
PLAN ADMINISTRATOR INFORMATION SHEET FOR BENEFIT WITHDRAWAL

Participant name: _____

Address: _____

City, ST, Zip: _____ Phone: _____

SSN: _____ Date of Birth: _____

Date of Hire: _____ Marital Status: Married Not Married

REASON FOR DISTRIBUTION:

- In-Service Distribution (Attach Application of In-Service Withdrawal of Vested Benefit)
- Termination of Employment / Plan (circle one) as of _____
- Check this box to authorize an involuntary distribution of vested benefits under \$1,000
- Check this box to authorize an involuntary distribution to participant at age 65
- Retirement from employment as of _____
- Disability of Participant (Attach copy of physician's statement.)
- Death of Participant (Attach copy of death certificate)

Beneficiary Information:

Name: _____
Address: _____
City, State, Zip: _____
Soc. Security No. _____
Relationship to deceased: _____

INFORMATION SINCE LAST VALUATION DATE:

Plan Year: _____
Hours of Service Current Plan Year: _____
Compensation \$ _____
Salary Deferrals \$ _____
Matching Contributions To Date \$ _____
Voluntary Contributions(After-Tax) \$ _____
Other Distributions \$ _____
Loan Disbursement \$ _____
Loan Repayment \$ _____

Signature of Plan Trustee or Authorized Signer (Please type or print name after signature) _____ Date _____

Please Return Completed Application to:

Moran Knobel
10900 NE 8th St., Suite 1310
Bellevue, WA 98004
Fax (425) 451-1668