

# Required Minimum Distributions

## Instructions:

- All participants who are age 70 1/2 **must** complete this form.
- Participants who own more than 5% of the employer and non-owner participants who have terminated employment are required to begin plan distributions by April 1 following the year in which they turn 70 1/2 and by December 31 for each year thereafter.
- Non-owner plan participants who have not terminated employment may elect to receive minimum distributions or may elect to defer these payments until termination of employment.

## Participant Information

Employer: \_\_\_\_\_

Do you own more than 5% of this employer?  Yes  No

Plan Name: \_\_\_\_\_

Participant: \_\_\_\_\_

*Last*

*First*

*MI*

*Address*

*City*

*ST*

*Zip*

*Male*

*Female*

*Home phone*

*Date of Termination, if any*

*Date of Birth*

*Age*

**Note: all distributions will be mailed to the above address.**

## Part 1 - Distribution Election

**Choose one:**  No, I do not want to receive annual minimum distributions. I understand that this is not an option if I own more than 5% of the Employer or if I am terminated. If I am presently receiving minimum distributions, I hereby revoke that election.

Yes, I want to receive annual minimum distributions.  
(You must also complete Part 2, below)

## Part 2 - Beneficiary Information \*\*

\_\_\_\_\_  
*Name of Beneficiary*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date of Birth*

*Male*

*Female*

**Note: The name of this beneficiary must not vary from the beneficiary you have elected on your beneficiary form.**

**\*\*All participants completing Part 2 must also sign and complete the attached W-4P form.**

## Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Your Social Security Number**