INVESTMENT ONLY PLAN DISBURSEMENT FORM

ABA Retirement Funds Program ("the Program")
P.O. Box 55072 • Boston, MA 02205-5072

Plan Administrator Line: 800.752.6313
Website: www.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: (____)_____–__________ E-mail: ______________________________

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
Trustee*:______________________________

Attention*:______________________________

Mailing Address*:______________________________

City*: ______________________________ State: ______________ Zip Code: ______________

4. SIGNATURES

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

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SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER DATE

* Line can contain no more than 30 characters.