

Money Purchase Program Distribution Request Form

All sections must be completed. Incomplete forms will be returned. We also require a copy of your driver's license or other identifying documents prior to processing your request.

1. PARTICIPANT INFORMATION				
Participant Name			Social Security Number	
Mailing Address Daytime Phone Number			Separation/Retirement Date (if applicable)	
City	State	Zip Code	Date of Birth	Date of Hire
Daytime Phone Number		Email Address		

2. EMPLOYER INFORMATION				
Employer Name			Employer Contact Name	
Mailing Address			Contact Phone:	
City			State	Zip Code
			Contact Fax:	
			Email Address	

3. REQUEST FOR DISTRIBUTION

I understand that distributions from Retirement accounts are only allowed under certain circumstances. I hereby request a distribution from my 401(a) Program Account for the following reason: **(check one)**

- Age 59 ½ or older
 Separation from service
 Plan Termination*
 Disability
 Required minimum distribution**
 Other: _____ (provide reason)

*Please provide Transfer/Acceptance paperwork from the new Institution if transferring assets to another Retirement Plan.

**Please note that required minimum distributions will only be taken from your 401(a) Program Account and may not include your total retirement portfolio which may not meet your required minimum.

All distributions will be made in the form of a check. All checks will be mailed to the participant at the mailing address included in Box 1 above. (Exception: Amounts to be rolled over to a Touchstone Investments IRA will be mailed directly to Touchstone Investments. Your Touchstone Investments IRA application should be mailed directly to Touchstone Investments.)

4. DISTRIBUTION OPTIONS/FORM OF PAYMENT ELECTION

Distribution amount for this transaction: (choose one)

- Partial distribution in the amount of \$ _____
 Full Distribution

I hereby elect to receive the amount indicated above as follows (Select one option below):

- Single Lump Sum Cash Payment payable to me
 Single Lump Sum Direct Rollover (provide information in Part 5 below)
 Combination Cash (payable to me) and Direct Rollover
 \$ _____ paid directly to me with remaining balance to be directly rolled over in accordance with Part 5 below
 Installment Payments (choose frequency below):
 Annual Semi Annual Quarterly Monthly
 Installment Payment Amount (select one):
 Dollar amount \$ _____ **or** Over _____ years, or until my account is fully distributed, if earlier

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5. DIRECT ROLLOVER INSTRUCTIONS

In accordance with my election in Part 4 above, I elect to directly roll over my 401(a) Program distribution to:

- an IRA with Touchstone Investments
 an IRA with another provider
 another eligible employer plan

If you chose an IRA with Touchstone Investments, the check will be sent directly to Touchstone Investments. You must have an existing Touchstone Investments IRA or set up a new IRA account by completing a Touchstone Investments IRA application. You must submit your Touchstone Investments IRA application directly to Touchstone Investments. Do not include it with this form. Skip to Part 8.

Choose Mailing Option for IRA with Touchstone Investments:

<input type="checkbox"/> First Class Mail: Touchstone Investments P.O. Box 534467 Pittsburgh, PA 15253-4467	<input type="checkbox"/> Overnight Mail: Touchstone Investments Attention: 534467 500 Ross Street, 154-0520 Pittsburgh, PA 15262 Phone: 800.543.0407 FED EX Account # _____ UPS Account # _____
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Complete Payment Instructions for Rollover to another IRA provider or another eligible retirement plan and/or Payment to Me:

- Receiving Employer Plan
 Individual Retirement Account (IRA)
 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:

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6. CERTIFICATION OF MARITAL STATUS – PARTICIPANT AFFIDAVIT

I am over the age of eighteen and understand the obligations of an oath. I hereby certify that I am:

- Single**—I certify under penalties of perjury that I am not married as of the date that this form is signed. I understand that if I marry after this date, but before distribution commences, the rules for married individuals will apply to me.
- Married**—I certify that I am married as of the date of this form. *(Please read and complete Part 5)*
- Married**—I certify that I am married but that my spouse cannot be located to sign this consent. I will notify the Plan Administrator if my spouse is located.

I understand that willfully falsifying statements on this form can be punishable by fine or imprisonment. (US Code Title 18, Section 1027)

Participant Signature	Date
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WITNESSED BY:

Plan Administrator Authorization	Date
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OR

Sworn before me this _____ day of _____, in the state of _____, county of _____

Notary Public Signature	My Commission Expires:
	Notary Seal

7. JOINT AND SURVIVOR ANNUITY (Notice, Election, Consent)

As a married participant in the Plan, you have accumulated benefits that will be paid to you under the provisions of the Plan. This notice will explain to you the 50% joint and survivor annuity, which is the form in which your benefits will be paid unless you make the election provided in this notice.

A 50% joint and survivor annuity form of payment provides you with monthly payments for your life and, upon your death, a monthly payment during your spouse’s lifetime equal to 50% of the monthly payment you received prior to your death. Because your spouse will receive a 50% survivor payment, the relative financial effect of a joint and survivor annuity is to reduce the monthly payments you would otherwise have received had payments been made to you in the form of a single life annuity, or alternate form of payment under the Plan. You may elect in writing not to receive your benefits in the form of a 50% joint and survivor annuity. You must make this election during the 180-day period before your benefits are to be paid. However, your spouse must consent in writing before a Plan representative or Notary Public to your election. You may also revoke this election before your benefits begin. In the event you elect to waive the 50% joint and survivor annuity form of payment, and your spouse has consented to that waiver, the Administrator will distribute your benefits to you according to the form of payment you select under the terms of the Plan.

It is important that you and your spouse understand your rights and obligations regarding this joint and survivor annuity form of payment. You should address any questions to the Administrator.

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EXPLANATION OF WAITING PERIOD

Federal law provides that benefit payments may not begin until thirty (30) days following the date this Joint and Survivor Annuity (Notice, Election, Consent) form is received by you, even if you choose not to waive the joint and survivor annuity form of payment. However, you may elect to waive this mandatory 30-day waiting period provided that your benefit payments commence more than seven (7) days following your receipt of the Joint and Survivor Annuity (Notice, Election, Consent) form. If you choose to waive the 30-day waiting period, the period of time during which you may change your payment election is limited. ***Please note that if you have waived the joint and survivor annuity and you wish to waive the 30-day waiting period, your spouse must also consent in writing to this waiver.***

ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY

As a participant in the Plan, I hereby acknowledge that I have been informed by the Administrator that my benefits will be paid to me in the form of a 50% joint and survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver; that I understand the terms of a joint and survivor annuity and the financial effects of a waiver, and that I may revoke any waiver in effect. I hereby elect to waive the 50% joint and survivor annuity form of payment and elect to receive payment as indicated on my Application for Benefits.

Witness	Date	Participant's Signature	Date
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SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse not to have the benefits under the Plan paid in the form of a 50% joint and survivor annuity. I further acknowledge that I understand that :

- (a) the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death,
- (b) my spouse's waiver is not valid unless I consent to it, and
- (c) that my consent is irrevocable unless my spouse revokes this waiver.

Notary Public	Date	Participant's Spouse	Date
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Notary Seal

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8. FEDERAL INCOME TAX WITHHOLDING

For distributions that are eligible for rollover to another eligible plan or arrangement, federal law requires that 20% of any lump sum payment made directly to you be withheld for income tax purposes unless you elect a direct rollover. Please see the Special Tax Notice for further details.

Required Minimum Distributions from your account are not eligible for direct rollover but are subject to 10% withholding for Federal income tax purposes. You may elect NOT to have 10% withholding apply to your distribution. However, even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. If you do NOT want withholding to apply to your required minimum distribution, please indicate by checking the box here: .

9. 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. (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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10. PARTICIPANT AUTHORIZATION

I understand that my distribution is subject to a fee of \$25 for each check, ACH and/or Wire issued and \$35 for each Form 1099-R required. I certify that I have read and understand the attached Special Tax Notice and request the distribution elected above. By signing this Distribution Request Form, I hereby waive the 30-Day Notice Period outlined in the attached Special Tax Notice.

Participant Signature (Handwritten signature; Typed signatures are not valid and will not be accepted)

Date

Please mail 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

11. USICG OFFICE USE ONLY

USICG Authorization

Date

For USI Consulting Group Office Use ONLY

Vested %	d/f	M* a/c
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