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REQUIRED MINIMUM 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:	_____
Address:	_____	Home Telephone #:	_____
Apt/Suite:	_____	Date of Birth:	_____
City, State, Zip:	_____	Social Security #:	_____

SECTION B – BENEFICIARY INFORMATION

Name:	_____	Date of Birth:	_____
Relationship:	_____	Social Security #:	_____
<small>(Spouse or Other)</small>			

Do not use my Beneficiary Information to calculate my distribution. I elect to use only my Life Expectancy.

SECTION C – TAX WITHHOLDING ELECTION

- Withhold Federal Income Tax of _____% (Must be 10% or greater)
- Withhold Federal Income Tax of \$_____

SECTION D – PAYMENT INFORMATION

- Send check payable to me to my home address shown above via USPS First Class Mail
- Deposit* the funds directly into my bank account as follows:

Bank Name: Address, _____
 City, State: Routing _____
 (ABA) Number: Account _____
 Number: _____
 Account Type: Checking Savings Other Specify:

* Additional fees may apply. Direct deposit may not be available for certain Plans.

Note: The proceeds from a Required Minimum Distribution cannot be rolled-over into an IRA or Qualified Retirement Plan.

RMD Deferral (optional):

If you attain age 70.5 this year, the IRS permits you to defer taking your first RMD until April 1st of the following year. If you choose to exercise this option and defer your first RMD until the following year, you will be required to take two RMDs that year (one no later than April 1st, and a second no later than December 31st). For all subsequent years, your RMD will be due by December 31st.

Check this box if you wish to delay your first RMD until April 1st of the following year. We will process your deferred RMD in March in accordance with the instructions provided above.

SECTION E – SIGNATURE

Participant Signature:

The information above should be used until I notify RPG Consultants Client Service Department in writing with a new RMD election form.

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

Plan Trustee Signature:

As the Plan Administrator and trustee, I am responsible for complying with the notice requirements of ERISA and for proper tax reporting and withholding. As the Plan trustee I am responsible for all reporting and payment election requirements of the Internal Revenue Code and ERISA. I am aware that there may be a loan fee payable to RPG Consultants per our contract.

_____ Date _____ Trustee (Please Print) _____ Signature

For TPA Use Only

_____	Name (Please Print)	Signature
TPA Fee	Vesting %	Date