



Profit Sharing 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			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 Profit-Sharing Program Account for the following reason: **(check one)**

☐ Age 59 ½ or older ☐ Separation from service ☐ Plan Termination* ☐ Disability ☐ Plan-to-Plan Transfer**

*Please note additional documents will be required for Plan Termination.

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

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):

☐ **Payment directly to a rollover IRA or eligible employer plan – check ONE option:**

☐ Send check (you must complete Section B) OR ☐ Wire (you must complete Section C)

☐ **Payment directly to me (subject to mandatory 20% federal income tax withholding) – check ONE option:**

☐ Send check payable to me at the address in Part 1 OR ☐ Direct Deposit or ACH (you must complete Section D)

☐ **Payment of a portion \$_____ directly to me. Check ONE option for this portion of the payment.**

☐ Send check payable to me at the address in Part 1 OR ☐ Direct Deposit or ACH (you must complete Section D)

AND the remaining balance paid directly to a rollover IRA or eligible employer plan. Also check ONE option:

☐ Send check (you must complete Section B) OR ☐ Wire (you must complete Section C)

☐ **Installment Payments \$_____ per installment until my account is fully distributed—check ONE option:**

☐ Send check payable to me at the address in Part 1 OR ☐ Direct Deposit (you must complete Section D)

Frequency (check ONE box): ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Note: If your plan assesses distribution fees, they will apply to each installment.



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5. DIRECT ROLLOVER INSTRUCTIONS

In accordance with my election in Part 4 above, I elect to directly roll over my Profit Sharing Program distribution to:

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

If you choose 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. Choose your mailing option below then, Skip to Part 8.

Choose Mailing Option for IRA with Touchstone Investments: (check one)

<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 an IRA or an eligible employer plan and/or Payment to Me:

SECTION B: 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)

SECTION C: 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:

SECTION D: 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. 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: ☐.

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. (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. PARTICIPANT AUTHORIZATION

I understand that my distribution is subject to a fee of \$25 for each check, \$35 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

After completing this request, please mail, email or fax completed form and Identification to:

(keep Special Tax Notice for your records)

**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

9. USICG OFFICE USE ONLY

USICG Authorization

Date

For USI Consulting Group Office Use ONLY

Vested %	d/f	M* a/c
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