

Request for Benefit Calculation

PLAN NAME _____

Date of Request: _____

Participant Name: _____ SSN: _____

Mailing Address: _____

Date of Birth: _____ Date of Hire: _____

Reason for Withdrawal: *Please check **one** of the options below*

In-Service Withdrawal at Age 62 or later Amount Requested: \$ _____

Employee terminated employment or retired
Date of termination or retirement: _____

Death benefit
Date of death: _____ Named Beneficiary: _____
Beneficiary SSNO: _____ Beneficiary Date of Birth: _____

Other - Please specify (i.e. QDRO, RMD, Total Disability)

Desired Benefit Commencement Date: _____

Marital Status: Unmarried Married

Spouse's Name: _____ Spouse's Date of Birth: _____

For Terminations/Retirement in the current year the following information is required:

- ✓ Year to Date Hours Worked: _____
- ✓ Year-to-Date Gross Compensation: \$ _____
- ✓ Regular Wages through last day worked: \$ _____
- ✓ Accrued vacation and other paid time off paid at termination: \$ _____
- ✓ Post-Severance Pay (see attached summary for types)*: \$ _____

* *Generally not included in Plan Compensation*

Authorization Signature: _____ Date: _____

Benefit calculations are billed as "Other Annual Services" in accordance with our engagement letter. Our typical fees are approximately \$550 to determine the benefit and prepare election forms, and \$150 to process the benefit.