NATIONWIDE DISTRIBUTION REQUEST FORM

PARTICIPANT INFORMATION: Must be completed by the Participant or Beneficiary.

Name of Participant or Beneficiary	
Social Security Number	
Date of Birth	
Marital Status	
Street Address	
City, State, Zip Code	

PLAN LOANS
Does the Participant currently have an outstanding loan balance?

[ ] No _____

[ ] Yes_____ Loan Balance_______________

PAYMENT OPTIONS
If this distribution is due to TERMINATION OF EMPLOYMENT or for an IN-SERVICE WITHDRAWAL, please indicate payment option:

[ ] Lump Sum Cash Distribution $___________________________

[ ] Rollover to another qualified plan or IRA (Please complete *Rollover Company Information* below).

If this distribution is due to DEATH, please indicate beneficiary payment option:

[ ] Lump Sum Cash Distribution $___________________________

[ ] Spousal Rollover to an IRA (Please complete *Rollover Company Information* below).

ROLLOVER COMPANY INFORMATION: Must be completed for rollover distributions.

Payee Name (Investment Co or Plan)	
Payee Street Address	
City, State and Zip Code	
Account Number	

MAILING OPTIONS
If this distribution is due to TERMINATION OF EMPLOYMENT or for an IN-SERVICE WITHDRAWAL, please indicate mailing option:

[ ] Mail check to Participant at the address indicated under *Participant Information.*

[ ] Mail check to Rollover Company at the address indicated under *Rollover Company Information*.

[ ] Other: ____

If this distribution is due to DEATH, please indicate mailing option:

[ ] Mail check to Beneficiary at the address indicated under *Participant Information.*

[ ] Mail check to Rollover Company at the address indicated under *Rollover Company Information*.

TRUSTEE SECTION: This section should be completed by the Plan Trustee.

Company Name		
Participant's Date of Hire		
Participant's Date of Termination		
	Number of hours worked (Circle one): If the Participant was not employed in a specific year, leave blank.	
2007	Over 1,000 Hours	Less than 1,000 Hours
2006	Over 1,000 Hours	Less than 1,000 Hours
2005	Over 1,000 Hours	Less than 1,000 Hours
2004	Over 1,000 Hours	Less than 1,000 Hours
2003	Over 1,000 Hours	Less than 1,000 Hours
2002	Over 1,000 Hours	Less than 1,000 Hours

Checks will be mailed according to the Participant's / Beneficiary's request.

SIGNATURES

Participant/Beneficiary Signature______________________________ Date____________

Spouse's Signature____________________________________ Date____________

(Required if Participant's account balance is greater than $5,000.00)

Witness____ Date____________

(A Notary Public or Plan Representative must witness the spouse's signature.)

Trustee Signature_____________________________________ Date____________

Upon completion, please return both pages to The Pension Design Group at:

5880 Venture Drive, Suite B
Dublin, OH 43017
Phone (614) 789-9472
Fax (614) 789-9942