



Company Name	Plan Number
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PARTICIPANT INFORMATION

- -		MI	
Social Security Number	First Name		Last Name

WITHDRAWAL AMOUNT

Maximum Amount Or Specific Dollar \$

WITHDRAWAL INSTRUCTIONS

100 % Cash (Please refer to the Tax Withholding information section below)

100 % Rollover 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. Please review the Special Tax Notice and complete the Rollover Instructions for the balance of your withdrawal.)

\$ OR %

TAX WITHHOLDING INFORMATION

Please withhold the following percentage from the taxable portion of my distribution: % (must be greater than 20%)

ROLLOVER INSTRUCTIONS

Qualified Retirement Plan IRA

Name of Financial Institution/Trustee

Account Number

Address Line 1

Address Line 2

	State	Zip Code	+ 4
City			

ALTERNATE PAYEE AUTHORIZATION

- -		MI	
Social Security Number	First Name		Last Name

Address

	State	Zip Code	+ 4
City			

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Work Phone Number Home Phone Number Date of Birth

	Date		Date
Signature of Alternate Payee		Signature of Witness/Notary	

PLAN ADMINISTRATOR USE ONLY

Alternate Payee is: Participant of the plan Spouse or former spouse Not the Spouse

Amount to be distributed to Alternate Payee: \$ Or %

Effective Date: / /

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Establish a plan account in the name of the Alternate Payee.

A copy of the QDRO is attached.

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

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.

Signature of Plan Authorized Signer	Date
Printed Name of Plan Authorized Signer	