## Reinstate Participant's Account Previously Distributed

Plan Information	
Plan Name:	
Plan Number:	

Participant Information		
Participant Name:	Participant SSN:	
Distribution Amount:	Distribution Date:	

Participant/Payee Instruction and Authorization		
I have reviewed and understand the Instructions and Information section		
attached to this form.		
Participant/Payee Name:		
Participant/Payee Certification and	Date:	
Signature:		

Plan Administrator/Trustee Instruction and Authorization		
I have reviewed and understand the Instructions and Information section		
attached to this form and I am authorized to request the account be reinstated for		
this participant.		
Plan Representative's Name:	Plan Representative's Title:	
Plan Representative's Signature:	Date:	
Plan Representative's Phone Number:	Plan Representative's Fax Number:	

## Instruction and Information Attachment Reinstate Participant's Account Previously Distributed

## When to Use this Form

When a participant has taken a full withdrawal and is requesting the account be reinstated.

## **Correction Highlights**

The distribution will be reversed as of current day. This means that the account balance will be placed back into the participant's account by purchasing units at current day prices and not the price as of the date of the original distribution.

The funds will be placed in original investment options from which they were distributed.

This request will not be honored if the distribution occurred in a prior tax year or in the event of a Plan Termination. Your funds will be returned to you.

Before submitting this form, you may want to discuss with your ERISA consultant.

You may want to consult with your professional advisor as this could be deemed as a taxable event to the participant under the constructive receipt principals.