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**REQUEST FOR IN-SERVICE WITHDRAWAL  
 (Active Employees Only)**

Plan Name

**Instructions:**

- 1) Enter Company name above.
- 2) Complete each applicable section.
- 3) Print, sign your name, and date the form in Signatures Section.
- 4) Return to your Employer who will sign and fax the form to the number above.

**PERSONAL INFORMATION**

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

**WITHDRAWAL AMOUNT** *(Please complete below):*

I hereby request a withdrawal in the amount indicated below:

- Maximum amount available to me *(To be calculated at the time of processing)*
- The following amount: \$ \_\_\_\_\_ *(Certain restrictions may not allow you to withdraw the full amount requested)*

**MANDATORY FEDERAL TAX WITHHOLDING**

I understand that a mandatory 20% Federal Tax withholding will occur unless the amount withdrawn is directly rolled over into an IRA or another Qualified Plan. I also understand that a 10% penalty may apply if I am under 59 ½ years of age or I use the funds withdrawn to pay for certain deductible medical expenses as provided by law.

**OPTIONAL/ADDITIONAL WITHHOLDING AMOUNT**

- Withhold the following additional amount \$ \_\_\_\_\_ or percentage \_\_\_\_\_ % from my withdrawal.

**YOUR MONEY WILL BE SENT TO:**

(The plan trustees will rely solely on the information provided below and will not be responsible for non-acceptance by the Transferee)

Check Payable To: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Other Information: \_\_\_\_\_

**FORDIRECTDEPOSITS** *(Optional; Not available to all Plans; Additional fee may apply):*

Bank Name and Address: \_\_\_\_\_  
 Routing (ABA) Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Checking  Savings

**SIGNATURES:****Participant:**

I have received and read the “Special Tax Notice Regarding Plan Payments” available for download at <http://specialtaxnotice.rpgny.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.

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

**Employerand/orPlanTrustee:**

IamaPlanTrustee. As Trustee, 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 \_\_\_\_\_

<b>For TPA Use Only</b>	Name (Please Print)	Signature
	TPA Fee	Vesting %