DISTRIBUTION REQUEST FORM

In order to initiate preparation of **Required Disclosure and Election Notices for Distributions,** this form is to be completed by the **Plan Sponsor/Contact** and returned to Northwest Retirement Plans, Inc.

▪ 3235 Hillcrest Park Dr, Suite 100 ▪ Medford, OR 97504-7691 ▪ Phone 541-776-4080 ▪ Fax 541-772-1129 ▪

1. Plan Name: Ricco Patterson Electric 401(k) Plan
2. Reason for Withdrawal (SEE YOUR SUMMARY PLAN DESCRIPTION (SPD), FOR THE WITHDRAWAL OPTIONS AVAILABLE SPECIFIC TO THE PLAN):

   - ☐ **Termination:** Date of Termination: _____
   - ☐ **In-Service**: Amount Requested $_____ ☐ Gross Amount ☐ Net Amount
   - ☐ **Hardship**: Amount Requested $_____ (Attach Documentation)
   - ☐ **Disability**: Date of Disability: _____ (Attach Documentation)
   - ☐ **Death:** Date of Death: _____ (Complete Beneficiary Information Below)

3. Participant Name: _____ Soc. Sec. Number: _____
4. Date of Birth: _____ Date of Hire: _____ Phone Number: _____
5. Current Address: _____ (Street, P.O. Box)
   _____ (City, State, Zip Code)
6. Email (If available): _____

Complete the following information for the last plan year the participant worked. For In-Service or Hardship distributions, complete the following information for the current plan year. Plan Year: _____

7. **Hours** participant completed in the above indicated plan year: ..... _____
8. **Compensation** paid in the above indicated plan year: ..... _____
9. **Salary Deferral Contributions** (Pre-Tax Employee) in the plan year: ..... _____
10. **Roth Deferral Contributions** (Post-Tax Employee) in the plan year: ..... _____
11. **Employer Contributions**
    Match/Safe Harbor: _____
    Profit Sharing: ..... _____
    Prevailing Wage: ..... _____
    Other: ..... _____

(PLEASE NOTE: ADDITIONAL CHECK(S) WILL NEED TO BE ISSUED IF ALL EMPLOYER CONTRIBUTIONS ARE NOT DEPOSITED AS OF THE DATE OF DISTRIBUTION.)

12. **Participant Loan Payments** made in the plan year: ..... _____

BENEFICIARY INFORMATION

Complete if Participant is DECEASED (also provide a copy of the Death Certificate):

Beneficiary's Name: _____ Relationship: _____

Soc. Sec. Number: _____ Date of Birth: _____

Mailing Address: _____

The undersigned hereby certifies that the information set forth herein is a true and correct summary of the records as maintained by the plan sponsor.

☞ **X** _____

Authorized By Date