

# Request for In-Service Distribution

**Mail To:**

AMI Benefit Plan Administrators, Inc.  
100 Terra Bella Drive  
Youngstown, Ohio 44505

**Email To:**

[PMT@amibenefit.com](mailto:PMT@amibenefit.com)

**Fax To:**

1-866-436-6703

**Questions:**

1-800-451-2865

[www.amibenefit.com](http://www.amibenefit.com)

## My Information

Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Address \_\_\_\_\_

Street

City

State

Zip

SSN (last four) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ DOH \_\_\_\_/\_\_\_\_/\_\_\_\_ Married? Y ☐ N ☐

Phone number (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

## Reason for In-Service Distribution Request

- ☐ Attainment of Required Minimum Distribution Age - After age 70½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949 and before January 1, 1951), or age 73 (if you were born on or after January 1, 1951 through December 31, 1959), age 75 thereafter
- ☐ 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 \_\_\_\_\_
- ☐ In Plan Roth Rollover. (You must be at least age 59.5 or older, as specified in the plan document.)
- ☐ Other (specify) \_\_\_\_\_

## Do You Have an Outstanding Loan from your Plan?

*If so, please select ONE from the options below. If no option is selected, your loan balance will not be affected. (Note, the loan is not affected with a Qualified Birth/Adoption Distribution.)*

- ☐ 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.

## Gross Amount Requesting

This is the amount requested PRIOR to any deductions for Federal and/or State Withholding.

Gross Amount Requested \$

## Signature

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_