ABA Retirement Funds

INVESTMENT ONLY PLAN DISBURSEMENT FORM

Address: ABA Retirement Funds Program ("Program") • P.O. Box 990073 • Hartford, CT 06199
Client Services: 877.275.3182 • **Executive and Preferred Clients:** 800.554.0073 • **Sole Proprietors:** 800.752.6313
Email: contactus@abaretirement.com • **Website:** abaretirement.com

Complete this form for disbursements from investment only plans. **This form cannot be used to make direct rollovers.** The Authorized Plan Representative completes all sections, signs Section 4 and mails the original, signed form to the address shown above.

1. EMPLOYER INFORMATION

Program Plan Number: __ __ __ __ __ __ Employer Tax ID Number: __ __ – __ __ __ __ __ __ __ IRS Plan Number: __ __ __

Employer's Name: _____ Employer's Business Phone Number: (_____) _____ –_____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: ___ ___ ___–___ ___–___ ___ ___ ___

Daytime Phone Number (_____) _____ – _____ Email: _____

3. AMOUNT OF DISBURSEMENT

☐ Partial Withdrawal

CONTRIBUTION TYPE	INVESTMENT OPTION	$ AMOUNT OR % **(PLEASE SHOW $ OR % SYMBOL)**

☐ Pay out all investment options and contribution types. Account is to remain open.

☐ Pay out all investment options and contribution types. Permanently close account.

All payments must be made payable to the plan's trustee.

Name of Participating Trusee*: _____

Attention*: _____

Mailing Address*: _____

City*: _____ State: _____ Zip Code: _____

** Line can contain no more than 30 characters.*

4. SIGNATURES

As Employer, I hereby certify that this disbursement is being requested in accordance with the terms of the Employer's plan.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER DATE