



Mail To: AMI Benefit Plan Administrators, Inc. 100 Terra Bella Drive Youngstown, OH 44505	Email To: PMT@amibenefit.com Fax To: 1-866-436-6703
Questions: 1-800-451-2865	

REQUEST FOR IN-SERVICE DISTRIBUTION

Company Name _____

Employee Name _____

Address _____

City _____ State _____ Zip _____

DOH _____ DOB _____ Marital Status M S

SS# (Last Four) _____ Phone Number _____

Reason for in-service distribution request:

- Attainment of Required Minimum Distribution Age - After age 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949)
- Attainment of age required for non-retirement distribution per plan document.
- Qualified Birth or Adoption – Limited to \$5,000 per birth/adoption and the plan must allow.
 Date(s) of Birth or Adoption _____
- Other (specify) _____

Gross amount requesting \$ _____.

This is the amount requested prior to any deductions for federal and/or state withholding.

Do you have a loan from your plan? If so, please select ONE from the options below. If no option is selected, we will default to the first listed option. *(Does not apply to Qualified Birth/Adoption Distributions.)*

- My loan balance is not affected. I will continue with my loan payments.
- Add my loan balance to the *Gross amount requesting* and tax both the amount requested, and my loan balance. This will pay off my loan and allow me to receive my net proceeds.
- The purpose of this request is to pay off my loan only. There will be no net proceeds paid to me and no taxes will be withheld.

How would you like the in-service distribution paperwork delivered?

- Mail to the address above.
- Email to address on file with AMI.

Please login to your account at www.amibenefit.com to verify or change your email address.

Distribution subject to plan document provisions.

Notes: _____

Signature: _____ Date: _____