



Distribution Election Form

Print Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Employer: _____ Date Last Employed: _____

Signature: _____ Date: _____

Please complete the form in a legible manner. The processing fee for each distribution is \$80.00. The fees will be deducted you're your account upon completion of the distribution request. Please read the Special Tax Notice that describes the tax implications of the payment and transfer options included with this form. By signing this form prior to 30 days after you receive it, you are electing to waive the 30-day notice period. The ACH Direct Deposit Authorization Agreement is not required and only applicable to Option 1. Fill out the form, print it, sign it, then either fax the completed Distribution Election Form to 919-942-2804, e-mail the form to distributions@pelionbenefits.com or mail the form to Pelion Benefits, Inc., 3713-C University Drive, Durham, NC 27707.

Option 1 – Direct Payment to Participant or Beneficiary

Distribute: 1. My entire account balance, or 2. \$_____ (insert dollar amount of at least \$ 500.00). I understand that any amount paid to me directly will be subject to mandatory Federal income tax withholding at twenty percent (20%) as well as State withholding where required. I am a legal resident of the State of _____.

Option 2 – Direct Rollover to Traditional IRA or Another Qualified Plan

Rollover funds to: 1. Traditional IRA, or 2. Another Qualified Plan

I want: 1. My entire account balance or 2. \$_____ (insert amount of at least \$500.00).

Name and address of rollover custodian or trustee:

Make check payable to: _____

Mail check to: _____

Address: _____

City: _____ State: _____ Zip: _____

Account number: _____ Attn: _____