



# Distribution Request Form

## Instructions: General Purpose

For assistance call: 877-535-4419 or visit [www.burkegroup.com](http://www.burkegroup.com)

Plan name: \_\_\_\_\_ Plan ID: \_\_\_\_\_

**Note: This form may not be used for Hardship Withdrawals, Installment Payments, Annuity Payments, or Required Minimum Distributions (RMD). If you require one of these distributions, contact your plan administrator for the appropriate form.**

### Plan participant information (required):

Name (first)		(Middle initial)	(last)	Social Security number / Tax ID	
Date of birth (mm/dd/yyyy)		Daytime Telephone number		E-mail	
Street address			City	State	Zip
Marital status:      Single    [ ]      Married    [ ]					

**Note: If you've applied for a SSN or a TIN but haven't received it, enter the date on which you applied in the Social Security Number / Tax ID box above.**

### Distribution reason (required):

To receive a withdrawal from your retirement plan, you must meet one of the qualifying events below. Not all options listed may be available and plan provisions may limit or restrict some options. Refer to the Distribution Request Form Instructions for an explanation of these distribution reasons.

Choose one of the following:

- Termination of Employment or Retirement
- Beneficiary Payment
- Alternate Payee Payment
- Plan Termination
- In-Service
- Withdrawal of Rollover Contributions
- Disability– became permanently disabled while still an active employee
- Withdrawal of After-Tax Contributions
- Permissible Withdrawal
- Qualified Reservist

**Note: If you are over 70 ½, will reach 70 ½ this year, or are subject to RMD rules (e.g. beneficiary or alternate payee), and have not satisfied your RMD, you must complete the Required Minimum Distribution Form to receive the RMD amount. If you want to have additional amounts distributed (above the RMD amount), complete and return this form. If you have questions regarding whether you are subject to the required minimum distribution rules, please contact your plan administrator or Burke Group. RMD amounts are not eligible to be rolled over. If you are subject to the RMD requirements, please ensure you've satisfied your RMD amount prior to initiating a rollover.**

### Form of Payment (required):

**Non-Roth Funds** (Choose one, if you have non-Roth funds in your account). If you would like to elect an annuity or installment form of payment, please contact us at 877-535-4419. **Note: your plan must allow for the annuity or installment form of payment to receive those forms of distribution:**

**Note: Cash distributions are generally subject to 20% mandatory Federal Income Tax withholding. If you live in a state that mandates state withholding, it will be withheld when federal income tax is withheld.**

- Cash Distribution.** Your distribution will be processed for the dollar amount indicated and mailed to the address of record.

**Choose amount of withdrawal:**

- Partial Distribution of \$ \_\_\_\_\_

- Maximum amount available
- Direct Rollover to another eligible plan or traditional IRA.** Your direct rollover will be processed for the dollar amount indicated and mailed to the address of record.  
**Choose one:**  Eligible plan  Traditional IRA  
**Choose amount of withdrawal:**  
 Partial Distribution of \$ \_\_\_\_\_  
 Maximum amount available  
**Made payable to:** \_\_\_\_\_
- Roth Conversion Rollover to a Roth IRA.** Roth conversion is taxable to you in the year it was converted. A Form 1099-R will be generated for the taxable portion of the converted amount. The Roth conversion rollover will be processed for the dollar amount indicated and mailed to the address of record.  
**Choose amount of withdrawal:**  
 Partial Distribution of \$ \_\_\_\_\_  
 Maximum amount available  
**Made payable to:** \_\_\_\_\_
- Combination of Cash and Direct Rollover.** Your distribution and rollover request will be processed for the dollar amount indicated and mailed to the address of record.  
 \$ \_\_\_\_\_ in cash and remainder rolled over.  
 \$ \_\_\_\_\_ to be rolled over and remainder in cash.  
**Direct Rollover Made payable to:** \_\_\_\_\_

**Roth Funds (Choose one, if you have Roth funds in your account)** If you would like to elect an annuity or installment form of payment, please contact us at **877-535-4419**. Note: your plan must allow for the optional annuity, partial, or installment form of payment to receive this form of distribution:

**Note: Cash distributions of investment gains are subject to 20% mandatory federal income tax withholding UNLESS you are over age 59 ½, deceased, or disabled AND the first Roth contribution you made was at least 5 years ago. If you live in a state that mandates state withholding, it will be withheld when federal income tax is withheld.**

- Cash Distribution.** Your distribution will be processed for the dollar amount indicated and mailed to the address of record.  
**Choose amount of withdrawal:**  
 Partial Distribution of \$ \_\_\_\_\_  
 Maximum amount available
- Direct Rollover to a designated Roth account in another eligible plan or a Roth IRA.** Your direct rollover will be processed for the dollar amount indicated and mailed to the address of record.  
**Choose one:**  Eligible plan  Roth IRA  
**Choose amount of withdrawal:**  
 Partial Distribution of \$ \_\_\_\_\_  
 Maximum amount available  
**Made payable to:** \_\_\_\_\_
- Combination of Cash and Direct Rollover.** Your distribution and rollover request will be processed for the dollar amount indicated and mailed to the address of record.  
 \$ \_\_\_\_\_ in cash and remainder rolled over.  
 \$ \_\_\_\_\_ to be rolled over and remainder in cash.  
**Direct Rollover Made payable to:** \_\_\_\_\_

**Loan information (required for a termination distribution):**

***This section to be completed if you are terminating employment and are taking a full distribution.***

***If you intend to pay the loan off in full,*** contact us at [1-877-535-4419] to obtain accurate loan payoff information prior to submitting this Distribution Request Form. If no option is chosen or we do not receive full payment of any outstanding loan amount, the outstanding loan balance will be treated as taxable. ***Note: we are not able to accept personal checks; we can accept checks from a financial institution, certified check, or money order.***

- N/A - I do not have an outstanding loan.
- I will NOT be paying off my loan. I understand the outstanding balance will be considered a distribution and that I will be responsible for applicable taxes and penalties.

**Tax withholding election (required for cash distributions):**

**Summary of Federal Taxes:** You will owe regular income tax on most cash distributions you receive from the Plan. Taxes will not apply to the part of a cash distribution that consists of after-tax contributions you made, but earnings on those contributions are taxable. Taxes also will not apply to the part of a cash distribution that consists of Roth contributions you made, but earnings on those contributions are taxable unless your distribution is a qualified distribution. You will also owe income tax on any taxable non-Roth funds you are rolling over to a Roth IRA. In addition to regular income tax, you may also owe a 10% early payment penalty if you are under age 59-1/2.

To help offset the taxes you will owe, 20% federal income taxes will be withheld from the taxable portion of most cash distributions. 10% federal income tax will be withheld from permissible withdrawal distributions, unless you elect not to have withholding apply. No income tax will be withheld from taxable non-Roth funds that are rolled over to a Roth IRA, unless you elect to have taxes withheld.

More information regarding the federal tax rules associated with your distribution can be found in the Special Tax Notice.

**Summary of State Taxes:** Depending upon your state of residence, your cash distribution or non-Roth rollover may be subject to state income tax as well as mandatory state income tax withholding. If withholding is mandatory, it will be withheld. You may elect not to have state taxes withheld if withholding is not mandatory, and you may be able to elect to have additional state taxes withheld, by marking the appropriate boxes below.

***Note: If you do not have enough federal or state income tax withheld, you may incur under-withholding penalties.***

**Tax Withholding Election:**

- a. **Federal Withholding:** Withhold at a rate of \_\_\_\_\_% (must be at least 20% for payments subject to mandatory 20% income tax withholding).
- b. **State Withholding:** Primary State of Residence \_\_\_\_\_ (if different from address listed under Account Holder Information). I understand that my request will be processed with standard state withholding, unless I check otherwise below.
- I elect to have NO State Income Tax withheld (if allowed by my Primary State of Residence). If state withholding is required, the mandatory amount will be withheld.
- I elect to have \$\_\_\_\_\_ in State Income Tax withheld (if allowed by my Primary State of Residence). If more state withholding is required, the mandatory amount will be withheld.

**SPECIAL WITHHOLDING RULES FOR NON-RESIDENT ALIENS**

Payments to non-resident aliens are subject to mandatory 30% federal income tax withholding. If you are directing your payment outside the U.S., we will assume that you are a non-resident alien unless you submit one of the following forms demonstrating that this withholding rule does not apply to you.

- **You are a U.S. person (including a resident alien).** If we receive a valid IRS Form W-9 from you along with this Distribution Request form, we will withhold federal income tax based on the tax withholding rules and elections described above.
- **You are not a U.S. person.** If you're eligible for a reduced withholding rate based on a tax treaty your country has with the U.S., you may claim the reduced rate by completing IRS Form W-8BEN, including the section titled "Claim of Tax Treaty Benefits," and providing either your U.S. taxpayer identification number (TIN) or your foreign TIN. To submit your claim, submit a copy of the valid IRS Form W-8BEN along with this Distribution Request form. If your claim is valid, the reduced rate will be applied.

**Delivery Method:**

The default delivery method is a paper check sent via United States Postal Service to your address of record. To update your name or address of record, please call **877-535-4419** or visit [www.burkegroup.com](http://www.burkegroup.com) prior to submitting your distribution request. To request expedited delivery check the box below:

- I request expedited delivery of my cash distribution to the address of record. I understand that overnight delivery fees may apply. Cannot overnight to a PO Box.

**Signature of plan participant or recipient (required):**

By signing below, I hereby confirm the following:

I understand that if I am requesting a withdrawal from the Plan prior to my termination of employment, the withdrawal, if approved, will reduce the benefit payable to me upon my termination of employment.

I acknowledge receipt of a written "Special Tax Notice," informing me of some of the tax implications associated with the distribution options available to me. I understand that I am entitled to a reasonable period of not less than 30 days from the date the notice was provided to me in which to decide on the available distribution options, and that by signing below, I am waiving the balance of the 30-day period and requesting that a distribution be made to me as soon as administratively possible. Under penalty of perjury, I certify that I have read and understand the information on this form and the Special Tax Notice.

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by Burke Group, my plan administrator or any Plan fiduciary. I understand that I may be required to waive the qualified joint and survivor annuity (QJSA) and, if I am married, obtain spousal consent, if required by my plan.

I agree that no tax advice has been given to me by either Burke Group, the plan administrator or any Plan fiduciary. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may result from this distribution, and I agree that Burke Group, the plan administrator and any Plan fiduciary shall in no way be responsible for those consequences.

I understand that fees may be deducted from my account in accordance with the Participant Disclosure Document available to view by logging into my account at [www.burkegroup.com](http://www.burkegroup.com). I understand that if I have a Self-Directed Brokerage Account, funds will not be automatically liquidated from that account and that I may need to liquidate all or a portion of that account and transfer the proceeds to the core mutual funds before my distribution request can be processed.

**X**

Plan Participant/Recipient signature	Print name	Date
--------------------------------------	------------	------

**Signature of Plan Sponsor / Plan Administrator (required):**

I hereby certify that this distribution request is in compliance with Plan provisions and current laws. I understand that it is my responsibility to ensure distributions comply with Plan provisions and current laws, and certify that all notices and consents required under the Plan and applicable laws (including QJSA) have been provided and/or received prior to authorization of this distribution request.

Participant's hire date (mm/dd/yyyy): \_\_\_\_\_

Participant's termination date (mm/dd/yyyy): \_\_\_\_\_

Hours worked: \_\_\_\_\_ (if not provided we will use the hours in our system)

Vesting percentage: \_\_\_\_\_ (required for Plan Administrator Signature only)

First payroll date: \_\_\_\_\_ (required for Permissible Withdrawals)

**X**

Plan Sponsor / Plan Administrator signature	Print name	Date
---	------------	------

