit (attach Certified Death Certificate)	_____
<input type="checkbox"/> Hardship distribution (attach application)	
<input type="checkbox"/> Loan Request (attach application and complete questions 14-17 below)	
<input type="checkbox"/> In-service distribution (indicate amount)	_____
<input type="checkbox"/> 73 Minimum Required Distribution	_____

8. Gross compensation for current plan year \$ _____
Date of Birth

9. Does compensation in item 8 include severance pay? Yes_____ No_____

a. If you selected yes, please provide amount of severance pay: _____

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(s) in one of the following ways:

1. **To send a secure file, contact a member of your service team for their Secure Portal Link.**
2. Fax to 562-684-4749. Use a cover sheet indicating the intended recipient to ensure your communication is delivered to the correct person.