



More than just administration . . .

REQUEST FOR INSERVICE DISTRIBUTION – PENSION PLAN

Employer name _____

Employee name _____

Employee address _____

street

city

state

zip

DOH ____/____/____

DOB ____/____/____

Marital Status M____ S____

SS# _____ Phone number (____) _____

Email Address _____

Number of hours employee has worked since the beginning of the plan year: _____

Is there any year in which the employee did **not** work the required number of hours to receive credit for a year of service? Yes _____ No _____ If yes, please provide information below.

Reason for In-service distribution request:

_____ Attainment of age 70 1/2

_____ Attainment of age required for non-retirement distribution per plan document

_____ Other (specify) _____

Gross amount requesting \$ _____. This is the amount requested prior to any deductions for federal and/or state withholding.

Distribution subject to plan document provisions.

Notes: _____

Prepared by: _____ date: ____/____/____