

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 *(select one)*

<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED <i>(Please see Consent of Spouse in section 3)</i>	<input type="checkbox"/> WIDOWED OR DIVORCED
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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 *(select one)*☐ FULL DISTRIBUTION

(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.)

☐ PARTIAL DISTRIBUTION *(Only distribute cash/assets as described below)*

☐ CASH ONLY: AMOUNT \$ _____

☐ IN-KIND* *(A current FMV Form and re-registration documents must be provided to distribute assets in-kind)*

ASSET(S) TO BE DISTRIBUTED:

5 Method of Payment

PLEASE SELECT YOUR FUNDING METHOD (select one): ☐ WIRE ☐ CHECK ☐ CASHIER'S CHECK ☐ ACH

For WIRE and ACH (Please complete the information below)

ACH PAYMENT NOTICE

Some banks have ACH delivery instructions character limit policies in place. If the bank does not receive all required ACH information due to the character limits, payment processing may not occur. Therefore, selecting ACH could slow down your transaction or result in having to repeat the process if the bank cannot read all the information required to process the payment.

BANK NAME	PAYEE NAME		
BANK ABA / ROUTING NUMBER	PAYEE STREET ADDRESS		
ACCOUNT NUMBER	CITY	STATE	ZIP CODE
ADDITIONAL INFORMATION			

For CHECK and CASHIER'S CHECK (Please complete the information below)

PAYEE NAME	PAYEE PHONE NUMBER		
PAYEE STREET ADDRESS	CITY	STATE	ZIP CODE

☐ MAIL CHECK TO (If different from Payee Address)

NAME	PHONE NUMBER (for overnight delivery)		
STREET ADDRESS	CITY	STATE	ZIP CODE

SEND CHECK VIA:

<input type="checkbox"/> Regular Mail	Overnight Delivery (\$40 fee applies; cannot overnight to a PO Box) <input type="checkbox"/> Charge my Entrust Account <input type="checkbox"/> Use third-party billing <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Account #: _____
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ADDITIONAL INFORMATION

6 Signature

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: _____