



Slavic Integrated Administration
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Boca Raton, FL 33487-3540
PH: 800-356-3009 FAX: 561-241-1070
e-mail address: customers@slavic.net

ALLOW 60 DAYS FOR PROCESSING

Dear Participant:

Our office has been contacted regarding your termination, in-service distribution, retirement with your organization, or the termination of the 401(k) Retirement Plan. Your account balance will be distributed to you in compliance with the provisions and precedents set forth by the Plan and all applicable laws. Please refer to your most recent benefit statement to determine the approximate value of your vested interest.

If the amount due is \$5,000 or less, it will be distributed to you as soon as administratively practicable per your elected form of payment. If the amount is over \$5,000, payment can be deferred, if you elect, until you attain your normal retirement age under the Plan. You have the right to elect an earlier distribution date and if the plan allows, an alternate form of payment, such as a single lump sum, IRA rollover or qualified plan. Please refer to the enclosed "Plan Distribution Request" form to elect your form of payment.

Any distribution that you receive will be subject to Income Taxes in the year in which it is received if you do not transfer the payment to a traditional IRA or other qualified plan within 60 days of receipt. By the date of distribution, if you have not attained age 59 1/2 or the Plan's earliest retirement age, it may also be the subject to a 10% Federal excise tax and possible state taxes. The Plan Trustee is required to withhold taxes from your distribution unless you are to be paid less than \$200. However, you can avoid any withholding if you transfer directly from your fund company to another qualified plan or an IRA. Please review the "Special Tax Notice Regarding Plan Payments" enclosure in order to familiarize yourself with these tax issues.

In order for the Plan Trustee to distribute your balance, you must complete and sign the enclosed forms to indicate your desired payment option and tax withholding preference, if applicable. Return the completed forms by fax or mail to our office. Normally, you must wait at least 30 days before you may make your payment election, but may waive this waiting period by returning your forms sooner.

If you should have any questions, please do not hesitate to call our office, at 800-356-3009.

Thank you,

Customer Service
Slavic Integrated Administration

Enclosures

For overnight service please include a check payable to SIA in the amount of \$20.00 and provide a street address

ADDITIONAL DOCUMENTATION REQUIRED IF REQUESTING FOR ONE OF THE FOLLOWING:

- (1) **Disabled** Letter from Social Security or doctor stating your disability and time period disabled
- (2) **QDRO** Signed QDRO by a judge
- (3) **Death** Copy of the death certificate, ssn card and picture ID of beneficiary



Financial Group®

Retirement Financial Services
PO Box 2248
Fort Wayne IN 46801-2248
Phone 800 248-0838
Fax 260 455-6626

Trustee Directive for Benefit Payment

Lump Sum Distribution or Partial In Service Withdrawal

Participant Information

Our records will be updated to reflect the address given here.

Contract/Certificate number		
Plan name		
Participant name		
Address		
City, State	ZIP	-
Social Security number	Daytime phone number	
Date of birth (mm/dd/yyyy)	Date of hire	
Alternate contact name	Alternate phone number	
Alternate address		

Form and Type of Benefit Election

- I elect to receive a lump sum payment of my entire account balance.
- I elect to receive a lump sum payment in the amount of \$ _____

Note: You may specify the sources (classes) only or both the sources and accounts from which you would like your assets withdrawn by completing the appropriate section on page 24 and returning it with your distribution request. Otherwise, we will deduct from the first account with a balance completely depleting that account prior to moving to the next account, until the full amount has been withdrawn. Confirmation will be sent to the participant or trustee indicating how the withdrawal was processed and which accounts were used.

Voluntary Tax Withholding Election

Please consult your tax advisor prior to making any elections. Federal tax of 20% will be withheld on a lump sum distribution unless instructed to withhold at a higher rate. Refer to pages 6-11 of this booklet for more information. State taxes will be withheld at the appropriate rate when applicable.

North Carolina Residents - Participants whose distributions are not subject to Federal tax withholding may request to not have State tax withholding (W4-NC form must be attached).

- Instead of 20% withholding, withhold at _____% (may not be lower than 20%).
- Non-Spousal Death Distribution** - Instead of 10% withholding, withhold at _____% (may be as low as 0%).

Payment Instructions

- The check will be mailed to the participant's address as given in the Participant Information Section above.
- The check will be mailed to the Trustee.
- The funds will be sent directly to the financial institution listed below via ACH. (If incomplete or inaccurate information is received, a check will be sent to the participant.)

ABA number (nine digit bank routing number or attach a voided check)

Account number Checking Savings

Account owner name

Financial institution name

Address

City, State ZIP -

Reason for Distribution

To be completed by plan administrator/trustee

- Retirement as of _____
- Employment termination as of _____
- Disability as of _____
- Death as of _____ (Include copy of Death Certificate for TPA)
- *Employer plan termination as of _____
- *In Service withdrawal as of _____
- QDRO as of _____ (please complete the Alternate Payee Section on the back of this form)
- *Employer Initiated Event (layoff, plant shutdown, sale, merger, consolidation, reorganization, spinoff or any other program)
- *Contract surrender charges and/or a market value adjustment may apply.

Complete the back of this page.

Vesting

Must complete vesting or distribution will not be processed.

To be completed by plan administrator/ third party administrator.

Indicate the number of hours worked in year of severance of employment _____
Will outstanding loan balance roll to new institution? Yes No
Is there an outstanding loan? Yes Outstanding loan balance: \$ _____
 No
Does this distribution contain after tax dollars? Yes
 No
After tax basis \$ _____

Indicate percentage vested by source below:

Employer (A)	Employer Discretionary (C)	Employer Matching (D)	Bundled (L) (Employer & Employee)	Employer Secondary Match (U)

Alternate Payee

Complete if distribution due to QDRO.

Name _____ Date of birth _____
Soc. Sec. no. _____ Relationship _____
Address _____
City, State _____ ZIP _____ -

Beneficiary Designation

Complete if distribution due to death.

Name _____
Soc. Sec. no. _____ Relationship _____
Address _____
City, State _____ ZIP _____ -

*For additional Beneficiaries, please provide the information requested above on a separate sheet.

Individual Life Insurance Policies

This form will only distribute assets from the DirectorSM contract. Contact your plan administrator for information on other assets or life insurance policies in the plan.

Participant and Spouse Signatures

Spousal consent not required for all plans. Please check with your plan administrator.

By signing below you certify that the information contained on this form is complete and accurate. You understand that if voluntary tax withholding is available for your distribution, and you fail to complete the Voluntary Tax Withholding Election section of this form that taxes will be withheld at 20% on the lump sum distribution. You also authorize the plan fiduciary to direct Retirement Financial Services to issue payment according to the selection made in this form.

Participant/Beneficiary signature _____ Date _____

Check here if you do not have a living spouse.

By signing below, you, the spouse, consent to the election by your spouse to waive the qualified joint and survivor annuity form of payment and/or the election of an immediate distribution of the benefit. You further acknowledge that the qualified joint and survivor annuity has been explained to you and you understand the effect of such election and that signing here will cause you to give up important rights to which you may otherwise be entitled.

Spouse signature _____ Date _____

(Required if Vested Account Balance is greater than \$5000)

Witness signature _____ Date _____

(Notary Public or Plan Representative)

Signature/ Authorization

Form will be returned if appropriate signatures are not present.

By signing below, you, the plan administrator/trustee, certify that the participant has been provided a written explanation of the rollover rules, the special tax treatment available to lump sum distributions, the direct rollover option and the mandatory income tax withholding rules. You also direct Retirement Financial Services to process the benefit election selected on this form.

Plan administrator/
Trustee name (Please print) _____
Plan administrator/
Trustee signature _____ Date _____

TPA Authorization code _____ Initials _____ Date _____