DYATECH

AUTO ROLLOVER DISTRIBUTION FORM

AUTO Rollover Account with Mid Atlantic Trust

PARTICIPANT INFORMATION

Social Security Number | First Name | MI | Last Name

Address

City | State | Zip Code | + 4

( ) Work Phone Number | ( ) Home Phone Number | Date of Birth

WITHDRAWAL AMOUNT

☐ Maximum Amount

Or

☐ Specific Dollar Amount $ _____

Notice: A $55 check processing fee will be deducted.

WITHDRAWAL INSTRUCTIONS

☐ 100 % Cash — 20% Federal Taxes will be deducted
☐ 100 % Rolled Over — Please complete the Rollover instructions below
☐ Split Distribution — Please indicate the dollar amount or percentage of your account to be distributed to you in **cash**.

Specific Dollar Amount **$**_____ ***OR*** _____ % (This is for the cash part of the split distribution)

Please review the Special Tax Notice and complete the Rollover Instructions for the balance of your withdrawal.

ROLLOVER INSTRUCTIONS

☐ Qualified Retirement Plan ☐ IRA

Name of Financial Institution/Trustee

Account Number

Address Line

City | State | Zip Code | + 4

PARTICIPANT/SPOUSE AUTHORIZATION

Please Note: In order to process this distribution, a copy of your Drivers License is required along with this Form.

_____
Signature of Participant (Required) Date

Please fax completed form to 601-914-0525 or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. Incomplete forms will be discarded after 30 days of receipt if completed form is not received. For assistance with forms, please contact Client Services at 866-651-4222.