

You must attach a copy of the Death Certificate and the Beneficiary Designation Form			
<b>Deceased Participant Information</b>			
Name:		Social Security Number:	
Date of Termination or Death:			
<b>Beneficiary Information</b>			
Name:		Social Security Number:	
Address:		City:	State: Zip:
*Phone Number:		*Email:	
Date of Birth:		Relationship to Deceased:	
<i>*Your contact information is requested in the event that there are any questions or issues with this form. You will not be contacted by us, nor your information provided to a third party, unless we have questions specifically related to this request.</i>			
<b>Distribution Election</b>			
I have received, read, and understand the Special Tax Notice Regarding Plan Payments which contains general information on the rules regarding rollover, direct rollover, withholding, capital gains, and income averaging treatment of distributions. I understand that I have the right to consider this decision a full 30 days from the time I receive this notice before making an election about my benefits. By signing below, I hereby voluntarily elect to waive the waiting period and request immediate payment of my vested benefits as indicated below:			
<b>1. Non-Roth 401(k) Election (Complete this section for Non-Roth 401(k) Funds):</b>			
A) <input type="checkbox"/>	<b>(Tax-Deferred)</b> I elect to directly transfer _____ (enter a dollar amount or 100%) of the taxable portion of my benefit to the eligible Employer-Sponsored Plan or Traditional IRA named in the section below: Direct Rollover Information. I understand that federal and state income tax will not be withheld as a result of this direct rollover.		
B) <input type="checkbox"/>	<b>(Taxable)</b> I elect to receive _____ (enter a dollar amount or 100%) of my benefit in the form of a lump sum payment paid directly to me. I understand that federal income tax will be withheld on the taxable amount of the distribution at a rate of 20% as required under current law. In addition, state tax will be withheld according to my state's guidelines. I may owe an additional 10% early withdrawal penalty.		
C) <input type="checkbox"/>	<b>(Taxable Rollover to Roth IRA)</b> I elect to directly transfer _____ (enter a dollar amount or 100%) of the taxable portion of my benefit to the Roth IRA named below in the Direct Rollover Information section. I understand that this is a taxable distribution and that unless otherwise requested taxes will not be withheld and will be owed to the IRS at a later date. I have reviewed the section in the accompanying notice entitled "If you roll over your payment to a Roth IRA" and certify that I meet the eligibility requirements for this Rollover.		
<b>2. Roth 401(k) Election (Complete this section for Roth 401(k) Funds, if applicable):</b>			
A) <input type="checkbox"/>	<b>(Rollover)</b> I elect to directly transfer _____ (enter a dollar amount or 100%) of the Roth 401(k) portion of my benefit to an eligible Employer-Sponsored Plan or Roth Individual Retirement Account ("Roth IRA") named below: Direct Rollover Information. I understand that federal and state income tax will not be withheld as a result of this direct rollover.		
B) <input type="checkbox"/>	<b>(Taxable)</b> I elect to receive the Roth 401(k) portion of my benefit in the form of a lump sum payment paid directly to me. <b>Please refer to the Special Tax Notice regarding plan payments for specific taxation information on the Roth 401(k) balance in your account.</b>		
<b>Fees and Tracking</b>			



The following fee will be deducted from your check to process your distribution request: **\$75.00**. If you have both Non-Roth 401(k) and Roth 401(k) funds there may be an additional fee. You can track the progress of your distribution online by logging into your account at <http://www.accesscdm.com/>. Once CDM receives your paperwork, you should receive your distribution check within 7-10 business days.

Your distribution check will be issued by: **M.G. TRUST CO.**

**Direct Rollover Information**

**Non-Roth 401(K) (Applicable only if option 1A or 1C was selected above.)**

(Print carefully; your distribution check will be paid according to the instructions below and mailed to your home address.)

Make Check Payable to: \_\_\_\_\_  
(verify this information with your new provider to ensure proper credit)

Plan Name or Account Number: \_\_\_\_\_

**Roth 401(K) (Applicable only if option 2A was selected above.)**

(Print carefully; your distribution check will be paid according to the instructions below and mailed to your home address.)

The receiving account for my distribution will be (select one):  Roth IRA  Qualified Plan

Make Check Payable to: \_\_\_\_\_  
(verify this information with your new provider to ensure proper credit)

Plan Name or Account Number: \_\_\_\_\_

**Required Signature**

I certify that the information shown on this form is correct and that none of the money that I am requesting is subject to a Qualified Domestic Relations Order. Under penalties of perjury, I certify that the number shown on this form is the correct Social Security Number or Taxpayer Identification Number.

**Beneficiary Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Plan Administrator Approval**

I hereby authorize CDM Retirement Consultants, Inc. to distribute to the above named participant in accordance with the election above. I further certify that this decision has been rendered in consistent and uniform manner to all like requests.

**Plan Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_