

**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**

Severance of Employment Date:

Hours of Service  
(since last Plan Year End):

Hardship Withdrawal Amount:

Participant Loan Amt:

In-Service Withdrawal Amount:

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:

**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)*

*Employer's Signature*

*Date*