



WINDES & McCLAUGHRY
ACCOUNTANCY CORPORATION

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 10-15 below)	
<input type="checkbox"/> In-service distribution (indicate amount)	_____
<input type="checkbox"/> 70 ½ Minimum Required Distribution	_____
	Date of Birth

8. Gross compensation for current plan year \$ _____

9. Does compensation in item 13 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 []

15. Date of next payroll _____

I authorize Windes & McClaughry 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.

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

TO: Windes & McClaughry 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.