



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

BENEFICIARY DISTRIBUTION REQUEST FORM

ALLOW 60 DAYS FOR PROCESSING

Please fax or mail form to Slavic.

CHECK FOR OVERNIGHT MAIL SERVICE
 60 days to process, then check will be sent overnight
 (\$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 _____ Social Security Number _____
 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
- Social Security Card
- 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 from 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