

**PLEASE PRINT THIS FORM AND FAX, E-MAIL OR MAIL IT TO CBA
Request for Distribution**

Date _____

Employer _____

Participant Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security # _____ Phone _____

Termination Date (not applicable if requesting a loan) _____

Hours worked in current plan year:

1 to 500 hours 501 to 999 hours 1000 or more

Type of distribution:

- | | |
|--|---|
| <input type="checkbox"/> Termination of Employment | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Normal Retirement | <input type="checkbox"/> 70 ½ Min Dist - Year _____ |
| <input type="checkbox"/> Death (include a copy of the death cert) | <input type="checkbox"/> Termination of Plan |
| <input type="checkbox"/> Hardship (\$ _____)
Total to date of employee 401(k) deferrals? _____
Previous hardship distribution? _____ | |
| <input type="checkbox"/> In Service Withdrawal (59 ½ or older & 100% vested) | |

The administration processing fee of \$50.00 applies to all requests. Distribution paperwork will be prepared as soon as possible and sent to you for signature. Upon receipt of the signed forms the distribution will be processed and will take approximately two - three weeks for receipt of the check.

**Corporate Benefit Administrators
37 28th Avenue North, ste. 101
St.Cloud, MN 56303
Phone: 320.654.0444
Fax: 320.654.0493**