

# REQUEST FOR IN-SERVICE DISTRIBUTION

## SECTION I - PARTICIPANT INFORMATION

Company Name: \_\_\_\_\_  
Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address City State Zip Code

## SECTION II - DISTRIBUTION ELECTION

- I elect to have my distribution made in the form of a direct rollover to an Institutional Intelligent Portfolio (IIP) IRA established at Charles Schwab, with a portfolio of my choosing professionally managed by PCA Investment Advisory Services, Inc. The distribution of my entire account balance should be made payable to TR Charles Schwab. Acct # \_\_\_\_\_.
- I elect to have my distribution paid in the form of a direct rollover to an IRA or another qualified retirement plan listed below. Please rollover  Full Amount or-  \$ \_\_\_\_\_. (Please note Roth 401(k) Distributions can only be rolled over into another Roth 401(k) or Roth IRA).
- I elect to have my distribution *paid to me*. I understand that the Plan Administrator is required to withhold 20% of my distribution for federal income tax withholding. Please pay me:  Full Amount or-  \$ \_\_\_\_\_  Gross or  Net of federal tax withholding.
- I elect to have \$ \_\_\_\_\_ of my distribution paid to me  Gross or  Net of federal tax withholding. The remaining amount of my distribution will be made in the form of a rollover to an IRA or another qualified retirement plan. Please distribute the portion to be rolled over to the financial institution listed below.

## SECTION III - DIRECT ROLLOVER INFORMATION

Recipient IRA or Retirement Plan: \_\_\_\_\_  
Make check payable to: \_\_\_\_\_  
Account Number (if applicable): \_\_\_\_\_  
Address to send Direct Rollover: \_\_\_\_\_ Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Rollover contact name and phone number: \_\_\_\_\_

## SECTION IV - ROTH DIRECT ROLLOVER INFORMATION

Recipient IRA or Retirement Plan: \_\_\_\_\_  
Make check payable to: \_\_\_\_\_  
Account Number (if applicable): \_\_\_\_\_  
Address to send Direct Rollover: \_\_\_\_\_ Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Rollover contact name and phone number: \_\_\_\_\_

## SECTION V - PAYMENT METHOD

**Bank Name and Address must be provided below, or a check will be sent to the address listed above.**

Account Type:  Checking or  Savings  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ Bank Address \_\_\_\_\_ Bank City \_\_\_\_\_ Bank State \_\_\_\_\_ Bank Zip \_\_\_\_\_  
Bank Wire ABA/Routing Number (9 digits): \_\_\_\_\_  
**\*DO NOT provide the routing number from your personal checkbook. Please confirm with your bank the WIRE ABA/Routing number. If the wire is rejected, a check will be sent to the address listed above and wire fees may apply.**  
Bank Account Number: \_\_\_\_\_

**SECTION VI – STATE TAX WITHHOLDING**

Enter state of residence at time of withdrawal. State of Residence \_\_\_\_\_

State of Residence	Options for State Tax Withholding
AR, CT, DC, DE, IA, KS, MA, MD, ME, MI, NC, NE, OK, VA, VT	You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.
CA, OR	You may opt out of the mandatory state withholding by checking here. _____
AL, CO, GA, HI, ID, IL, IN, KY, LA, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV	You may elect voluntary state income tax withholding by providing a percentage amount here. _____%
AK, AZ, FL, NH, NV, SD, TN, TX, WA, WY	State tax will not be withheld from any distribution.

**SECTION VII - PARTICIPANT SIGNATURE**

I hereby acknowledge that I have received the Special Tax and Right to Defer Distribution Notices and attest to the distribution instructions elected above. The information is complete and accurate to the best of my knowledge. If applicable, I certify that the qualified retirement plan or IRA to receive my payment(s) is an eligible plan for purposes of receiving direct rollovers. I understand that I have the right to consider my distribution options for 30 days. By completing and returning this form, I am electing to waive the 30-day waiting period and I request that my distribution be made as soon as possible. **A VALID COPY OF A PHOTO ID ISSUED BY A STATE OR GOVERNMENT AGENCY MUST BE ATTACHED FOR THIS DISTRIBUTION TO BE PROCESSED.**

Initial: I have attached a valid copy of my photo ID or driver's license matching my current address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER**

\_\_\_\_\_  
Plan Sponsor or Trustee Signature

\_\_\_\_\_  
Date