



Distribution Request Form Instructions

PURPOSE:

An Employee, who terminates employment for any reason including Retirement, Disability or Death and is requesting a distribution, must complete the Distribution Request Form. This form is also used to pay the Employee's Beneficiary(ies) in the event of death. The form applies to an Employee who has a vested account balance in the Plan. We suggest that this form be part of the exit package used by your office.

INSTRUCTIONS:

Please be sure the final contribution is deposited prior to requesting benefit payment.

Inform the terminated Employee that he or she must keep a current address on file with the Employer for distribution check and 1099R mailing purposes.

When completing the form, follow these steps:

1. Name, current Address, Social Security Number (SSN) and Daytime Phone Number must be legible and completed in full. This address is needed to send the Employee the distribution check and the 1099R at the end of the calendar year. If a change of address occurs, please notify PAi.
2. Indicate the reason for termination by checking one option. If the reason is **Disability**, attach a copy of the Doctor Certification to the Distribution Request Form. If the distribution is being made to the Employee's Beneficiary due to the **Death** of the Employee, attach a copy of the Certified Death Certificate and a copy of the Beneficiary Form to the Distribution Request Form. The exact termination date and last payroll date are required.
3. Complete the termination date, last payroll date and rehire information if applicable. Complete the hours worked and pay amount for the **Plan Year** (from the beginning of the current Plan Year to the termination date). Incorrect information could make a difference in the distribution amount. (Please see the Plan Document for more information on Vesting Rules.)
4. The benefits will be paid according to Section C of the Distribution Request Form.
5. If an Employee's vested benefit in the Plan is \$5,000 or less (excluding any amounts in the Rollover Account), his/her benefit must be distributed as soon as is administratively feasible following termination of employment. **Per Section D, if the Employee does not make an election in Part B of this Form and his/her account balance is greater than \$1,000 but not exceeding \$5,000, the Employer must distribute the account balance as a rollover to an individual retirement account ("IRA".)**
6. If your Plan includes a loan provision and the terminated Employee has an outstanding loan balance, it is extremely important that Section G be completed. If the Employee is electing to pay off the loan balance, contact PAi for the loan payoff amount. A check must accompany the Distribution Request Form.
7. A copy of the SPECIAL TAX NOTICE will automatically print with the Distribution Request Form. As explained in greater detail in the SPECIAL TAX NOTICE, Employees are given 30 days between the date the SPECIAL TAX NOTICE is provided to them and the date their pending distribution request is implemented to consider the options available to them. The Employee may waive the notice period, by completing the Employee Sections of the Distribution Request Form and submitting the signed and dated (Section F) Form for processing.
8. Federal Income Tax of 20% will be deducted from the taxable portion unless a direct rollover to an



IRA is requested. At the end of the year, the Employee will receive a 1099R and may be required to pay taxes on the withdrawal. Please be advised that certain states may also require mandatory state withholding. Refer an Employee to his or her tax or other advisor if he or she has questions about the tax treatment of the distribution.

9. **The Employer is required to submit a check for the current processing fee for benefits for reasons of retirement, disability or death.** Otherwise, the Employee will be charged the current processing fee and the fee will be deducted from the amount of distribution. The check will be mailed to the address listed on the form.

10. The form must be signed and dated by the Employee and an Authorized Employer Representative.

11. Send a copy of the completed form to: PAi P.O. Box 60 De Pere, WI 54115-0060 OR Fax to: (920)337-9978 Attention: Plan Service

FORM RETENTION:

The Employer is responsible for maintaining the original form(s).

TURN AROUND TIME:

Upon receipt of a complete and accurate copy of the form, PAi will process the form as soon as administratively possible.

IMPORTANT NOTE: NO FUND COMPANY CHECKS SHOULD BE RELEASED DIRECTLY TO A TERMINATED EMPLOYEE. PAi WILL ISSUE A CHECK IN ACCORDANCE WITH THE EMPLOYEE'S ELECTION AND WILL SEND IT DIRECTLY TO THE EMPLOYEE'S HOME ADDRESS.