

RAYMOND, REEVES & STOUT
PENSION AND FINANCIAL SERVICES
WORKSHEET FOR PAY OUTS OF TERMINATED EMPLOYEES
DISTRIBUTION AUTHORIZATION

Name of Plan _____

This worksheet is in response to your request to pay out those who have been participants in the pension plan and now are receiving their vested benefit following termination of their employment. The amount is listed for you. When the distribution is made could you please take a minute and fill in the Social Security number, current address and indicate the date of the distribution. When we receive this information back from you we will then be able to prepare the 1099-R Income Tax Form and if applicable, Form 945, Annual Return of Withheld Federal Income Tax.

Distribution for:

Name:	Age:
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Defined Benefit: \$
Money Purchase: \$
Profit Sharing: \$
_____ (other): \$

TOTAL DISTRIB: \$

Income Tax Withheld: _____
Federal: _____
State: _____

NET DISTRIBUTION: _____

Date Withholding Deposited: _____
ID# Used to Deposit Withholding: _____

Direct Rollover to: IRA
Another Qualified Plan

Please complete the following:

Social Security Number: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Trustee Signature: _____ Date Signed: _____

Distribution for:

Name:	Age:
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Defined Benefit: \$
Money Purchase: \$
Profit Sharing: \$
_____(other): \$

TOTAL DISTRIB: \$

Income Tax Withheld: _____
Federal: _____
State: _____

NET DISTRIBUTION: _____

Date Withholding Deposited: _____
ID# Used to Deposit Withholding: _____

Direct Rollover to: IRA
Another Qualified Plan

Please complete the following:

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Address: _____

City: _____ State: _____ Zip Code: _____

Distribution for:

Name:	Age:
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Defined Benefit: \$
Money Purchase: \$
Profit Sharing: \$
_____(other): \$

TOTAL DISTRIB: \$

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