

**BENEFIT PLANNING, INC.  
PARTICIPANT WITHDRAWAL NOTICE**

**General Information** (Please complete all applicable information)

Company Name:

Participant Name:

Phone #:

Street Address:

City, State, Zip Code:

Social Security Number:

Marital Status:

Married

Unmarried

Date of Birth:

Date of Hire:

**Reason for Withdrawal** Indicate Date of Termination or Check Box if Not Applicable

Date of Termination:

Not applicable: In-Service Distribution

**(Check one box)**

Termination due to separation of service

Normal Retirement

Separation of Service due to Total Disability (Please provide Doctor's statement)

Death (Provide copy of death certificate)

In Service Distribution Indicate Dollar Amount Requested:

Hardship Distribution Indicate Dollar Amount Requested:

Other - Specify:

**401(k) Plan only** – Last pay period money was/will be deducted for 401(k) contribution or loan repayment:

**Hours of Service**

How many hours did the Participant work in the LAST Plan Year of employment?

0 – 500 Hours

501 – 999 Hours

1,000 or more Hours

Has Participant ever worked less than 1,000 hours in a Plan Year?

No

Yes (if Yes, list years)

Was Participant previously terminated and subsequently rehired?

No

Yes (if Yes, list history)

Benefit Planning, Inc. (BPI) is hereby authorized to determine the available in-service or hardship distribution or the terminated participant's vested distributable benefit, prepare and transmit the appropriate documentation to the participant to complete, request distribution from the representative custodian and to provide further services as may be required to expedite the benefit applied for.

**Distribution costs (\$150) will be paid by:      Plan Sponsor      Participant      Sponsor**

*Participants may **not** pay costs for distributions from a defined benefit plan. This choice must be consistently applied. Many investment custodians have not yet completely implemented this functionality. We apologize in advance if this is the case, and will keep you informed.*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date