

401(k) 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

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	Daytime Phone		Beneficiary's Date of Birth
City	State	Zip Code	For Internal Use

*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 Employee's 401(k) 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 Employee's Death Certificate.

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. DIRECT ROLLOVER INSTRUCTIONS

In accordance with my election in Part 4 above, I hereby elect to directly roll over my 401(k) Program distribution to another eligible employer plan, IRA or Inherited IRA (non-spouse beneficiaries only) as indicated below*:

Name of: <input type="checkbox"/> Receiving Plan <input type="checkbox"/> Individual Retirement Account <input type="checkbox"/> Inherited IRA (non-spouse beneficiaries only)			
Street Address			Contact Person
City	State	Zip Code	Phone

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

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 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 657
Fax: (610) 537-2708

For USI Consulting Group Office Use ONLY		
Vested %	d/f	M* a/c