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QDRO DISTRIBUTION ELECTION FORM

Plan Name

Instructions:

Please complete all applicable sections. Print, sign and return the form to RPG Client Services Department by email or fax.

SECTION A – PARTICIPANT INFORMATION

Name: _____ E-Mail Address: _____
 Soc. Sec. #: _____ Date of Birth: _____
 Telephone #: _____ Date of Hire: _____

SECTION B – PAYEE INFORMATION

Name: _____ E-Mail Address: _____
 Soc. Sec. #: _____ Address 1: _____
 Date of Birth: _____ Address 2: _____
 Telephone #: _____ City/State/Zip: _____

SECTION C – PAYMENT INFORMATION

Amount of distribution is in accordance with associated Qualified Domestic Relations Order (QDRO)
 Check one: Rollover IRA Rollover 401k Direct Payment

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

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

FOR WIRE TRANSMITTALS *(Optional; not available to all Plans; additional fees may apply)*

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

Date
Payee (Please Print)
Signature

Additional acknowledgement/signatures required on page 2

SECTION D – SIGNATURE

Participant Signature:

I acknowledge that I have received and read the “Special Tax Notice Regarding Plan Payments” available for download at <http://specialtaxnotice.rpgconsultants.com>. I also acknowledge that there may be 1099-R processing fee payable to RPG Consultants.

Note: Liquidation of an account is done pro-rata across all funds in your account and all money-sources in accordance with Plan provisions unless other written instructions are provided.

| | | |
|------|-----------------------------------|-----------|
| Date | Participant (Please Print) | Signature |
|------|-----------------------------------|-----------|

| | | |
|-------------------------|---------------------|-----------|
| For TPA Use Only | | |
| _____ | Name (Please Print) | Signature |
| TPA Fee | Distribution Amount | Date |