Touchstone Investments®
DISTINCTIVELY ACTIVE

USI CONSULTING GROUP

Money Purchase Program
Application for Death Benefit Form

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

1.	EMPLOYEE INFORMATION

Deceased Employee Name	Social Security Number	
Date of Employment	Date of Birth	Date of Death

2.	EMPLOYER INFORMATION

Employer Name		Employer Contact Name
Street Address		Contact Phone
City	State	Zip Code	For Internal Use

3.	BENEFICIARY INFORMATION*

Designated Beneficiary Name		Beneficiary's Social Security No.
Street		Beneficiary's Date of Birth
City	State	Zip Code	For Internal Use
Daytime Phone		Email Address

Please fill out a separate form for each beneficiary and submit together

4.	APPLICATION FOR DEATH BENEFIT

As the Beneficiary of _____% of the death benefit of the above referenced Employer's Program Account, or in the absence of a designated Beneficiary, on behalf of the estate of the deceased Employee, I hereby apply for payment of the death benefit as indicated below. Attached to this Application is a copy of the <u>Employee's Death Certificate</u>.

Partial distribution amount $ _____   **or**   ☐ Full distribution

I HEREBY ELECT TO RECEIVE MY DISTRIBUTION AS FOLLOWS (Select one option below):

☐   Single Lump Sum Payment in Cash

☐   Single Lump Sum Direct Rollover (provide information in Part 5 below)

☐   Combination Cash (payable to me) and Direct Rollover

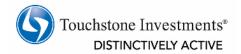　　Cash Distribution Amount $_____ (balance will be directly rolled over in accordance with Part 5 below)

☐   Installment Payments:

　　Frequency (select one):

　　☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

　　Payment Amount (select one):

　　☐ Dollar amount $_____   **or** ☐ Over _____ years, or if earlier, until my account is fully distributed

All checks, including Rollovers, will be sent to the address listed in Part 3 above.

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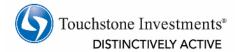
5.	PAYMENT INSTRUCTIONS

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*:

☐ Receiving Employer Plan *(unavailable to non-spouse beneficiary)*

☐ Individual Retirement Account (IRA)

☐ Inherited IRA *(non-spouse beneficiaries only)*

☐ Payment Directly to Me

CHECK INSTRUCTIONS for **Payment to a Rollover Institution**: **Complete to request a rollover check payable to another employer plan or IRA - provide instruction below as directed by the financial institution to indicate how the rollover check should be made payable. The rollover check will be mailed to you. You may not cash the check and must deliver it to the rollover plan or IRA for deposit into your account.**

Make check payable to: (Name of Financial Institution)

For Benefit Of (FBO): (Participant name)

Plan name and/or Account # (if applicable)

WIRE INSTRUCTIONS for **Payment to a Rollover Institution:**
(Information in this section pertains to the rollover institution ONLY; do not enter your name or personal banking info. here)

Financial Institution Name:		
ABA/Routing Number (9 digits):	Account Number:	
Account Owner Name:	For Further Credit:	
Financial Institution City:	State:	Zip Code:

DIRECT DEPOSIT for **Payment Directly to Me:**

☐ Direct Deposit to my Checking account	☐ Direct Deposit to my Savings account
Financial Institution Name:	
ABA/Routing Number (9 digits):	
Account Number:	
Account Owner Name:	

Direct Rollovers must be accompanied by a signed acceptance from the successor custodian (provided by the successor)

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6.	FEDERAL INCOME TAX WITHHOLDING

If you are a non-spouse designated beneficiary, payment may be treated as an "eligible rollover distribution" which can be directly transferred to an "inherited IRA" (see Part 5).

If you are a surviving spouse or a non-spouse beneficiary and you elect payment directly to you, 20% mandatory withholding for Federal 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.)
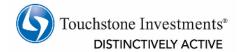
The taxable portion of your payment may also be subject to STATE income tax. If state income taxes are not withheld from your payment, you are liable for any state income tax on the taxable portion of your payment. In certain states, you may also be subject to penalties under estimated tax payment rules. 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:

    $ _____.00 withheld for state income tax. **OR** _____% withheld for state income tax.

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8.	BENEFICIARY CERTIFICATION

I hereby certify that I have read the Special Tax Notice Regarding Plan Payments and the information contained in Part 4 above. I understand that payment of the death benefits 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, email or fax completed 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
Email: Touchstonefinancialadvisors@usi.com

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