SIA
SLAVIC INTEGRATED ADMINISTRATION

1075 Broken Sound Parkway NW, Suite 100
Boca Raton, Florida 33487-3511
800-356-3009
Fax 561-241-1070 or 561 241 9442

BENEFICIARY DISTRIBUTION REQUEST FORM

ALLOW 3 WEEKS FOR PROCESSING

Please fax or mail form to Slavic.

☐ CHECK FOR OVERNIGHT MAIL SERVICE
($20.00 fee will be deducted from your account)

Deceased Participant Name _____ Social Security Number _____

Participant Address_____

_____
City State Zip

Date of Birth _____ Date of Death_____

Payroll Company _____ Worksite Employer _____

Beneficiary Information

Check One

☐ Surviving Spouse ☐ Other Beneficiary (specify %_____)

Beneficiary Name_____

Beneficiary Social Security Number _____ Beneficiary Driver's License _____

Beneficiary Address_____
(Street address required for overnight service)

_____
City State Zip

Phone Number_____ Email Address_____

IRC 404(c) account closing fee of $40 will be deducted from your account.

Distribution type (circle one):

☐ Disbursed to myself
(subject to 20% tax withholding mandatory for surviving spouse only)

☐ Rolled to an IRA account
(Surviving spouse only)

☐ Rolled to a Qualified 401(k) Plan
(Surviving spouse only)

☐ Rolled to an Inherited IRA
(Other beneficiary)

If rolling into an IRA , 401(k) plan or to an Inherited IRA

Check Payable _____

Contact Person _____ Phone Number _____

Financial Institution Name _____

_____
Mailing Address Suite Number

_____ Acct. Number _____
City State Zip

Please provide a copy of the following documents:

- Death Certificate
- Beneficiary Social Security Card
- Beneficiary Driver's License
- Inherited IRA Application (only if rolling to an Inherited IRA)

I have received the Special Tax Notice Regarding Plan Payments, which explains the tax consequences of, and the direct rollover option available with respect to my distribution from my **401(k) Retirement Savings Plan**. I understand that I have the right to consider the information provided in the Special Tax Notice Regarding Plan Payments for at least 30 days. To the extent that my distribution form the Plan can be made, or begin to be made, before the close of the 30-day period beginning with the date I received the Special Tax Notice. I hereby waive my right to consider the content of that notice for the full 30-day period and I hereby consent to the making of my distribution from the Plan as soon as administratively feasible. Slavic Integrated Administration will start the liquidation process for marketable assets 30 days after requests for termination are submitted. This acknowledges that you have received the form 402(f) tax notification by the IRS Published Notice 92-45.

_____ _____ _____

Signature (required) **Date** **Print Name**