

1 PARTICIPANT INFORMATION (Failure to complete ALL ITEMS in Section 1 will result in a delay processing your withdrawal request)

LAST NAME	FIRST NAME	MI	SS#	DOB
ADDRESS			CITY	STATE
EMAIL			PHONE	
EMPLOYER	WORK LOCATION			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE

➔ Please provide a copy of your valid driver's license or government issued photo identification.

2 WITHDRAWAL INFORMATION

- If you choose to rollover your payment to a traditional retirement account, it will not be subject to the mandatory 20% tax withholding.
- 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.
- 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 additional Federal Withholding Election: _____ %

3 ADDT. WITHDRAWAL INFORMATION

WITHDRAWAL REASON: (Please Check One)

- Employment Ended
 Over 59 1/2
 Retired
 Beneficiary Withdrawal (complete **Section 4**)

WITHDRAWAL TYPE: (Please Check One)

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

WITHDRAWAL AMOUNT: _____ (\$ -OR- %, for final distribution indicate 100%)

- One-Time Distribution*
 Monthly Distribution
 Quarterly Distribution
 (Start Date*: _____)

* Please note that ACH payments are not offered for One-Time Distributions

➔ 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 incur additional distribution fees. Contact us if you would like us to hold processing the withdrawal until deductions stop or initial here _____.)

4 BENEFICIARY INFORMATION (Complete ONLY if this is a beneficiary withdrawal)

LAST NAME	FIRST NAME	MI	SS#
ADDRESS		CITY	STATE
EMAIL		PHONE	
DOB	MARITAL STATUS <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE		

➔ PLEASE INCLUDE A CERTIFIED COPY OF DEATH CERTIFICATE

5 PAYMENT OPTIONS

FINAL OR PARTIAL DISTRIBUTION:

I want the entire portion paid directly to me. (Complete **Section 6**):

I want to rollover (Please Check One):

Entire Taxable Amount _____ (\$ -OR- %) paid 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 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):

CHECKS PAYABLE TO	ACCOUNT # (IF APPLICABLE)		
ADDRESS OF PARTICIPANT	CITY	STATE	ZIP

6 PAYMENT TYPE

(ACH does **NOT** apply to one-time withdrawals)

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)

ACH is only permitted for systematic withdrawals. Complete the banking instructions below as directed by your banking institution. Please print clearly and include all number(s) including any zeros.

LAST NAME OF ACCOUNT HOLDER	FIRST	MI
BANK NAME	ACCOUNT TYPE	
ROUTING #	ACCOUNT #	

7 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: _____