

## APPLICATION FOR BENEFITS

As a Participant in \_\_\_\_\_ Plan, I hereby request payment of my benefit as provided below:

**1. Name:**

Street Address: \_\_\_\_\_

City, St. Zip: \_\_\_\_\_, \_\_\_\_\_

SS #: \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Reason for Payment:**  Termination  Death  Disability  Retirement

**Date:** \_\_\_\_\_  Other (describe: \_\_\_\_\_)

**3. Date for Payment**

- As soon as administratively feasible subject to Employer's approval.  
 I do not want a distribution at this time. (Note: Your vested account balance must be at least \$1,000.00)

**4. Form of Payment\***

- Lump Sum (**NOTE: Plan must withhold 20% in federal income tax.**)  100%, or  \$ \_\_\_\_\_  
 Direct Rollover (**NOTE: You must complete election form designating the new plan or IRA.**)  
 Joint & Survivor Annuity

\*The Plan will automatically pay out to you a lump sum less Federal Income Tax withheld if your vested account balance is \$1,000 or less and no election was made.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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### Certification of No Spouse:

I hereby certify that **I am not now married** and that there are no Plan benefits payable to a former spouse under a qualified Domestic Relations Order \_\_\_\_\_

*Initials of Participant*

**OR**

### Spousal Consent:

Print Spouse's Name: \_\_\_\_\_

**I am married**, and my spouse hereby approves of, and consents to the payment option elected above.

\_\_\_\_\_, 20\_\_\_\_\_  
Signed and Sworn on this day.

\_\_\_\_\_  
Signature of Spouse

**Witnessed before:**

\_\_\_\_\_  
*Notary Public Seal*

\_\_\_\_\_  
Plan Representative, or

\_\_\_\_\_  
Signature of Notary Public