

Questions? Call our Service Center at 1-866-425-7991.

Instructions

Complete and submit this form along with any forms required by your investment provider to Employer Admin Services, Inc. (EAS), at the address listed on the back of this form. EAS will forward approved transaction requests to your investment provider(s).

1. Provide General Account Information

Name of Owner/Participant _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ Home Phone Number _____

Employer Name _____

Investment Provider Name _____

Product Name _____

Contract/Account Number _____ Plan Number or Name _____

2. Transaction Request

Catch Up Contributions – Include supporting calculation materials with this request.

15 Years of Service (The 15 Year limit must be used before the Age 50 limit, if applicable)

Regular/Age 50

Rollover Contribution (To Plan)

Loan Request – I have outstanding loans from other qualified retirement plans, as listed here:

Distribution/Withdrawal

Financial Hardship – You must submit documentation, including receipts, to substantiate the hardship need and amount requested.
 Must take maximum loan before taking a Hardship withdrawal.

Deductible Medical Expenses in excess of 7.5% of gross income

Post secondary education, tuition, room and board or related fees

Purchase of principal residence (excluding mortgage payments)

Prevent eviction from principal residence

Funeral expenses for immediate family members

Casualty loss of principal residence

If a hardship withdrawal is taken, regulations prohibit contributions to this Plan or any other Plan maintained by your employer during the six-month period following the withdrawal.

Disability - Permanent Disability (As defined in section 72(m)(7) of the Internal Revenue Code – Physician’s explanation is required.)

Required Minimum Distribution (RMD)

Normal Distribution (Severance from employment, age 59½ or older, or none of the above reasons apply.)

2. Transaction Request (continued)

- Transfers/Exchanges** – Please transfer/exchange assets from the above product/account to the investment provider and product/account indicated below:

New Investment Provider

New Product Name

Account

New Investment Provider Address

I would like to transfer:

- Full Balance
 Partial Balance Amount \$ _____

- Rollover** (from Plan) – Please rollover assets from the above product/account to the investment provider and product/account indicated below:

New Investment Provider

New Product Name

Account

New Investment Provider Address

Reason for rollover distribution: (Check all that apply.)

- Age 59 ½
 Disabled
 Severance from employment on _____ (includes retirement, termination, change of employment)
Date (mm/dd/yyyy)

I would like to rollover:

- Full Balance
 Partial Balance Amount \$ _____

- Non Financial Change Requests** – Please select the type of change from the list below.

- Name Change
 Address Change
 Beneficiary Change (Primary/Contingent)

3. Signatures

I understand, acknowledge and certify that:

- Employer Admin Services, Inc. is authorized to review my request for the transaction above.
- I have attached documents necessary for the investment provider to process the transaction.
- If I am requesting a rollover contribution, I have met the applicable requirements under my prior plan to request a rollover distribution.
- If I am requesting a loan from this account, Employer Admin Services, Inc. will determine if the loan feature is available.
- The information provided herein is complete, accurate and true.

X _____
Participant Signature

Date

X _____
Authorized Signature
Employer Admin Services, Inc.

Approval Date

EMPLOYER ADMIN SERVICES, INC
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