



Pension Planners, Inc.
Plan Design & Administration

Plan Name _____
Distribution Request Form

Required Employee Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Marital Status _____

Date of Birth _____ Date of Termination _____

Date of Last Payroll _____

Total Number of Hours Worked

Current Year _____

Prior Year _____

Salary Deferral Contributions - 401(k) Plans Only

Current Year _____

Prior Year _____

Safe Harbor Employer Contributions - 401(k) Plans Only

Current Year _____

Prior Year _____

Distribution Due To (Please Check One)

Please note: only if permitted by the Plan Document

Employment Termination

Loan

Retirement

Death

Disability

In Service

Please complete this form and return to Pension Planners Inc. either by:

Fax: 239-598-9812

Mail: 1045 Crosspointe Drive, Suite 2

Naples, FL 34110

Email: joanneraley@pensionplanners.net

Employer Signature / Authorization

With this notification, Pension Planners will provide the participant a distribution or loan package, including the Special Tax Notification when required.

Plan Sponsor

By _____ Date: _____