



**Pueblo of Santa Ana Profit Sharing
and 401(k) Plan
Distribution Form Instructions**

Dear Participant of Pueblo of Santa Ana Profit Sharing and 401(k) Plan:

This distribution form is distributed to plan participants desiring a withdrawal of funds due to termination of employment, disability, hardship, in-service provisions, or to a beneficiary seeking a distribution due to the death of a participant. A Special Tax Notice is also provided with this form and should be reviewed in order to be aware of the tax consequence of each type of distribution.

Section A and Section B of the Withdrawal Request/Final Distribution Form should be completed by you and verified by your human resources department. If your request is for an in-service withdrawal, please complete Section C as well. Section D must be completed if your request is due to retirement, termination, disability or death of a participant. All distributions of \$5000 or more must have spousal approval, Section E, if applicable.

Please sign Section G and return to your human resource department for processing. They should review this form for accuracy and a trustee or plan sponsor representative must sign the authorization in Section G. Once the information on this form has been reviewed, your human resources department will forward a copy of this request to Patillo, Brown, & Hill for processing. Please keep a copy for your records.

Sincerely,

Your Plan Sponsors

I, _____, spouse of _____, hereby consent to the DIRECT PAYMENT or DIRECT ROLLOVER of my spouse's benefits. I certify that I understand the terms of the distribution as offered by the Plan and explained in a memorandum furnished by the Plan Administrator, my right not to consent to this distribution form and the financial effect.

I have executed this consent this ____ day of _____, _____.

Signature of Participant's Spouse

Signature of spouse witness this ____ day of _____, _____.

Signature of Plan Representative

OR:

BEFORE ME, the undersigned, a Notary Public personally appeared _____ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this ____ day of _____, _____.

Notary Public

My commission expires: _____

Section F – Tax Withholding

Mandatory Withholding (Distributions which are eligible for rollover)

Federal law requires that a mandatory 20 percent be withheld on all amounts considered to be eligible rollover distributions. Eligible rollover distributions are described in the enclosed *Special Tax Notice Regarding Plan Payments and Explanation of Qualified Joint and Survivor and Alternate Forms of Benefits (if applicable)*.

Note: No state income tax will be withheld.

G. Signature

I declare under penalty of perjury that the information I have provided on this form is true and correct and that any amounts requested for direct rollover are for deposit to an eligible retirement plan. I have read and understand the information contained in the *Special Tax Notice Regarding Plan Payments ("Notice") and Explanation of QJSA and Alternate Forms of Benefits, if applicable*, and I am aware of the possible tax consequences of this distribution. I have been informed that I have the right to consider the *Notice* for 30 days. I have read and understand the *Notice* and waive my right to the 30-day waiting period. I hereby authorize the payment requested and release the Plan Administrator, the Trustee, and the Employer (and agents thereof) from any and all claims with respect to said payment.

Participant's Signature

Date

Return to: HR Representative

I hereby certify that all of the above information is true and correct and in compliance with Plan Provisions. I also understand that the Employer is responsible to withhold and pay any State income tax that may be applicable.

Sponsor Approval

Approval Date

Date of Last Contribution