



# 401(k) Coronavirus-Related Distribution 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

### Withdrawal Type: Coronavirus-Related Distribution

**Withdrawal Amount:** \_\_\_\_\_ (Dollar amount or percentage, up to \$100,000; for final distribution, put 100%)

## Section III – Federal Withholding Information

- I would like federal taxes withheld. Federal Withholding Election: \_\_\_\_\_ %
- I do not want federal taxes withheld.

## Section IV – Payment Options

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 V – Signature

I hereby certify the above information contained herein is accurate. 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: \_\_\_\_\_