

# DIRECT ROLLOVER/AFFIRMATIVE ELECTION FORM

## PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMPLOYER PLAN INFORMATION

Employer: \_\_\_\_\_ EIN#: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Plan Name: \_\_\_\_\_

## AFFIRMATIVE ELECTION

**IMPORTANT:** You may elect a Direct Rollover (Section A) or a Payment to you (Section B) or a combination of Sections A & B.

**A. DIRECT ROLLOVER** by:  Plan Participant;  Surviving Spouse of Plan Participant; or  Spouse or Former Spouse Alternate Payee under a Qualified Domestic Relations Order(QDRO)

1. I hereby elect to have my benefit under my  employer's plan or  IRA paid in a DIRECT ROLLOVER to:

\_\_\_\_\_, as successor Trustee/Custodian

FBO \_\_\_\_\_,  
(Name of Participant, Surviving Spouse, Alternate Payee)

\_\_\_\_\_  
(insert IRA or name of qualified plan)

2. Name of successor Trustee/Custodian: \_\_\_\_\_

Address of successor Trustee/ Custodian: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. This election shall apply to (Check one. Percentage or dollar amount must be at least \$500 if section B is also applicable):

- a) 100% of my vested benefit  
 b) \_\_\_\_\_% of my vested benefit  
 c) \$ \_\_\_\_\_  
 d) Other (specify): \_\_\_\_\_

### FORM OF DIRECT ROLLOVER:

- In Cash \$ \_\_\_\_\_  
 In Kind (specify): \_\_\_\_\_

**B. PAYMENT TO**  Plan Participant;  Surviving Spouse of Plan Participant; or  Spouse or Former Spouse Alternate Payee under a QDRO

1. I hereby elect to have my benefit under the employer's plan paid to me.

2. This election shall apply to:

- a) 100% of my vested benefit  
 b) \_\_\_\_\_% of my vested benefit  
 c) \$ \_\_\_\_\_  
 d) Other (specify): \_\_\_\_\_

### FORM OF PAYMENT:

- In Cash \$ \_\_\_\_\_  
 In Kind (specify): \_\_\_\_\_

3. I understand that a mandatory 20% income tax withholding will apply to the taxable portion of item B(2) above which is an eligible rollover distribution.

## SIGNATURES

I certify I have received and read the employer's Notice to Recipients of Qualified Plan Distributions and understand that I have at least 30 days to choose between direct rollover or payment. I understand that if I elect to receive multiple payments, this election shall apply to all future payments unless I file a new Direct Rollover/Affirmative Election Form with the employer. I authorize and direct the employer to make distribution from the employer's plan as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, Surviving Spouse, Alternate Payee)

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepting Plan of a Direct Rollover (optional): \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Signature)