



# 401(k) Withdrawal Request

(Please complete all portions of this form)

## Section I – Employee Information

Name: \_\_\_\_\_ SS# or Employee # : \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Keep your address current with your employer and the Vista 401(k) plan.

## Section II – Withdrawal Information

1. If you choose to rollover your payment to a traditional retirement account, it will not be subject to the mandatory 20% tax withholding.
2. If you choose to have the payment paid directly to you, 20% will be withheld for Federal Income Taxes. If you are under the age of 59½, you may have to pay an additional 10% tax penalty.
3. If you are requesting a beneficiary withdrawal and you are not the employee’s spouse, 10% will be withheld for Federal Income Taxes.
4. Loans outstanding at the time of distribution will be considered a taxable event. If you wish to payoff your loan prior to requesting a distribution, please contact Customer Service at 866-325-1278 for a loan payoff quote.

If you would like additional federal tax withheld, indicate the desired amount.

Additional Federal Withholding Election: \_\_\_\_\_%

## Section III – Additional Withdrawal Information

**Withdrawal Reason:** (Please Check One)

- Terminated       Over 59 1/2       Retired       Beneficiary Withdrawal (complete section IV)

**Withdrawal Type:** (Please Check One):

- Partial Withdrawal       Final Distribution       Systematic Distribution       Purchase of Service Credits  
 RMD

**Withdrawal Amount:** \$\_\_\_\_\_ (Dollar amount or percentage, for final distribution indicate 100%)

- One Time Distribution       Monthly Distribution       Quarterly Distribution      Start Date\*: \_\_\_\_\_

\* If no start date is communicated Vista 401(k) will start sending quarterly or monthly distributions at our discretion based on the closest available distribution time.

I would like to Stop future contributions to my 401(k) account at this time. (It may take 2 payroll cycles to stop contributions. Be advised that any contributions received after your final withdrawal is processed may incurred additional distribution fees. Contact us if you would like us to hold processing the withdrawal until deductions stop or initial here \_\_\_\_\_.)

## Section IV – Beneficiary Information (Complete ONLY if this is a beneficiary withdrawal)

\*\*\*PLEASE INCLUDE A CERTIFIED COPY OF DEATH CERTIFICATE\*\*\*

Name: \_\_\_\_\_ SS# : \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Employee:      Spouse      Non-Spouse



Name: \_\_\_\_\_ SS# or Employee#: \_\_\_\_\_  
Last First Middle Initial

**Section V – Payment Options**

**FINAL or PARTIAL DISTRIBUTION**

- I want the entire portion paid directly to me. (Complete Section VI)
- I want to rollover: (check one)
  - The entire taxable amount.
  - The following portion \_\_\_\_\_ (dollar amount or percentage) to an IRA or other qualified plan with the remainder paid directly to me.

**ROLLOVER STATEMENT:**

I have elected to rollover all or a portion of my withdrawal directly to the following IRA or other qualified plan. Therefore, please issue a check as follows (Note: all rollovers are mailed in the form of a check):

Check payable to: \_\_\_\_\_ Account # (if applicable) \_\_\_\_\_  
 Address of Plan: \_\_\_\_\_

**Section VI – Payment Type**

Upon receipt of completed paperwork, you will receive your disbursement within ten (10) business days or less. There is a distribution fee charged by the Trust Bank. See the fees below:

- I would like to receive a check (\$20 fee)
- I would like to have payment direct deposited (\$20 fee)

Complete the banking instructions below as directed by your banking institution. (not applicable for rollovers) Please Print Clearly.

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_  
 A.B.A. Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Section VII – Signature**

I hereby certify the above information contained herein is accurate. If I elected a rollover, I hereby certify the plan designated by me to accept the direct rollover is an IRA or qualified plan under section 401(a) of the Internal Revenue Code. I hereby authorize Vista 401(k) to take the necessary actions to complete my request as indicated above. I further understand that the program, as described in the official plan documents, will govern in all cases.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_