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## DEATH BENEFIT DISTRIBUTION FORM

Plan Name

**Instructions:**

- 1) Enter Company name above and complete each applicable section (“A” through “D”).
- 2) Print and sign your name, and date the form in Section E.
- 3) Attach a copy of the Death Certificate.
- 4) Return the complete form to the Participant’s former Employer for Trustee/Employer certification. The form will then be returned to the RPG Client Services Department for processing.

### SECTION A – PARTICIPANT INFORMATION

Name: _____	E-Mail Address: _____
Address: _____	Home Telephone #: _____
Apt/Suite: _____	Date of Birth: _____
City, State, Zip: _____	Date of Hire: _____
Social Security #: _____	Date of Death: _____

### SECTION B – BENEFICIARY INFORMATION

Name: _____	E-Mail Address: _____
Address: _____	Home Telephone #: _____
Apt/Suite: _____	Date of Birth: _____
City, State, Zip: _____	Relationship: _____
Social Security #: _____	

I have attached a copy of the Death Certificate

### SECTION C - DISTRIBUTION INSTRUCTIONS

**Check ALL the applicable boxes below AND EITHER option A, or B (if neither A or B are selected, a total distribution of funds will be processed). I understand that the following elections are irrevocable.**

- I want the following amounts of the pre-tax account paid directly to me (Taxes may be withheld)
 

A) _____% of the account	B) \$_____ amount
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- I want the following amounts of the after-tax Roth account paid directly to me (Taxes may be withheld)
 

A) _____% of the account	B) \$_____ amount
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- I want the following amounts of the pre-tax account rolled over into my traditional IRA or qualified Retirement Account [Complete the Transferee information on the second page of this form]
 

A) _____% of the pre-tax account	B) \$_____ amount of the pre-tax account
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- I want the following amounts of the after-tax Roth account rolled over into my Roth IRA or qualified Roth Retirement Account [Complete the Transferee information on the second page of this form]
 

A) _____% of the Roth account	B) \$_____ amount of the Roth account
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