



1075 Broken Sound Parkway NW, Suite 100
 Boca Raton, Florida 33487-3511
 800-356-3009 or 561-241-9244
 Fax 561-241-1070

Auto Enrollment 90-Day Cancellation Distribution Form

Participant Name _____ Social Security Number _____		
Participant Address _____		
City _____	State _____	Zip _____
Phone Number: _____ Payroll Company: _____ Worksite Employer: _____		

Valid for distribution requests issued within a 90-day period commencing from the initial contribution under the auto-enrollment program.

Additional information regarding your 401(k) auto-enrollment cancellation:

- The full amount of participant's deferrals including gains or losses will be distributed.
- Employer matching contribution, if any, will be forfeited, regardless of your vested percentage in your account.
- There is no early withdrawal penalty for these distributions regardless of your age.
- The gross distribution is reportable to you as income in the year the distribution is made. Distributions in excess of \$200 are required to have 20% of the federal taxes withheld.
- You will receive a 1099R for the gross distribution by January of the following year.
- Distribution is not eligible for Rollover.

Please distribute my employee 401(k) deferral contributions to me. I do not wish to participate in the 401(k) plan at this time.

Participant Signature (required)

Date

Print Name

Plan Administrator Signature (required)

Date

Print Name



Please mail or fax the complete form to:
 Slavic Integrated Administration
 Attn: Accounting Department
 1075 Broken Sound Parkway, NW Ste 100
 Boca Raton, FL 33487
 Fax: 561-241-1070