

**REQUEST FOR INSERVICE DISTRIBUTION**

Employer name \_\_\_\_\_

Employee name \_\_\_\_\_

Employee address \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

DOH \_\_\_\_/\_\_\_\_/\_\_\_\_      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_      Marital Status   M\_\_\_\_ S\_\_\_\_

SS# \_\_\_\_\_      Phone number (\_\_\_\_) \_\_\_\_\_

Number of hours employee has worked since the beginning of the plan year: \_\_\_\_\_

Is there any year in which the employee did **not** work the required number of hours to receive credit for a year of service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide information below.

**Reason for In-service distribution request:**

- \_\_\_\_\_ Attainment of age 70 1/2
- \_\_\_\_\_ Attainment of age required for non-retirement distribution per plan document
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Gross amount requesting \$ \_\_\_\_\_. This is the amount requested prior to any deductions for federal and/or state withholding.

**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](http://www.amibenefit.com) to verify or change your email address.

**Distribution subject to plan document provisions.**

Notes: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_