

DISTRIBUTION REQUEST FORM

To be completed and signed by an Authorized Employer Representative

Authorized Employer Representative (print name)		Date
Company		
Fax	Phone	Email
Plan Name		
Participant Name	Birth Date	Hire Date
Mailing Address		SSN
Reason for Distribution	Distribution Fee	
<input type="checkbox"/> Terminated/Retirement Date: _____	The distribution service fee is to be paid to the TPA by the following method.	
<input type="checkbox"/> Death or Disability Date: _____		
<input type="checkbox"/> In-service Withdrawal		
<input type="checkbox"/> deducted from the participant's account		<input type="checkbox"/> invoice plan sponsor/employer
Have all Employee and Employer contributions for this participant been transmitted to the investment vendor?		
<input type="checkbox"/> No - payroll dates are not yet transmitted	<input type="checkbox"/> Yes	
Enter salary, hours worked and deferral contributions for the plan year of termination		
Salary: \$ _____	Hours: _____	401(k) Deferrals: \$ _____
Current Plan Loans?		
<input type="checkbox"/> Yes - Current Balance: \$ _____	<input type="checkbox"/> No	
<small>*For outstanding balance, refer to your copy of the Promissory Note/Amortization Schedule. Confirm that all payroll deductions have been made from the loan effective date through the date of termination.</small>		
I certify that the above information is correct to the best of my knowledge and agree to provide to the participant the benefit distribution information provided to us by Atteberry/Searle, Incorporated.		
_____ Signature of Authorized Employer Representative		_____ Date

Return Complete Form to Atteberry/Searle, Incorporated

Mail To: Chris Huffstutter or Mark Fowler
Atteberry/Searle, Incorporated
3620 American River Drive, Ste 210
Sacramento, CA 95864

Fax: 916-564-1492
Phone: 916-564-1484
Email: chris@attsea.com
Email: mark@attsea.com