

## Request for Benefit Calculation

PLAN NAME \_\_\_\_\_

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Date of Request: \_\_\_\_\_

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Reason for Withdrawal: *Please check **one** of the options below*

**In-Service Withdrawal (see SPD for requirements)** Amount Requested: \$ \_\_\_\_\_

**Employee terminated employment or retired**

Date of termination or retirement: \_\_\_\_\_

**Death benefit**

Date of death: \_\_\_\_\_ Named Beneficiary: \_\_\_\_\_

Beneficiary SSNO: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_

**Other - Please specify (i.e. QDRO, RMD, Total Disability)**

\_\_\_\_\_

Desired Benefit Commencement Date: \_\_\_\_\_

Marital Status:  Unmarried  Married

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

**For Terminations/Retirement in the current year the following information is required:**

- ✓ Year to Date Hours Worked: \_\_\_\_\_
- ✓ Year-to-Date Gross Compensation: \$ \_\_\_\_\_
- ✓ Regular Wages through last day worked: \$ \_\_\_\_\_
- ✓ Accrued vacation and other paid time off paid at termination: \$ \_\_\_\_\_
- ✓ Post-Severance Pay (see attached summary for types)\*: \$ \_\_\_\_\_

\* *Generally not included in Plan Compensation*

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Benefit calculations are billed as "Other Annual Services" in accordance with our engagement letter.