

**CENTRAL MAINE HEALTHCARE 403(B) PLAN
DISTRIBUTION PAYMENT ELECTION FORM**

(Participant must complete all five parts of the form.)

PART I. COMPLETE PERSONAL INFORMATION

Social Security Number Last Name First Name M.I.

Address City State Zip Code

Date of Birth Date of Hire Date of Termination (if applicable)

PART II. CHOOSE ONE FORM OF PAYMENT

DIRECT ROLLOVER (check one):

ALL of my Plan distribution

PORTION of my Plan distribution. Amount: _____

PAYMENT TO ME (check one):

ALL of my Plan distribution

PORTION of my Plan distribution. Amount: _____

PART III. CHOOSE ONE METHOD OF PAYMENT

FOR DIRECT ROLLOVERS – choose one:

Mail check to the following address:

Name of IRA or Plan: _____ Account # _____

Address of IRA or Plan: _____

Send wire to the following bank account:

Bank Name: _____

City, State: _____

ABA #: _____

Account #: _____

I represent that the above-named eligible retirement plan is an individual retirement account or individual retirement annuity established in my name, or a qualified defined contribution retirement plan or annuity plan which accepts direct rollovers.

FOR PAYMENTS TO ME -- choose one:

- Mail check to my home address.
- Send wire to the following bank account:

Bank Name: _____
City, State: _____
ABA #: _____
Account #: _____

I acknowledge that all amounts paid to me from the Plan are subject to mandatory 20% withholding for Federal income tax plus any applicable State income taxes.

PART IV. SIGN & DATE FORM AND RETURN TO EMPLOYER

Please check all that apply to your current and historic account activity:

- I have received a hardship withdrawal from my account in the past.
- I currently have an outstanding loan in the plan.

PART V. SIGN & DATE FORM AND RETURN TO EMPLOYER

Participant's Signature Date

TO BE COMPLETED BY EMPLOYER/PLAN SPONSOR:

Please check reason for withdrawal:

- Termination/Retirement
- Death/Disability
- In-Service Withdrawal

This participant's final contribution was deposited on: _____

Has this person worked for CMH continuously for more than the last 4 years and is 100% vested. Yes No

If no, what was the most recent date of hire _____

If no, has this person ever been terminated and rehired? _____

The distribution request is complete, and I authorize payment for the above participant:

Employer/Plan Sponsor Signature Date

Once completed, mail to:

Malinda Goulet
THE PENSION SERVICE Phone: 207.854.1304 x4052
The Edwards Block
869 Main St. Fax: 207.854.1305
Westbrook, ME 04092