

## 1 Participant Information *(Please complete the following information)*

PARTICIPANT NAME			
ACCOUNT NUMBER	EMPLOYER PLAN NAME	EIN	
ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		PHONE NUMBER	

## 2 Marital Status of Participant *(If Not Applicable, Skip to Number Four)*

I certify that I am married _____ <i>(Participant's Initials)</i>	
SPOUSE NAME	SPOUSE DATE OF BIRTH

## 3 Consent of Spouse

**Distributions of \$5,000 or More Requires Spousal Signature.**

I, the undersigned spouse of the participant, have read the Participant's request for distribution, and hereby consent to distribution of my spouse's benefits under the plan in the form requested. I have signed this consent freely and voluntarily.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_ and executed the above Consent of Spouse.

IN WITNESS WHEREOF, I have signed my name and affixed my official seal of office on:

Signature of Notary: \_\_\_\_\_

Notary Public- State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

## 4 Type of Distribution

<input type="checkbox"/> <b>FULL DISTRIBUTION</b>  <i>(All asset (s) in the IRA account will be distributed to the IRA holder personally. A full distribution is considered a termination for your plan.)</i>	<input type="checkbox"/> <b>PARTIAL DISTRIBUTION</b> <i>(Only distribute cash/assets as described below)</i> <input type="checkbox"/> <b>CASH ONLY</b> : AMOUNT \$ _____ <input type="checkbox"/> <b>IN-KIND*</b> <i>(A current FMV Form and re-registration documents must be provided to distribute assets in-kind)</i> <b>ASSET(S) TO BE DISTRIBUTED:</b> _____ _____
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## 5 Method of Payment *(Check and fill in where applicable)*

WIRE    ACH

BANK NAME	BANK ABA/ROUTING NUMBER
ACCOUNT NAME	ACCOUNT NUMBER
REFERENCE NUMBER	

CHECK

PAYEE NAME		TELEPHONE NUMBER <i>(for overnight deliveries)</i>	
ADDRESS	CITY	STATE	ZIP CODE

### Check Delivery Instructions

<input type="checkbox"/> REGULAR MAIL	<input type="checkbox"/> OVERNIGHT MAIL <i>(additional fee applies)</i>
<input type="checkbox"/> BILL TO THIRD PARTY <input type="checkbox"/> FedEx or <input type="checkbox"/> UPS   Account #:	

## 6 Signatures

I certify that I am the proper party to receive payment (s) from this qualified plan account and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Entrust and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Entrust shall in no way be responsible for those consequences. **PLEASE SIGN AND MAIL THIS FORM TO ENTRUST.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

## 7 Approval by Plan Administrator

The above request is hereby approved, and the Trustee is authorized to distribute the Participant's benefits in accordance with such request.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_