

Distribution of Unclaimed Property

Plan Information

Plan Name:

Plan Number:

Participant Information

Participant Name:

Participant SSN:

Amount to be Distributed:

Check Payee Name:

Check Mailing Address:

When to Use this Form

Funds have been placed in the Plan's Unclaimed Property account and you are requesting they be distributed to the participant.

Check this box if this request is a payee change from a rollover distribution to a participant distribution. Taxes will be withheld and reported in the current tax year. Please note, if the rollover occurred in a previous tax year the tax form may not be corrected.

Authorization

I have reviewed and understand above and I am authorized to complete this request.	
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Plan Representative's Name:

Plan Representative's Title:

Plan Representative's Signature:

Date:

Plan Representative's Phone Number:

Plan Representative's Fax Number:
