



DISTRIBUTION REQUEST FORM

To be completed by the PLAN ADMINISTRATOR

Plan Name

Co-Employer Client ID / Div

Participant Name SSN

Date of Birth Date of Hire Date of Termination

Marital Status: Married Single Divorced/Separated

State reason for withdrawal request:

- Termination of employment
- Death
- Disability
- Retirement
- Qualified Domestic Relations Order

Last pay date:

Hours worked during current Plan Year: _____

How many prior Plan Years did the participant work less than 1,000 hours? _____

Fax completed Distribution Request to (515) 226-9414 for compliance review and the preparation of the Distribution Package.

The Plan Administrator will receive the Distribution Package within 3-5 business days. The participant can expect their distribution proceeds within 14 business days following the completion of the Distribution Package.

Signature of Authorized Plan Representative