

AUTHORIZATION OF DISTRIBUTION

Employee Incentive Plans, Inc.

To: _____

Fax #: _____ Date: _____

Section A – Employer – Please provide termination information, if applicable and sign.

Plan Name: _____ PS/401(k) MP ESOP

Participant Name: _____ SS#: XXX-XX-_____

Type of Distribution: Distribution will be processed in accordance with plan document.

Termination - Date of Termination: _____ Rehired: _____

Hours Worked current year: _____

401(k) Cont. YTD: _____

Loan

Hardship

In Service / Other: _____

X _____
Plan Representative Signature (Must be on file with EIP)

Date

Section B – To be completed by EIP, Inc. for good order.

Participant Directed Trustee Directed

Investment Company: Fidelity NW Other: _____

Distribution Request Allowed (review doc): Yes No Waiting Period: _____

Restrictions: _____

Vesting Schedule (review doc): 100% 2/20 3 Yr Cliff Other: _____

Participant Vested (if less than 100% - check for hours worked in current year): _____

Current Outstanding Loan (pull if term): No Yes _____

Benefit Election Form Required (if MP assets): Yes No

Insurance Policy in Plan: Yes No

NOTES: _____

Good Order: Yes No Initial: _____

Y	N	Roth
Y	N	Bridge
Y	N	1099 Code: _____