



181 South Franklin Avenue, Suite 202
Valley Stream, NY 11581
Ph: (212) 947-4800
Fax: (212) 947-4866
info@rpgny.com

DISTRIBUTION OPTIONS FOR TERMINATED PARTICIPANTS

If you are interested in taking a distribution from your Retirement Plan, we suggest you speak with your plan's investment advisor to discuss your options. Please contact your HR department or our office at info@rpgny.com for your investment advisor's name and telephone number.

If, after speaking with your investment advisor, you determine that you are ready to take a distribution from your Retirement Plan you will need to complete the "Benefit and Distribution Election Form for Terminated Participants".

You have 3 options when you leave the company that was sponsoring your Retirement Plan:

- 1)** You can take a direct distribution. A check will be sent to you. 20% tax will be withheld, you may incur additional tax penalties, contact your tax professional. Check, "Lump Sum Distribution" in Section B and part 1 of Section C.
- 2)** You can roll your money into an IRA account. No taxes are withheld. Check, "Lump Sum Distribution" in Section B, complete part 2 of Section C and complete Section C with the name and address of the trustee, where the check should be sent.
- 3)** You can roll your money into a qualified retirement plan of another employer. No taxes are withheld. Check, "Lump Sum Distribution" in Section B, complete part 3 of Section C and complete Section C with the name and address of the trustee, where the check should be sent.

Please call our office at 212-947-4800 or email info@rpgny.com for more information.



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BENEFIT AND DISTRIBUTION ELECTION FORM FOR TERMINATED PARTICIPANTS

Company Name

Instructions:

- 1) Enter Company name above.
 - 2) Complete each applicable section (“A” through “E”).
 - 3) Print and sign your name, and date the form in Section E.
 - 4) Return to your Employer who will sign and fax to number above.
- I have read the explanation of the types of payments available and the income tax withholding requirements if a lump sum distribution is elected. I have indicated my election(s) below:

SECTION A – PERSONAL INFORMATION

Name: _____	E-Mail Address: _____
Address: _____	Home Telephone #: _____
Apt/Suite: _____	Date of Birth: _____
City, State, Zip: _____	Date of Hire: _____
Social Security #: _____	Date of Termination: _____

SECTION B - TYPE OF PAYMENT

If you elect a lump sum distribution you will not receive a Joint and Survivor income or a lifetime income. (This section must be completed.)

- Lump Sum Distribution**
 I elect to waive the payment of my benefit in the form of a retirement income. Please pay my benefit in accordance with the instructions completed in Section C.
- Retirement Income** (not applicable to 401(k) Plans or if total benefit is \$5,000 or less)
 Please provide information on lifetime income options. I understand that an election to receive this information does not prevent me from electing the lump sum distribution at a later date. (Skip Section C)

SECTION C - DISTRIBUTION INSTRUCTIONS

Check **ONE** of the three boxes **AND EITHER A, B, OR C. (B and C are subject to an additional administrative fee).**

I UNDERSTAND THAT THE FOLLOWING ELECTIONS ARE IRREVOCABLE.

- I want the following amounts of my distribution paid directly to me. (Taxes may be withheld.)
 CHOOSE ONE:
 A) All of my account B) % of my account _____ C) \$ amount _____
- I want the following amounts of my distribution rolled over into an IRA Account.
 CHOOSE ONE and complete the Transferee information on the second page of this form:
 A) All of my account B) % of my account _____ C) \$ amount _____
- I want the following amounts of my distribution rolled over into a qualified Retirement Plan of another employer. CHOOSE ONE and complete the Transferee information on the second page of this form:
 A) All of my account B) % of my account _____ C) \$ amount _____

The plan trustees will rely solely on the information provided below and will not be responsible for non-acceptance by the Transferee.

Name of Trustee of the Transferee: _____
Address of Transferee: _____
Suite #: _____
City, State, Zip _____
Account Number: _____
Other Information: _____

SECTION D – SPOUSAL CONSENT

IMPORTANT NOTE: If you are married and you elect to receive a Lump Sum Distribution (from section B), your spouse must consent and sign the Spousal Consent section below before a Notary Public. No consent is required if you do not have a spouse or your spouse cannot be located or if your account balance does not exceed \$5,000.

Please check if applicable: I have no spouse.
 My spouse cannot be located

SPOUSAL CONSENT

I hereby irrevocably consent to the lump sum election indicated on this form. By my consent, I acknowledge that I will not be entitled to a lifetime income from the plan if my spouse pre-deceases me.

_____ Date _____ Name of Spouse _____ Signature

WITNESS:

On this ____ day of _____, 20____, personally appeared before me _____, represented as the spouse of _____, who acknowledged and consented to the lump sum election on this form as his/her voluntary act and deed.

NOTARY _____ NOTARY PUBLIC: _____

SEAL

My commission expires on: _____

SECTION E - SIGNATURES

Participant :

I acknowledge that I have received and read the "Special Tax Notice Regarding Plan Payments" available for download at <http://specialtaxnotice.rpgny.com>.

*Liquidation of an account is done pro-rata across all funds in your account and all money-sources in accordance with Plan provisions unless other written instructions are provided.

_____ Date _____ Name (Please Print) _____ Signature

Employer:

As the Plan Administrator and trustee, I am responsible for complying with the notice requirements of ERISA and for proper tax reporting and withholding. As the Plan trustee I am responsible for all reporting and payment election requirements of the Internal Revenue Code and ERISA.

_____ Date _____ Name (Please Print) _____ Signature

TPA:

_____ Vesting % _____ Name (Please Print) _____ Signature