

**NATIONAL PLUS PLAN
DISTRIBUTION FORM**

Return to:

National Plus Plan
6 Blackstone Valley Place
Suite 302
Lincoln, RI 02865
1-800-452-4155

TAKE CHARGE OF YOUR FUTURE

Please print all information.

1.) PERSONAL INFORMATION

Name: _____
First Middle Last

Social Security #: _____

Address: _____
Street Apt. #

Last Date Worked: _____

City State Zip Code

Date of Birth _____
Mo. Day Yr

Company: _____

Marital Status: Married Single/Divorced Widowed

Home telephone: _____ Cellphone: _____ Email: _____

2.) REASON FOR DISTRIBUTION (check one)

Retirement _____ Disability _____ Termination _____ Death _____ Age 70 1/2 (still working) _____

3.) METHOD OF PAYMENT (check one)

(If your benefit is less than \$3,500.00, your sole option is a lump sum cash payment. If your benefit is more than \$3,500.00, you may choose any of the payment options offered.)

Lump-sum cash payment _____ Monthly installments (5 yrs) _____ Monthly installments (15 yrs) _____
Monthly installments (10 yrs) _____ Monthly installments (20 yrs) _____

4.) TAX INSTRUCTIONS

FOR LUMP SUM DISTRIBUTIONS AND 5 YEARS INSTALLMENTS:

If you elect to receive your distribution in a lump sum or in monthly installments over 5 years, your distribution is subject to 20% federal income tax withholding unless you elect to have the distribution transferred directly into an eligible retirement plan, individual retirement account (IRA) or Roth IRA which agrees to accept the distribution. You may elect to have only a portion of your distribution transferred directly into an eligible retirement plan, IRA or Roth IRA and a portion distributed to you. If you do not elect a direct transfer but elect to rollover your distribution within 60 days after you receive the distribution, you are still subject to the mandatory federal income tax withholding of your distribution but you may be eligible for a refund. Indicate below whether you desire to make a direct transfer of your distribution to an eligible retirement plan, IRA or Roth IRA. You will have to pay taxes of the amount you rollover to a Roth IRA.

(Note: Income limitations may apply.)

_____ I request that the plan make a direct transfer of (check one)

_____ all my distribution or

_____ a portion of my distribution. I wish to have a net check (minus taxes) in the amount of \$ _____ issued to me with the balance rolled over as indicated below. I understand that any portion of my distribution that is not directly transferred to an eligible retirement plan or IRA is subject to federal income tax withholding.

NAME OF PLAN, IRA OR ROTH IRA: _____

is this an (check one) Retirement Plan Individual Retirement Account Roth Individual Retirement Account

Name and Address of Plan Trustee or Custodian: _____

Note: You must attach a statement from the eligible retirement plan or IRA that the plan is a tax qualified plan or IRA and the plan or IRA will accept the distribution.

_____ I do not elect to make a direct transfer of my distribution. I understand that any portion of my distribution that is not directly transferred to an eligible retirement plan or IRA is subject to federal income tax withholding.

5.) AUTHORIZATION

I authorize the Company to distribute my Plan account and I certify that all statements made by me on this form are accurate. I understand that my distribution will be effective the month following receipt of my application unless otherwise specified.

Employee's signature _____

Date _____

Beneficiary's name and relationship (if employee is deceased) _____

Beneficiary's signature _____

RETURN FORM TO THE ADDRESS LISTED ABOVE ALONG WITH A COPY OF YOUR BIRTH CERTIFICATE