

Return Via E-Mail or Fax To: 1-866-569-5056  
Attention: Account Manager

<b>Distribution of Unclaimed Property</b>
---

<b>Plan Information</b>
-------------------------

Plan Name:
------------

Plan Number:
--------------

<b>Participant Information</b>
--------------------------------

Participant Name:
-------------------

Participant SSN:
------------------

Amount to be Distributed:
---------------------------

Check Payee Name:
-------------------

Check Mailing Address:
------------------------

<b>When to Use this Form</b>
------------------------------

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

<input type="checkbox"/> 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.
--

<b>Authorization</b>
----------------------

I have reviewed and understand above and I am authorized to complete this request.
--

Plan Representative's Name:
-----------------------------

Plan Representative's Title:
------------------------------

Plan Representative's Signature:
----------------------------------

Date:
-------

Plan Representative's Phone Number:
-------------------------------------

Plan Representative's Fax Number:
-----------------------------------