



1011 Poyntz Avenue  
Manhattan, KS 66502

An Independent Firm

# Distribution Request Form

A 1099R will be issued by January 31<sup>st</sup> following the calendar year of distribution

## Section 1 – Participant Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Plan: \_\_\_\_\_

## Section 2 – Election

After reading the **Special Tax Notice** that is available on [keatinginc.com](http://keatinginc.com) **Regarding Plan Payments, I**, the undersigned Participant, make the following distribution election: Choose (A), (B), or (C)

(A) 1) A direct rollover of my total **PRE-TAX** Vested Account Balance to the IRA or to the plan designated in Section 3.

Please Convert my PRE-TAX Account Balance to my ROTH IRA designated in Section 3  
NOTE: The full conversion amount will be considered income for tax purposes for the calendar year of distribution

Please Withhold Income taxes from my PRE-TAX Account as follows:

- \$ \_\_\_\_\_ Federal Taxes
- \$ \_\_\_\_\_ State Taxes

Do not Withhold any taxes from my PRE-TAX Account

2) A direct rollover of my total **ROTH** Account Balance to the Roth IRA or to the plan designated in Section 3.

(B)  Pay \$ \_\_\_\_\_ to the rollover account designated in Section 3, and pay the remaining balance in cash after mandatory income taxes via the payment method designated in Section 4.

Pay \$ \_\_\_\_\_ before mandatory income taxes via the payment method designated in Section 4, and pay the remaining balance to the rollover account designated in Section 3.

Pay \$ \_\_\_\_\_ after mandatory income taxes via the payment method designated in Section 4, and pay the remaining balance to the rollover account designated in Section 3.

(C) A lump sum cash payment of my total Vested Account Balance, less any income tax withholding.

**Section 3 – Information for Direct Rollover** — [Complete if you checked (A) or (B) on page 1]

**Make sure to attach a transfer form and/or letter of acceptance (with an account number) for each rollover request.**

PRE-TAX Choose (A) or (B):

**A. Please send a check to the following: (Only allowed for distribution amounts less than \$50,000)**

Name of IRA or Plan: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

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

Address Rollover: \_\_\_\_\_

**B. Electronic Funds Transfer: (Mandatory for distributions amounts over \$50,000)**

Direct Deposit (ACH)     Wire (Verify with receiving bank if they accept wires and/or charge a fee)

Check one:     Checking Account                       Savings Account

Bank Name: \_\_\_\_\_ City/State: \_\_\_\_\_

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

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

ROTH (AFTER-TAX) Choose (A) or (B):

**A. Please send a check to the following: (Only allowed for distribution amounts less than \$50,000)**

Name of IRA or Plan: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

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

Address Rollover: \_\_\_\_\_

**B. Electronic Funds Transfer: (Mandatory for distributions amounts over \$50,000)**

Direct Deposit (ACH)     Wire (Verify with receiving bank if they accept wires and/or charge a fee)

Check one:     Checking Account                       Savings Account

Bank Name: \_\_\_\_\_ City/State: \_\_\_\_\_

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

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

## Section 4 – Information for Non-Rollover – [Complete if you checked (B2, B3 or C) on page 1]

- Send a check to my home address. (Only available for distribution amounts less than \$50,000)
- Electronic Funds Transfer: (Mandatory for distributions amounts over \$50,000)
- Direct Deposit (ACH)     Wire (Verify with receiving bank if they accept wires and/or charge a fee)
- Check one:     Checking Account                       Savings Account
- Bank Name: \_\_\_\_\_ City/State: \_\_\_\_\_
- Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_
- Name on Account: \_\_\_\_\_

## Section 5 – Income Tax Withholding – [Complete if you checked (b) or (c) on page 1]

The minimum income tax automatically withheld from cash distributions is:

- 20% Federal
- 5% State (if your state requires income tax to be withheld)

ADDITIONAL WITHHOLDING ONLY (only indicate withholdings *in addition* to the indicated minimums):

- Withhold an additional \_\_\_\_\_% for Federal Income Taxes
- Withhold an additional \_\_\_\_\_% for State Income Taxes

## Section 6 – Waiver of Minimum Notice Period

I consent to an immediate distribution of my Vested Account Balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

## Section 7 – Participant Signature

I acknowledge that I have either consulted my personal tax advisor or elected to proceed without consultation. I do hereby release the Trustees, the plan and employer of, from and against any and all claims the undersigned may have hereafter claim to have against said Trustees and said employer with respect to the undersigned's interest in said Trust. Nothing contained in this release is intended to relieve any fiduciary of any obligation or duty under ERISA, or to violate the provisions of Section 410 of ERISA.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Mail Form To:

**Keating & Associates, Inc.**  
**1011 Poyntz Avenue**  
**Manhattan, KS 66502**  
Fax: 785-537-9849  
Questions: 785-537-0366