

**PARTICIPANT  
DEATH BENEFIT  
DISTRIBUTION  
ELECTION FORM**



## **Instructions:**

### **1) Complete each section of your application form as follows:**

**Section A** – Please type or print all entries for the deceased Participant’s account. All fields in this section must be completed in full (no redactions please).

**Section B** – Please type or print all entries for the Beneficiary requesting the payout. All fields in this section must be completed in full (no redactions please). Be sure to attach a copy of the Death Certificate as well as a copy of a signed Beneficiary Designation document naming you as a beneficiary.

**Section C** – Indicate your desired distribution elections: 1) Direct Distribution paid to you (taxes may apply), 2) Rollover to an IRA held in your name, or 3) Rollover to a Qualified Retirement Plan (QRP) account held in your name.

**Section D** – Indicate which Money Type(s) or Source(s) you would like distributed. Please complete a separate distribution election form for each unique Money Type/Source indicated in this section.

**Section E** – Indicate your payee and mailing details. All payments will be made by check and sent using USPS First Class Mail. You have the option to have your check sent via UPS/FedEx/Overnight (cannot send to a PO Box) for an additional fee. Electronic fund transfers such as wire, direct deposit, or ACH are not available. The Plan will rely solely on the payee and mailing instructions provided by you and is not responsible for transmittal errors, which may lead to a rejected transmittal by the receiving financial institution or deposits being credited to an incorrect account. Please be sure to verify your payee and mailing details with the receiving financial institution, and if available, attach transmittal instructions supplied to you by the receiving financial institution to your completed election form. Additional fees may apply for rejected, returned, or reissued transmittals. Your distribution and payment elections are irrevocable.

**Section F** – Indicate your tax withholding elections. For direct distributions, a Federal income tax withholding of 20% is mandated. In addition, State taxes will be withheld for States that mandate state income tax withholdings. You have the option to have additional amounts withheld for Federal and/or State income taxes.

Please print your name, sign and date the form. Do not submit your completed application form to the Plan Sponsor. See section 2 and 3 below for instructions for submitting your form for processing.

### **2) Attach a copy of one of the following forms of photo ID for yourself AND the deceased Participant (Current or Valid within the past 6 months):** (Cell phone/tablet images that show the entire ID clearly, as well as black and white photocopies, are accepted)

- Driver's license or photo ID card issued by federal, state or local government agency
- U.S. Passport, U.S. Passport Card, or Foreign Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- College/University ID card that contains a photograph
- U.S. Military card or U.S. Coast Guard Merchant Mariner Card
- Native American tribal document that contains a photograph
- Employment Authorization Document that contains a photograph (Form I-766)

**3) Return the completed (and signed) application form to RPG Consultants for processing.** Do not send your form directly to the Plan Sponsor. Our office will obtain the Plan Sponsor’s authorization and signature on a separate document. Partially completed forms will be rejected and returned to sender. You may upload your completed application form securely to our website using our secure file transfer portal at <https://files.rpgconsultants.com/filedrop/Support> or visit [www.rpgconsultants.com](http://www.rpgconsultants.com), click on the “Secure File Upload” link from the Resources > Client Resources menu and select the “Support” department. On the file upload page, enter your email address, Plan name and your full name in the subject line, enter an optional message in the body, and attach your application form and copy of picture ID (see section 2 above). Be sure to click the “Send” button at the bottom of the screen and wait for appearance of the “**Files Sent, Thank you!**” on-screen confirmation message (shown below) before closing the web page.

**Files Sent, Thank you!**

**Important Information:** Our processing timeline is 5 to 15 business days. Processing fees apply. Depending on your distribution elections, Federal and/or State tax withholdings may apply. For more details, please carefully review the Special Tax Notice available at <http://specialtaxnotice.rpgconsultants.com>. A Form 1099-R tax document will be issued and mailed to you at the end of January of the following year.



**DEATH BENEFIT DISTRIBUTION ELECTION FORM**

**SECTION A - DECEASED PARTICIPANT INFORMATION**

Employer Name:	Social Security No.:
Participant Name:	Date of Birth:
Address:	Date of Hire:
Apt/Suite:	Date of Death:
City, State, Zip:	Account Balance*:

**SECTION B - BENEFICIARY INFORMATION**

I have attached a copy of the Death Certificate, and Beneficiary Designation document referencing me as a beneficiary.

Beneficiary Name:	Social Security No.:
Address:	Date of Birth:
Apt/Suite:	E-mail Address:
City, State, Zip:	Home Phone No.:

**SECTION C - DISTRIBUTION ELECTIONS**

- Direct Distribution (paid to me or my bank account)
- Rollover to an Individual Retirement Account (IRA)
- Rollover to a Qualified Retirement Plan (QRP)

**SECTION D - SOURCE/MONEY TYPE | see (+) below**

- Tax-Deferred Assets
- Roth Assets
- After-Tax Contributions       After-Tax Earnings

**SECTION E - PAYMENT ELECTIONS**

Make check payable to:	Account # (≠):
Mail check to following address:	
Optional (additional fee applies):	<input type="checkbox"/> Check this box to have your check sent via UPS/FedEx/Overnight (no PO box)

≠ If making your check payable to a financial account (like a checking, saving, brokerage, IRA or QRP account), please provide your account number and attach documentation demonstrating your ownership of the destination account. Acceptable forms of supporting documentation include recent statements (for a pre-existing account) or a letter of acceptance from the receiving financial institution (for newly established accounts.)

**SECTION F – TAX WITHHOLDINGS - (DIRECT DISTRIBUTIONS ONLY)**

20% is mandated for federal income taxes. State taxes will be withheld for states that mandate state income tax withholdings.

Optional - Withhold additional Federal Income taxes: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Optional - Withhold additional State Income taxes: \$ \_\_\_\_\_ or \_\_\_\_\_ %

\* Enter the exact account balance as of the date of your signature at the bottom of this form. Please call RPG Support if you require assistance.  
 + Please complete a separate distribution election form for each unique Money Type/ Source indicated in section C above.

I have read the “Special Tax Notice Regarding Plan Payments” at <http://specialtaxnotice.rpgconsultants.com>. I acknowledge that a) processing fees apply, b) requests are processed within 30 days of receipt, c) accounts are liquidated pro-rata from all sources and all investments, d) the Plan will rely solely on the information provided by me on this form and is not responsible for errors in my instructions.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Date                                  Name (Please Print)                                  Signature