

SAN DIEGO ELECTRICAL ANNUITY PLAN

Distribution Directive

PARTICIPANT DATA	
Name (Last, First, MI) _____	Social Security Number _____
Address _____	Date of Birth _____
City _____ State _____ Zip _____	Home Phone _____
Payee <input type="checkbox"/> Yes <input type="checkbox"/> No Email _____	Married <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No Divorced <input type="checkbox"/> Yes ² <input type="checkbox"/> No

PAYEE DATA - Complete <u>ONLY</u> if Payee is other than Participant (i.e. Rollover, QDRO, etc.)			
<input type="checkbox"/> Alternate Payee (QDRO)	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other Trustee (Rollover)	<input type="checkbox"/> Other: _____
Payee Name (Last, First, MI) _____		SSN or Account No. _____	
FBO (for the benefit of) _____		Date of Birth (if applicable) _____	
Address _____		Phone Number _____	
City _____ State _____ Zip _____			

TYPE OF DISTRIBUTION		
<input type="checkbox"/> Partial Amount: \$ _____	<input type="checkbox"/> Final Balance (Read and initial acknowledgment below)	<input type="checkbox"/> Hardship Amount: \$ _____ (Special Rules Apply)
I hereby acknowledge that by requesting a "Final Balance" in submitting this Directive, the Administrator will wait until such time as contributions through the date I have indicated in the Qualifying Event below. _____ (initial)		

QUALIFYING EVENT	DISTRIBUTION CODE _____
<input type="checkbox"/> Termination of Employment Date: _____ Employer: _____	<input type="checkbox"/> Return of Excess Deferrals
<input type="checkbox"/> Retirement Date: _____	<input type="checkbox"/> Required Minimum Distribution at Age 70½
<input type="checkbox"/> Disability Date: _____	<input type="checkbox"/> Death ³ Date: _____
<input type="checkbox"/> Divorce ⁴ Date: _____	<input type="checkbox"/> Other: _____

FORM OF BENEFIT
<input type="checkbox"/> I elect to receive my benefit in a single sum, less tax withholdings.
<input type="checkbox"/> I elect to receive \$ _____ of my benefit in a single sum less tax withholdings and a direct rollover of the balance of my account to the IRA or qualified employer plan Named in Part 1, Payee Data.
<input type="checkbox"/> I elect a direct rollover of my account to the IRA or qualified employer plan as named in Part 1, Payee Data.

¹ Married Must provide administrator with copy of Marriage License.

² Divorce Must provide administrator with copy of Judgment or Marital Settlement Agreement.

³ Death Please provide administrator with copy of Death Certificate.

⁴ Divorce Must provide administrator with copy of Judgment or Marital Settlement Agreement.

