

401(k) 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

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 401(k) accounts are only allowed under certain circumstances. I hereby request a distribution from my 401(k) 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(k) 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

5. DIRECT ROLLOVER INSTRUCTIONS

In accordance with my election in Part 4 above, I elect to directly roll over my 401(k) 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.

If you chose another IRA provider or another eligible retirement plan, complete the following:

Name of <input type="checkbox"/> Receiving Plan or <input type="checkbox"/> Individual Retirement Account			
Street Address		Contact Person	
City	State	Zip Code	Phone

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.

**401(k) Program
Distribution Request Form**

8. 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 657
Fax: (610) 537-2708

9. USICG OFFICE USE ONLY

USICG Authorization

Date

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