



Participant Information			
Name:		Social Security Number:	
Address:		City:	State: Zip:
*Phone Number:	*Email:	Hours Worked YTD:	
Date of Birth:	Date of Hire:	Date of Termination:	
*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.			
<input type="checkbox"/>	Distribution Due to Termination of Employment		
--Or--			
<input type="checkbox"/>	In-Service Distribution (Non-Hardship)		
Distribution Election			
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:			
1. Non-Roth 401(k) Election (Complete this section for Non-Roth 401(k) Funds):			
A. <input type="checkbox"/>	(Tax-Deferred) 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 Direct Rollover Information section below. I understand that federal and state income tax will not be withheld as a result of this direct rollover.		
B. <input type="checkbox"/>	(Taxable) 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.		
C. <input type="checkbox"/>	(Taxable Rollover to Roth IRA) 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.		
2. Roth 401(k) Election (Complete this section for Roth 401(k) Funds, if applicable):			
A. <input type="checkbox"/>	(Rollover) 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"/>	(Taxable) I elect to receive the Roth 401(k) portion of my benefit in the form of a lump sum payment paid directly to me. Please refer to the Special Tax Notice regarding plan payments for specific taxation information on the Roth 401(k) balance in your account.		
Payoff of Outstanding Loan (complete only if applicable)			
If you have terminated employment and have an outstanding loan, please check one of the following. If you do not make an election, your loan will automatically be deemed distributed and reported as a taxable distribution upon receipt of this form.			
<input type="checkbox"/>	Attached is a personal check to pay off my loan. (Contact your plan administrator for your payoff amount and check writing instructions. If more than 90 days have elapsed since your date of termination, your loan may have already been defaulted in accordance with federal regulations.)		



<input type="checkbox"/>	I want the loan deemed distributed immediately. I understand that the principal plus interest due will be reported as a taxable distribution for the current year. In addition to ordinary income taxes, I may owe a 10% early withdrawal penalty. Note: If a "Taxable" distribution was selected above, federal and state taxes will be withheld from the <u>total</u> account balance (including the outstanding loan amount).
Fees and Tracking	
The following fee will be deducted from your check to process your distribution request: \$75.00 for a lump sum distribution, or \$75.00 for a partial distribution. If you have selected more than one option above, you will be subject to additional fees. You can track the progress of your distribution online by logging into your account at http://www.accesscdm.com/ . Once CDM receives your completed paperwork, you should expect to receive your distribution check within 7-10 business days. Your distribution check will be issued by: Broadridge on behalf of Matrix Financial Solutions.	
Direct Rollover Information (applicable only if option A or C was selected above.)	
Non-Roth 401(K) (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) (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): <input type="checkbox"/> Roth IRA <input type="checkbox"/> Qualified Plan	
Make Check Payable to: _____ (verify this information with your new provider to ensure proper credit)	
Plan Name or Account Number: _____	
Tax Waiver for Disability	
<input type="checkbox"/>	I certify that I am eligible for a waiver of the 10% penalty because I am currently disabled as defined by the Social Security Administration. (Attached is the supporting documentation. If documentation is not included your 1099-R will reflect a distribution subject to the penalty.)
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.	
Participant 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 a consistent and uniform manner to all like requests.	
Plan Administrator Signature: _____	Date: _____