



DISTRIBUTION FORM – DUE TO DEATH

Company Name

PARTICIPANT INFORMATION

Social Security Number, First Name, MI, Last Name, Date of Birth, Date of Death, Relationship to Beneficiary

BENEFICIARY INFORMATION

Social Security Number, First Name, MI, Last Name, Address, City, State, Zip Code, Work Phone Number, Home Phone Number, Date of Birth

WITHDRAWAL AMOUNT

Maximum Amount OR Specific Dollar Amount \$ OR Percent of Benefit Entitled To: %

WITHDRAWAL INSTRUCTIONS

100% Cash, 100% Rolled Over, Split Distribution, 20% Federal Taxes will be deducted, Specific Dollar Amount \$ OR %

ROLLOVER INSTRUCTIONS

Name of Financial Institution/Trustee, Account Number, Address Line, City, State, Zip Code

BENEFICIARY AUTHORIZATION

Signature of Beneficiary, Date

PLAN ADMINISTRATOR USE ONLY

Beneficiary is: Participant of the Plan, Spouse, Not the Spouse

Amount to be distributed to this Beneficiary:

% OR \$

A certified copy of the death certificate is attached. (REQUIRED)

I authorize the above transaction and acknowledge that the information provided herein is complete and accurate.

Signature of Plan Authorized Signer, Date

Printed Name of Plan Authorized Signer

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.