



Request for Distribution & Disclosure Agreements

Please Print Clearly

Name of Employer/Plan: _____ Calpac Acct#: _____

Participant Name: _____

Social Security No.: _____ Phone No.: _____

Street Address: _____

City, State Zip: _____

Date of Birth: _____ Date of Hire: _____ Date of Termination: _____

Hours Worked in Plan Year[†]: _____ Reason for Distribution[‡]: _____

*This form must be filled out completely, or there will be a delay in processing the request. Please attach a copy of the most recent statement if possible.

[†]Actual or close approximation is required for vesting purposes. Do not use terms such as full time, exempt or salaried.

[‡]Reason Codes for this field: 1-Death, 2-Disability, 3-Retirement, 4-Lay-off, 5- Leave of Absence, 6-Hardship, 7-Voluntary Resignation, 8-Involuntary Termination, 9-Plan Termination

Mailing Information

' Please send Package to Plan Administrators

' Please send Package to Participant

' Please send Package to

Name: _____

Address: _____

City, St, Zip: _____

Authorization and Payment Agreement

We hereby request that you complete the necessary distribution and disclosure agreements for the above Participant. We understand there will be a processing charge of \$60.00.

Plan Administrator Name Signature

Date

Plan Administrator Name (Please Print)

' Please bill the termination fee to the Company.

' Please withhold fee from Participant's Account