



BENEFIT AND DISTRIBUTION ELECTION FORM (FOR FORMER EMPLOYEES)

Instructions: Complete each applicable section. Print your name, enter the date, and provide your signature in the final section of the form. Return the form to your former Employer for signature (scanned copies or facsimiles are acceptable; you may retain the original form for your records). **IMPORTANT:** The form should not be submitted to RPG Consultants prior to obtaining your former Employer's signature in section C. Our processing timeline is 5 to 15 business days.

SECTION A – PERSONAL INFORMATION

Plan/Employer Name: _____

Name: _____	E-Mail Address: _____
Address: _____	Home Telephone #: _____ - _____ - _____
Apt/Suite: _____	Date of Birth: _____ / _____ / _____
City, State, Zip: _____	Date of Hire: _____ / _____ / _____
Social Security #: _____	Date of Termination: _____ / _____ / _____
Current Age: _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single

Note: if you are 70 ½ years of age or older (by year-end) and requesting a total rollover but have yet to fulfill your current-year, minimum distribution requirement please complete the required minimum distribution form, available at <http://forms.rpgconsultants.com>

SECTION B - DISTRIBUTION INSTRUCTIONS

Check ALL the applicable boxes below and complete either option A or B. If neither A or B are completed, a total distribution of funds will be processed. Note: Partial distributions may not be permitted in your Plan. Also note, the following elections are irrevocable.

DIRECT (TAXABLE) DISTRIBUTION

- I want the following gross percent/amount of my tax-deferred retirement account paid directly to me (may be subject to an IRS-mandated 20% tax withholding.)

A) _____ % of my account (Gross)	B) \$ _____ amount (Gross)
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- I want the following gross percent/amount of my Roth after-tax retirement account paid directly to me (earnings may be subject to an IRS-mandated 20% tax withholding.)

A) _____ % of my account (Gross)	B) \$ _____ amount (Gross)
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ROLLOVER TO AN IRA

- I want the following percent/amount rolled over from my traditional tax-deferred retirement account to a traditional (tax-deferred) IRA. Please complete the Transferee information on the following page.

A) _____ % of my account	B) \$ _____ amount
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- I want the following percent/amount rolled over from my Roth after-tax retirement account to a Roth IRA. Please complete the Transferee information on the following page.

A) _____ % of my account	B) \$ _____ amount
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ROLLOVER TO A QUALIFIED RETIREMENT PLAN

- I want the following percent/amount rolled over from my traditional tax-deferred retirement account to a qualified tax-deferred retirement account. Please complete the Transferee information on the following page.

A) _____ % of my account	B) \$ _____ amount
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- I want the following percent/amount rolled over from my Roth after-tax retirement account to a qualified Roth retirement account. Please complete the Transferee information on the following page.

A) _____ % of my account	B) \$ _____ amount
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ROLLOVER PAYEE DETAILS:

* Fields required when requesting a rollover. The Plan Trustees will rely solely on the information provided below and are not responsible for rejection by the Payee/Transferee.

Check Payable To:* _____
Mailing Address:* _____
Account Number:* _____
Other Information: _____

ELECTRONIC FUND TRANSFERS (Optional)

Not available for all Plans. Additional fees may apply. If this section is completed we will attempt to transmit your funds via Wire or ACH. However, if it is determined that your information is incomplete or your bank does not accept Wire or ACH transmittals, we will mail a check.

Bank Name and Address: _____
Routing (ABA) Number: _____ Account Type: Checking Savings
Account Number: _____
Other Information: _____

SECTION C - SIGNATURE

Participant:

I have read the "Special Tax Notice Regarding Plan Payments" available for download at <http://specialtaxnotice.rpgconsultants.com>. I acknowledge that a distribution processing fee may apply. I also acknowledge that the liquidation of an account is done pro-rata across all funds in my account and all money-sources in accordance with Plan provisions unless other written instructions are provided. I acknowledge that all completed and signed distribution requests are processed within 30 days of receipt (typically within 15 business days).

_____ Date _____ Name (Please Print) _____ Signature _____

Employer:

I am a Plan Trustee or Authorized Signer. As Trustee or Authorized Signer, I acknowledge that I am responsible for complying with the notice requirements of ERISA and for proper tax reporting and withholding. I also acknowledge that am responsible for all reporting and payment election requirements of the Internal Revenue Code and ERISA.

_____ Date _____ Name (Please Print) _____ Signature _____

For TPA / 3(16) Use

_____ Name (please print) _____ Signature _____
_____ TPA Fee _____ Vesting % _____ Date _____