

**PARTICIPANT**  
**QUALIFIED DOMESTIC**  
**RELATIONS ORDER**  
**(QDRO) DISTRIBUTION**  
**ELECTION FORM**



## ACCOUNT OWNER INSTRUCTIONS:

**1) Section A** – The Account Owner must type or print all entries in Section A only. All fields in this section must be completed in full (no redactions please). The court-designated Payee must complete the remainder of the form.

**2) Attach to this form a copy of one of the following forms of photo ID (must be valid or recently expired):**

(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)

## COURT-DESIGNATED PAYEE INSTRUCTIONS:

**Section B** – The Payee must type or print all entries in this and all subsequent sections of this form. All fields in this section must be completed in full (no redactions please). The Payee must submit the completed form along with a copy of the Account Owner's ID.

**Section C** – Indicate your desired distribution elections: 1) Direct Distribution paid to you (taxes & penalties 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 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 E** – 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. For individuals under 59½ years of age, a 10% penalty will apply unless an exception applies. The 10% penalty will not be withheld unless requested. You have the option to have additional amounts withheld for Federal and/or State income taxes.

Finally, please print your name, sign and date the bottom of the form. See below for instructions on submitting the form.

**3) Return the completed (and signed) application form to RPG Consultants for processing.** Do not send your form directly to the Account Owner or the Plan Sponsor. Our office will obtain the Plan Sponsor's 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 the completed form and a copy of the Account Owner's ID (see section 2 above) and court-approved Qualified Domestic Relations Order (signed by the presiding Judge). 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. If you prefer to send your application form by e-mail, please send to [support@rpgconsultants.com](mailto:support@rpgconsultants.com). If you prefer to send by fax, please send to 1 (212) 947-4866.

**Files Sent, Thank you!**

**Important Information:** Our processing timeline is 5 to 15 business days. Processing fees apply. Depending on your distribution elections and age, Federal and/or State tax withholdings as well as an additional 10% early-distribution penalty may apply. For more details, please visit <http://specialtaxnotice.rpgconsultants.com>. A Form 1099-R tax document will be issued and mailed to the Court-Designated Payee at the end of January of the following year.



**QUALIFIED DOMESTIC RELATIONS ORDER - DISTRIBUTION ELECTION FORM**

**SECTION A - ACCOUNT OWNER INFORMATION**

Plan Name:		Social Security No.:	
Full Legal Name:		Date of Birth:	
Address:		Date of Hire:	
Apt/Suite:		E-mail Address:	
City, State, Zip:		Phone No.:	
Current Age:		Account Balance*:	

**SECTION B – COURT-DESIGNATED PAYEE INFORMATION**

I have previously submitted a copy of the court-approved Qualified Domestic Relations Order (signed by presiding Judge)

Payee 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 deposited in my bank account)

Rollover to an Individual Retirement Account (IRA)

Rollover to a Qualified Retirement Plan (QRP)

**SECTION D - 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 E – TAX WITHHOLDINGS - (FOR 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.

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 investments, d) the Plan will rely solely on the information provided in the court-approved QDRO and by me on this form and is not responsible for errors in my instructions.

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