



<b>Beneficiary Name:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>	<b>Phone Number:</b>
<b>Participant's Name:</b>		<b>Participant's Social Security Number:</b>	

**NOTE:** The following choices apply only if the participant had not already begun receiving his/her Required Minimum Distributions (RMD). If RMDs had already started, see Beneficiary Payout Request Form Instructions.

- The Payout Options described here are the minimum requirements for payment of a beneficiary account. You may elect to have your account paid out more rapidly.
- You must select a Payout Option by December 31 of the year of the participant's death.
- If the account balance is less than \$500, it will automatically be paid out to you in a lump sum if you take no action.

I am the participant's spouse.       I am a non-spouse beneficiary.

**I elect the following Payout Option:**

**1**     Entire account balance distributed within five years after the end of the year of the death of the participant.  
 One Lump Sum  
 Monthly or  Annual Installments over five years.

**2**     Payments distributed over the single life expectancy of the beneficiary.  
 **Spouse Beneficiary:** Payments will start at the later of the end of the year after the year of the death of the participant or the end of the year in which the participant would have attained age 70½.  
 **Non-Spouse Beneficiary:** Payments will begin at the end of the year after the year of the death of the participant.

**Direct Deposit Information – Available for Monthly or Annual Installments in Box 1 or Box 2.**  
**Please attach a voided check (required).**

<b>Bank Name</b> _____	<b>Account Type:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Bank Account Number</b> _____	<b>Bank Routing Number</b> _____

**3**     Direct Rollover to an IRA or to an eligible retirement plan.  
 **Spouse Beneficiary:** Roll over to an eligible Retirement plan or IRA/Roth IRA.  
 **Non-Spouse Beneficiary:** Roll over to an Inherited IRA/Roth IRA.  
 Roll Over Total Account Balance    OR     \$ \_\_\_\_\_ (specify amount)  
**Name of Institution** \_\_\_\_\_      **IRA or Account Number** \_\_\_\_\_

**Earliest payment will be made as soon as administratively feasible. It may take up to 60 days for Payout Options 1 or 2 to begin.**

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons having their payment delivered outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

The participant/beneficiary/alternate payee certifies, under penalty of perjury that to the best of his/her knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**