

# Distribution Form

Payentry Financial Services Multiple Employer 401(k) Plan

RK- 664331

Employee Full Name (please print)		Date of Birth	Daytime Phone Number
Permanent Address (for tax filing purposes)		Email Address	
City		State	ZIP
SSN (or ITIN if applicable)	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien (Submit an IRS Form W-8BEN. See Section 6.)		

Check Mailing Address (if different than above, <b>Medallion Signature Guarantee Required</b> , see employee signature section/page 3)		
City	State	ZIP

**1. Reason for Withdrawal.** Choose one option below.

- No Longer Employed
- Total and Permanent Disability
- In-Service Withdrawal (Please choose **one** option below)
  - Retirement-Eligible In-Service Distribution: I have met the age and vesting requirements specified under the Plan.
  - Other In-Service Distribution: Withdrawal of Rollover Account Only
  - Other In-Service Distribution: Withdrawal of After-Tax Account Only
- Plan Termination

**2. Method of Distribution.** Choose all that apply.

The Plan will distribute 100% of your vested account balance if you do not indicate a specific percentage or amount below.

- Direct Payment to You** (subject to income tax — see Special Tax Notice):
    - Lump sum (both pre-tax and Roth) \_\_\_\_\_%
    - Roth balance only (including earnings)
    - Pre-tax balance only
    - Partial Payment (no annual withdrawal limit) \$ \_\_\_\_\_    Pre-tax    Roth   *Default is pro-rata*

**Note:** Some Plans do not allow partial payments. Confirm with your Plan Administrator.

  - Installment Payments (Only for vested balances of \$5,000 or over). Attach the Installment Payment Election Form.
- Note:** Some Plans do not allow installments. Confirm with your Plan Administrator.

**\*If you elect a direct payment to you, complete the Payment Method section 3 below.**

- Direct Rollover** (tax deferred):
  - Rollover (both pre-tax and Roth) to IRA/Eligible employer plan: \_\_\_\_\_% OR specified dollar amount \$ \_\_\_\_\_
  - Rollover Roth portion of my account only. This will include earnings. Not all plans permit Roth contributions.
  - Rollover pre-tax portion of my account only.
- Direct Rollover Conversion of pre-tax to a Roth IRA** (subject to income tax — see Special Tax Notice):
  - Rollover to other Roth IRA: \_\_\_\_\_% OR specified dollar amount \$ \_\_\_\_\_

**Withholding for Rollover/Conversion to Roth IRA:** If you would like to have federal income tax withheld, please indicate below. However, a 10% tax for early distribution may apply to the withholding amount.

- Please withhold \_\_\_\_\_% from my pre-tax Rollover to Roth IRA for federal income tax. I understand no state income tax will be withheld except where required by law. If no election is made, no taxes will be withheld.

**\*If you elect a rollover, complete the rollover section 4 below.**

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### 3. Payment Method for Cash Distributions.

If you do not indicate an option below, your distribution will be sent in the form of a check.

- Check
- Direct Deposit to my checking/savings account. Medallion Signature Guarantee is required for all ACH payments. Please include a voided check with your request. Rejected ACH requests will be sent in the form of a check. **This option is not available for rollovers.**

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Bank ABA/Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or Savings (circle one)

### 4. Rollover Information. Account must be established prior to providing the following information.

**Note:** All rollover checks are mailed directly to either the participant's address of record or check mailing address indicated above unless specified below.\*\*

- Please mail check to rollover company. I understand that a Medallion Signature Guarantee is required.  
\*If either the medallion stamp and/or the rollover company address are not provided, the check will be mailed to the participant address of record.

#### A. Pre-Tax Account

Make Check Payable To: \_\_\_\_\_  
Account/Plan Number: \_\_\_\_\_

\*\*Mailing Address for Check (if different than participant address, Medallion Signature Guarantee required).

\_\_\_\_\_

#### B. Roth Account (if different than above). Roth IRAs cannot be commingled with pre-tax IRAs.

Also, if you intend to roll to an employer plan, you must confirm that it will accept Roth contributions.

Make Check Payable To: \_\_\_\_\_  
Account/Plan Number: \_\_\_\_\_

\*\*Mailing Address for Check (if different than participant address, Medallion Signature Guarantee required).

\_\_\_\_\_

### 5. Treatment of Outstanding Loan Balance. Complete section 5 if you have a plan loan. Choose one option below.

**Note:** If you have a plan loan, but do not complete this section, the Plan will default your loan under option 1 below.

1. **Default the Loan:** You will not be required to pay off the loan, but the balance plus interest will be taxed to you. The Plan will report this amount to the IRS on Form 1099-R.
2. **Pay off the Loan:** Please attach a money order/cashier's check for the total amount of your outstanding loan balance plus interest. The plan loan will be paid and the proceeds distributed according to your instructions above.
3. **Do Not Affect Loan:** You must still be an active employee of the company and your employer must continue to withhold loan payments from your pay.

### 6. Information for Nonresident Alien Participants Only.

Provide a Form W-8BEN with an original signature as documentation of your foreign tax status. Without valid tax documentation, Alerus Retirement Solutions is required to withhold taxes at the maximum nonresident alien (NRA) withholding rate of 30%. You may obtain a Form W-8BEN by downloading the form from the IRS website at [irs.gov](http://irs.gov).

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## 7. Tax Withholding Section.

**Federal Tax Withholding:** Federal law requires a mandatory 20% to be withheld on all taxable distributions. If you would like additional federal taxes withheld, please indicate below.

Additional amount to be deducted from each taxable payment: 20%+  $\frac{\text{Additional Amount}}{\text{Total}}$  % = \_\_\_\_\_ %

**State Tax Withholding:** No state income tax will be withheld except where required by law.

If your state allows you to opt out of state tax withholding, include a completed Form W-4P with your distribution request. You may obtain a Form W-4P by downloading the form from the IRS website at [irs.gov](http://irs.gov). \*NOTE: This option is only available in certain states. We will only waive state tax where allowed by law.  I have attached Form W-4P with my distribution request.

## 8. Employee Signature and Acknowledgement

I acknowledge that:

- I have received and read the Special Tax Notice Regarding Plan Payments and the Distribution Notice;
- Federal law allows me 30 days after the receipt of the Distribution Notice and Special Tax Notice Regarding Plan Payments to decide whether or not to roll over this distribution. I waive the 30-day notice period and consent to an immediate distribution;
  - I understand that once my payment has been processed, it cannot be changed;
  - Federal law requires 20% income tax withholding on all taxable distributions;
  - A 10% premature distribution penalty tax may apply (see Special Tax Notice);
- My account may receive mutual fund dividends or other deposits following my disbursement. Generally, Alerus will distribute these trailing amounts using the method selected in this form (*certain exceptions may apply*);
- Distributions will be made pro-rata among investment funds and sources unless I direct otherwise in writing (*certain exceptions may apply*);
- Any after-tax contributions will be paid as a lump sum, unless I direct otherwise in writing;
- A processing fee may be charged; and
- A voided check is required for all ACH requests.

**\*\*A Medallion Signature Guarantee** is required for any of the following transactions: 1. Distributions over \$100,000, 2. A bank wire or ACH, 3. Payment to a destination outside the U.S., 4. Payment to an alternate payee, beneficiary or other third party (other than the rollover recipient institution), 5. Payment to an address that is different than the address of record on the account, or 6. If the address on the account has been changed within the past 15 days. A Medallion Signature Guarantee is designed to protect you and Alerus from fraud. You can get a Medallion Signature Guarantee from most banks, credit unions, and other financial institutions. **A notary seal/stamp is NOT a Medallion Signature Guarantee.** All forms with a Medallion Signature Guarantee must either be uploaded by the TPA/Authorized Signer or mailed in its original form to the following address: Alerus Retirement Solutions, Two Pine Tree Drive, Suite 400, Arden Hills, MN 55112.

NOTE: In place of a signature guarantee, your employer may choose to acknowledge your signature. Contact your HR department for details.

EMPLOYEE SIGNATURE

DATE

MEDALLION SIGNATURE GUARANTEE STAMP

X
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Employee, please submit form to authorized signer for completion.

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**THIS SECTION IS FOR EMPLOYER, THIRD PARTY ADMINISTRATOR OR AUTHORIZED PARTY USE ONLY**

**9. Authorized Signature and Acknowledgement**

*To be completed by Authorized signer*

**Signature Guarantee Waiver and Employer Certification:** As an authorized signer for the Plan, I certify that the above signature of the employee is genuine. Employer should only sign below if confident of the validity of the above signature. By signing, the Employer accepts responsibility if the signature is fraudulent.

<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>
Sign: Print Name:	

*This signature pertains to medallion waiver only.*

Date of Hire	Hours of Service in Plan Year of Termination	Date of Termination, if applicable
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As an authorized signer for the Plan, I certify the employee has received the Special Tax Notice Regarding Plan Payments and the Distribution Notice. I hereby direct the plan recordkeepers, trustees, and/or fund managers to make the distribution as directed by this form. Alerus Retirement Solutions is not responsible for verifying the correctness of the above instructions.

<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>
X	

Authorized Signer, please deliver form to your TPA for signature and verification.

**To be completed by TPA**

Vesting Percent \_\_\_\_\_ %      ER Match      \_\_\_\_\_ %      ER Profit Sharing      \_\_\_\_\_ %      Other ER (specify source)

**For partial payments or in-service withdrawals only:** Indicate amount and source of money to be withdrawn.

\$ _____	Amount	_____	Source	\$ _____	Amount	_____	Source
\$ _____	Amount	_____	Source	\$ _____	Amount	_____	Source

I am employed as a Third Party Administrator for the Plan identified above and have recorded this application in our records for the Plan.

<b>THIRD PARTY ADMINISTRATOR SIGNATURE</b>	<b>DATE</b>
X	

Third Party Administrator, please deliver form to Alerus according to direction below.

Please submit completed and signed form to Alerus Retirement Solutions via Plan Gateway's Submit Files Menu. Access to Plan Gateway is located at [alerusretirementsolutions.com](http://alerusretirementsolutions.com). By uploading this form via our secure website, TPA is certifying that all signatures are genuine.

**\*All forms with a Medallion Signature Guarantee:** must either be uploaded by the TPA/Authorized Signer at [alerusretirementsolutions.com](http://alerusretirementsolutions.com) or mailed in its original form to the following address: Alerus Retirement Solutions, Two Pine Tree Drive, Suite 400, Arden Hills, MN 55112.

**\*All forms with a Medallion Signature Waiver:** must be uploaded to Alerus Retirement Solutions at [alerusretirementsolutions.com](http://alerusretirementsolutions.com).

## Notice and Consent Period Regarding Distribution

*(Retain this page for your personal records.)*

You are eligible to receive a distribution from your Plan. As a result, you should be aware of the following:

**Minimum Notice Period.** For at least 30 days after you receive this notice, you have the right to consider your decision whether to consent to a distribution of your vested account balance and whether to elect a direct rollover of any portion of your eligible rollover distribution. If you sign and return the attached Distribution Form to the authorized signer less than 30 days after you receive this notice, the authorized signer's receipt of your signed form is your affirmative waiver of any unexpired portion of the minimum 30-day period and your affirmative election of a distribution or a direct rollover.

**Distribution Charge.** A fee may be deducted from your account proceeds upon distribution. In such case, it will be itemized on the confirmation letter you will receive after the distribution is processed. Contact your employer to determine whether a distribution fee, if any, applies.

**Postponement of Distribution.** You are not required to take a distribution from the Plan unless you either:

1. Reach your "Required Beginning Date (*RBD*)."  
Your RBD is April 1, following the year in which you turn age 70 ½; or
2. Have a "Small Account Balance" as defined by your plan (*defined as a balance less than a specified dollar amount which can be no greater than \$5,000*).

If you do not submit this Distribution Form, you will be deemed to have elected postponement. If you postpone your distribution:

- Your account value will continue to fluctuate based upon the performance of the investments in your plan;
- If you have the ability to direct investment within the plan, you will retain that ability;
- The available investment options will not change;
- You may obtain more information regarding your distribution rights by referring to your Summary Plan Description;
- The fees associated with the investment options in your Plan will not change, though as a terminated participant your account may be assessed fees previously paid by your employer.