

VIP Services: (888) 855-9856 | info@trustprovident.com  
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

### Section 1 Plan Participant Information

First Name	MI	Last Name	Date of Birth (MM-DD-YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number		Account Number
<input type="text"/>	<input type="text"/>		<input type="text"/>

### Section 2 Beneficiary Information

*Complete only if you are a beneficiary requesting a distribution from an inherited qualified retirement plan.*

First Name	MI	Last Name	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax ID (SSN/TIN)	Date of Birth (MM-DD-YYYY)	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Photo Identification	Identification Number	 Please attach a legible color copy of a valid photo ID.	
<input type="text"/>	<input type="text"/>		

### Section 3 Processing Options

If you would like expedited processing, please select one of the options below. If no option is selected, "Normal Processing" will apply. Processing fees will be paid from the cash available in your account unless you indicate otherwise. See current Fee Schedule for applicable fees.

**For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.**

- Normal Processing**  
 Processed within three business days.
- Next-Day Service**  
 Processed by 4 p.m. PST next business day.
- Same-Day Service**  
 Processed within the same day.
- I elect to pay the fees related to this transaction with the credit card I have on file. (If you do **NOT** have a credit card on file, please complete a **Credit Card Authorization Form**.)

### Section 4 Distribution Type and Instructions

Select one

- Normal Distribution (Age 59½ or older)
- Required Minimum Distribution (Note that required minimum distributions are not eligible to be rolled over.)
- Termination of Employment
- Hardship (Note that hardship distributions are not eligible to be rolled over.)
- In-Service Distribution
- Plan Termination
- Death
- Excess Deferral (Indicate prior or current year and the amount of the excess and earnings to be withdrawn. Excess deferrals are not eligible to be rolled over.)
- Prior Year Excess
- Current Year Excess

Excess deferral amount \$  Earnings \$

## Section 5

## Distribution Amount

Distribute the requested amount as follows, provided there are no past-due fees on my account. See current Fee Schedule for applicable fees.

**Option A:** Total Distribution of Entire Account and Close Account  
Termination and re-registration fees may apply.

**Option B:** Partial Distribution  
All accounts are required to maintain a minimum cash balance of \$500. If your request would drop your cash balance below this amount, your request may not be processed.

Cash (Gross amount) \$   Re-register the following asset

## Section 6

## Withholding Information (Form W-4P/OMB No. 1545-0074)

**Complete this withholding section only if your distribution is NOT eligible to be rolled over.**

If your distribution is eligible to be rolled over to an IRA or retirement plan, but is paid to you, we are required to withhold 20% federal income tax and applicable state income tax. You cannot waive this withholding.

**Federal Withholding** (Select one)

If your distribution is not eligible to be rolled over, you may elect to waive withholding or you may elect to withhold federal income tax of 10% or more. If you do not make an election, 10% federal withholding will apply.

Withhold Federal Income Tax of  % from the amount withdrawn. (Must be 10% or greater.)

**Do Not** Withhold Federal Income Tax

I understand that I am liable for the payment of federal income tax on the amount of any distribution received and that I may be subject to penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

**State Withholding** (If applicable, select one)

Name of Withholding State

Withhold State Income Tax of  % from the amount withdrawn.

Withhold State Income Tax of \$  from the amount withdrawn.

**DO NOT** Withhold State Income Tax. (Varies by state; please check your state's laws to determine applicability.)

I understand that I am still liable for the payment of state income tax on the amount of any distributions received and that I may be subject to penalties if my payments are insufficient.

## Section 7

## Payment Method

See current Fee Schedule for applicable fees.

**Option 1:** Mail a check to the following payee

Payee Name

Payee Tax ID Number

Address

City

State

Zip

Check Delivery Options:  Regular Mail  Priority Mail  Overnight Mail

**Option 2:** Wire or ACH funds directly to the payee's bank

*If the ABA routing number provided is not for a wire account, funds will be sent as an ACH.*

Bank Name

I have attached separate wire instructions

Bank Address

City

State

Zip

Payee Name (On bank account)

Payee Tax ID Number

Payee Address

City

State

Zip

Account Number

ABA Routing Number

**Option 3: Direct Rollover to IRA or Employer-Sponsored Retirement Plan**

MAKE PAYABLE TO

as Trustee or Custodian of

Name of Accepting Organization

Name of Participant

Traditional IRA  Roth IRA  SIMPLE IRA  Employer-Sponsored Retirement Plan

Accepting Organization Address

City

State

Zip

## Section 8

## Plan Participant Agreement and Authorization

**Important: Please read before signing.**

I certify that I am authorized to take distributions from this qualified retirement plan and that all information provided by me is true and accurate. I have received a copy of the Withholding Notice Information. No tax advice has been given to me by the custodian. All decisions regarding this distribution are my own, and I expressly assume responsibility for any consequences that may arise from this distribution. I agree that the custodian is not responsible for any consequences that may arise from processing this distribution request.

Plan Participant or Beneficiary Signature  
(if distribution is due to death)

Plan Participant or Beneficiary Name (if distribution is  
due to death) (Please type or print)

Date



**Congratulations! You are now able to submit your completed request.**

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

**Mail to:** Provident Trust Group  
8880 W. Sunset Rd., Suite 250  
Las Vegas, NV 89148

**Email to:** [distributions@trustprovident.com](mailto:distributions@trustprovident.com)

**Fax to:** (702) 253-7565

## Withholding Notice Information (Form W-4PIOMB No. 1545-0074)

### DISTRIBUTIONS THAT ARE NOT ELIGIBLE ROLLOVER DISTRIBUTIONS

**Election of No Withholding.** If your distribution is not an eligible rollover distribution you may elect not to have withholding apply. Check the withholding box (or boxes) if you do not want any Federal (or State, if applicable) income tax withheld from your distribution. Even if you do not have income tax withheld, you are liable for payments of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

The election to not have withholding apply does not apply to any periodic or nonperiodic distributions that are delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. If you are a non-resident alien, do not complete this section. Your distributions are generally subject to a tax-withholding rate of 30 percent. A reduced withholding rate, including exemption, may apply if there is a tax treaty between your country of residence and the United States, and you submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfy the documentation requirements as provided under the regulations.

**Nonperiodic Distributions.** If you do not waive withholding on any nonperiodic distribution that is not an eligible rollover distribution, Federal income tax will be withheld at the rate of 10 percent, unless you specify a greater rate.

**CAUTION:** Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**State Withholding.** Depending on your state of residency, the custodian may be required to withhold state income tax at a rate specified by your state, unless you waive it.