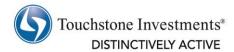




Money Purchase Program Application for Death Benefit Form

Please complete all form sections. We also require a copy of your driver's license or other identifying documents prior to processing your request.

1. EMPLOYEE INFORMATION						
Deceased Employee Name			Social Security Number			
Date of Employment			Date of Birth	Date of Death		
Date of Employment			Date of Billin	Bate of Boath		
				•		
2. EMPLOYER INFORMATION			Franks and Contract N			
EmployerName	Employer Name			Employer Contact Name		
Street Address			Contact Phone			
City	State	7in Codo	For Internal Use			
City	State	Zip Code	For internal ose			
	1	1				
3. BENEFICIARY INFORMATION*			Demofision de Occident	O a south Ma		
Designated Beneficiary Name			Beneficiary's Social	Security No.		
Street	Daytime Phone		Beneficiary's Date of Birth			
City	State	Zip Code	For Internal Use			
City	State	Zip Code	For internal ose			
L *Please fill out a separate form for each beneficiary	ı ∕and subı	nit together	1			
,						
4. APPLICATION FOR DEATH BENEFIT						
As the Beneficiary of% of the death benefit of t designated Beneficiary, on behalf of the estate of the dec						
below. Attached to this Application is a copy of the Employ			у арру тограутын ог	The death belieff as indicated		
Partial distribution amount \$	or	☐ Full o	distribution			
I HEREBY ELECT TO RECEIVE MY DISTRIBUTION	ON AS FO	OLLOWS (Se	lect one ontion be	low)·		
	<u> JITAO I C</u>	<u> </u>				
	Single Lump Sum Payment in Cash					
Single Lump Sum Direct Rollover (provide inform	Single Lump Sum Direct Rollover (provide information in Part 5 below)					
☐ Combination Cash (payable to me) and Direct Re	Combination Cash (payable to me) and Direct Rollover					
Cash Distribution Amount \$	(balar	nce will be dire	ctly rolled over in acco	ordance with Part 5 below)		
☐ Installment Payments:						
Frequency (select one):						
☐ Annual ☐ Semi Annual ☐ Quarterly ☐] Monthly					
Payment Amount (select one):						
☐ Dollar amount \$ or ☐ Ove	er y	ears, or if earlie	er, until my account is	fully distributed		
All checks, including Rollovers, will be sent to t			-			





Money Purchase Program Application for Death Benefit Form

5.	DIRECT ROLLOVER INSTRUCTIONS						
	In accordance with my election in Part 4 above, I hereby elect to directly roll over my Money Purchase Program distribution to another eligible employer plan, IRA or Inherited IRA (non-spouse beneficiaries only) as indicated below*:						
Na	ame of: ☐ Receiving Plan ☐ Individual Retirement Account ☐ Inherited IRA (non-spouse beneficiaries only)						
St	reet Address Contact Person						
Ci	ty State Zip Code Phone						
	irect Rollovers must be accompanied by a signed acceptance from the successor custodian (provided by the ccessor)						
6.	. FEDERAL INCOME TAX WITHHOLDING						
Fec	ou are a surviving spouse or a non-spouse beneficiary and you elect payment directly to you, 20% mandatory withholding for deral income tax applies and may not be waived.						
7.	STATE INCOME TAX WITHHOLDING						
	(Note: If you reside in a state that does not have state income tax, please skip this Part.)						
The taxable portion of your payment may also be subject to STATE income tax. If state income taxes are not withheld from your payment, you are liable for any state income tax on the taxable portion of your payment. In certain states, you may also be subject to penalties under estimated tax payment rules. If you do not complete this Part, state income tax will only be withheld if required by the state and at the state's withholding default rate. You will need to provide any required state withholding forms for your election of withholding or election out of withholding. (For tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.)							
•	I reside in a state that requires state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld. I understand that state income taxes will be withheld at the statutory income tax rates unless I notify you otherwise I also understand that certain states may allow me to elect out of state withholding.						
	I hereby elect out of mandatory state withholding. I understand that my state must allow for this election.						
•	I reside in a state that does not require state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld, but allows me to request income taxes to be withheld. I hereby make a voluntary election to have:						
	\$						





Money Purchase Program Application for Death Benefit Form

Application for Death Benefit Form				
8. BENEFICIARY CERTIFICATION	ON			
I hereby certify that I have read the Special T understand that payment of the death benefit	ax Notice Regarding Plan Payments and the information contained in Part 4 above. It is that I have elected will be taxable to me.			
Beneficiary Signature (Handwritten signature; Typed signatures	are not valid and will not be accepted)			
Date				
9. USICG OFFICE USE ONLY				
USICG Authorization	Date			
Please mail or fax co	Ompleted form (keep Special Tax Notice for your records) to: USI Consulting Group Attn: Touchstone Investments Service Team 95 Glastonbury Blvd. Suite 102			
	Glastonbury, CT 06033-6503			

Phone: (866) 305-8846, Plan Code 656 Fax: (610) 537-2708

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Vested %	d/f	M* a/c			