

COMPANY NAME:			
Company Contact:		Contact Phone:	
Contact Email:			

PARTICIPANT INFORMATION

Participant's Name:			
Street Address:			
City, State, Zip:			
Last 4 digits SSN#: ###-##-		Birth Date:	Hire Date:

DISTRIBUTION REASON

<input type="checkbox"/> Severance of Employment Date:		Hours of Service <i>(since last Plan Year End):</i>	
<input type="checkbox"/> Hardship Withdrawal Amount:		<input type="checkbox"/> Participant Loan Amt:	
<input type="checkbox"/> In-Service Withdrawal Amount:		<input type="checkbox"/> Retirement Date:	

(For QDROs, plan terminations, excess deferrals or corrective distributions, please contact plan consultant)

PARTICIPANT LOAN DATA

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Requested Term of the Loan in Months
60 month maximum unless for purchase of principal residence (120 maximum term):

CONTRIBUTIONS & EXISTING LOANS

Total Amount of Contributions for Employee Since Last Plan Year End:

401(k) Pre-Tax:		401(k) Roth:	
Employer Matching:		Safe Harbor (other):	

Have All Contributions Been Deposited? Yes No *(if No, complete breakdown below)*

Pre-Tax/Roth Amt:		When:		Employer Amt:		When:	
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Does the Participant Have any Outstanding Participant Loan Balances? Yes No

MAILING INSTRUCTIONS

Email to Plan Sponsor to distribute Mail to Participant at Address Above *(cc to Plan Sponsor)*

AUTHORIZATION & RETURN INFORMATION *(below)*

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Employer's Signature

Date