

# DISTRIBUTION REQUEST

## SECTION I - EMPLOYEE PLEASE COMPLETE SECTION & RETURN TO EMPLOYER

Name of Company Plan:	
<b>PARTICIPANT INFORMATION</b>	
Name:	
Address:	
City, State, Zip:	
Home Phone: (      )	Work Phone: (      )
Social Security Number:	Date of Birth:
<b>REASON FOR DISTRIBUTION</b>	
<input type="checkbox"/> Termination <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Other	
<b>DISTRIBUTION INFORMATION</b>	
<i>A processing fee will be taken from any form of distribution per your plan agreement. See your administrator for details.</i>	
<input type="checkbox"/> <b>Cash distribution</b> to Participant or Beneficiary (20% tax deposit withheld) <b>Mail to:</b> <input type="checkbox"/> Plan Administrator <input type="checkbox"/> Participant (address listed above) <input type="checkbox"/> Other	
<input type="checkbox"/> <b>Direct transfer</b> to IRA (no withholding) <input type="checkbox"/> <b>Direct transfer</b> to Qualified plan (no withholding)	
Plan Name:	Capacity: <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian
Account Name & Number:	
Receiving Company:	
Address:	
City, State, Zip:	
<input type="checkbox"/> <b>Other</b>	

<b>PARTICIPANT AUTHORIZATION</b>	
<b>Participant Signature:</b>	<b>Date:</b>
<i>Spousal/Beneficiary consent to this distribution required for distributions over \$5000.</i>	
<b>Spouse/Beneficiary Signature:</b>	<b>Date:</b>

## SECTION II - EMPLOYER PLEASE COMPLETE SECTION BELOW & MAIL/FAX TO CBG

Loan Outstanding: <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No	
Hours Credited in Plan Year of Termination:	Years of Vesting Service:
Date of Hire:	Date of Termination:
<input type="checkbox"/> Given Tax Notice on _____	

<b>PLAN ADMINISTRATOR AUTHORIZATION</b>	
<b>Employer/Trustee Signature:</b>	<b>Date:</b>
<b>Plan Administrator Signature:</b>	<b>Date:</b>



Phone (303) 226-1000 Fax(303) 226-1010