



Guardian Retirement Solutions
RECORDKEEPING CONTRACT WITHDRAWAL REQUEST
(Termination of Employment/Retirement/After Tax Withdrawal/
Disability/In-Service Distribution/Plan Termination)

Regular Mail:
The Guardian Insurance & Annuity Company, Inc.
Group Pensions Service Center
P.O. Box 26280
Lehigh Valley, PA 18002-6280

Express Mail:
The Guardian Insurance & Annuity Company, Inc.
Group Pensions Service Center
1560 Valley Center Parkway, Suite 100
Bethlehem, PA 18017-2289

Telephone: 1-877-500-2380
Facsimile: 1-610-807-6900

Plan Name Contract Number
Participant Name Date of Hire Social Security Number
Participant Street Address\* Date of Termination E-mail Address
City State Zip Code Date of Birth

\* The address provided will become the permanent address on file for this participant. Address and Date of Birth are required for processing.

IF THE FORM IS NOT COMPLETED IN ITS ENTIRETY, THE REQUEST WILL NOT BE PROCESSED.

This portion of the form to be completed by the participant

1. REPORTABLE DISTRIBUTION

Choose only one.

- Termination of Employment - a \$25 fee will be charged to the contract owner for the return of every employee deferral remittance received after completion of termination request.
After Tax Withdrawal
Plan Termination - Due to employer's bankruptcy, merger or acquisition by a successor company, or any other employer-initiated event resulting in a reduction of participants by more than 15% of the number of participants at the time of inception.
Retirement - as defined by the plan
Disability
In-Service Distribution

If Retirement, Disability, or In-Service Distribution, Choose One:

- Non-Periodic Pay
Periodic Pay: Start Date: End Date:

Frequency: Monthly Quarterly Semi-annually Annually
\* More than 10 years; not eligible for a rollover
\* One periodic payments per participant
\* Subsequent payments will be made on the close of business day based on the frequency elected.

Distribution Options (Choose One.)

- Gross Amount: Withdrawal \$ from my vested account balance. I understand that any income tax withholding will be deducted from this amount. If the amount available is less than requested, I want to withdrawal the amount available: Yes No
Net Amount: Withdrawal \$ from my vested account balance plus withdrawal any income tax withholding. If the amount available is less than requested, I want to withdrawal the amount available: Yes No
Percent: Withdrawal % from my vested account balance. I understand that any income tax withholding will be deducted from this amount.

Life Insurance Premium - Life Insurance Premiums not made payable to GLIC will be assessed a CDC.

Make Check Payable to:

(must complete delivery instructions)

Withdrawals may be assessed a CDC. The CDC amount, if applicable, will be deducted from the requested withdrawal amount. (Contract Section 8.31 and 8.32) A Market Value Adjustment may be assessed for withdrawals from the Fixed Rate Investment Option. (Contract Section 8.3)

2. FEDERAL TAX WITHHOLDING (Election required unless the distribution is to be made payable to the plan.)

IRS Regulations require withholding of 20% on Eligible Rollover Distributions that are not paid as a direct rollover to an IRA or Qualified Plan. Non-periodic payments that are not Eligible Rollover Distributions are subject to 10% withholding unless the payee elects either another amount or no withholding.

Choose only one.

- Withhold the required percentage per IRS regulations
Withhold a fixed amount: \$ or %
To be applied to the Eligible Rollover portion of the distribution
To be applied to the Non-Eligible Rollover portion of the distribution
Do NOT withhold

(Over)



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**3. OUTSTANDING LOAN BALANCE**

Are there any outstanding loans on the account?

- Yes  No

If "yes," complete below. (If no item is elected, the defaulted loan will be treated as a distribution.)

- I elect to send a check to my Employer to pay off my outstanding balance. The loan payment will be processed with the next available payroll. Distributions will be processed 10 days after the payroll that includes the loan payment has been received and processed.
- I elect to have the outstanding portion of the loan defaulted and treated as a distribution.

*Shaded area to be completed by the TPA only.*

If the participant has an outstanding loan balance and Guardian should include the amount for tax reporting, please enter the outstanding loan amount: \$\_\_\_\_\_. Guardian will withhold 20% on any outstanding loan amount provided in this section unless an amount greater than 20% is provided here: \$\_\_\_\_\_ or \_\_\_\_\_%

**4. STATE TAX WITHHOLDING** (Complete if applicable; this section does not pertain to distributions made payable to the Plan.)

If state tax withholding should be taken for a state other than the one indicated in the permanent address (above), enter the tax withholding state:\_\_\_\_\_. **NOTE: If this field is not completed, it will default to state listed in permanent address (above).**

**Mandatory State**

- Withhold only the amount mandated by the above-mentioned state.
- Withhold an additional elective amount: \$\_\_\_\_\_ or \_\_\_\_\_%.
- Do NOT withhold

**Voluntary State**

- Withhold an amount: \$\_\_\_\_\_ or \_\_\_\_\_%.
- Do NOT withhold

**5. ROLLOVER INFORMATION** (Complete this section only if rolling over all or a portion of your disbursement. If there is more than one receiving financial institution, attach information on a separate page.)

**Note: If the money is rolling into another Guardian Advantage contract, a completed Rollover Authorization form must accompany the withdrawal request.**

**Receiving Financial Institution/Qualified Plan Delivery Information:**

Wire to Financial Institution?  Yes  No

(Minimum wire amount is \$5000. See Wire Information on Page 3.)

Account Number

Payee Name

**5. ROLLOVER INFORMATION** (Continued)

FBO

Address 1

Address 2

City, State, Zip

*Shaded area to be completed by the TPA only.*

**6. DISTRIBUTION SOURCE** Please provide all sources from which there is a balance being distributed.

(For the Amount you may provide \$, %, units or remainder.)

Fund

Source

Amount

Vested%

Fund

Source

Amount

Vested%

Fund

Source

Amount

Vested%

Fund

Source

Amount

Vested%

**After Tax Distributions:** (Must be completed if there is any after tax money in account.)

Pre-87 Contribution Amount: \$ \_\_\_\_\_

Post-86 Contribution Amount: \$ \_\_\_\_\_

*(Continued on the following page)*



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Shaded area to be completed by the TPA only.

**7. DISTRIBUTION FROM FORFEITURE AND COMMUNITY ACCOUNTS** (If Applicable, complete necessary information.)

Forfeiture Account (For the amount select \$, %, units or remainder.)

Fund

Source

Amount

Community Account (For the amount select \$, %, units or remainder.)

Fund

Source

Amount

**8. DELIVERY INSTRUCTIONS** (Must choose one. Excludes any fees.)

- Mail to Participant
- Mail to TPA
- Mail to Plan Sponsor
- Mail to Financial Institution Receiving the Rollover
- Wire Funds - Complete Wire Information Section Below.
- Other - Complete Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shaded area to be completed by the TPA only.

- .....
- PRIORITY DELIVERY:** (No Post Office Boxes)
    - DHL
    - Federal Express (TPA established account numbers only)

Account Number (Must Complete. No Credit Cards will be accepted.)

**9. WIRING INFORMATION** (Complete this section if wiring funds. A copy of a check or deposit slip is required.)

Minimum wire amount is \$5,000.

ABA Number

Bank Name

Bank City, State

**9. WIRING INFORMATION** (Continued)

Account Number

Account Name

Participant Name

Reference Number

Memo

Shaded area to be completed by the TPA only.

**10. ADDITIONAL INFORMATION**

Should the check be made payable to the Plan?

- Yes
- No

If Yes, check will be mailed to the Contractowner at the company. The Plan is responsible for tax withholding and tax reporting.

**If the Federal/State Tax Withholding and/or the IRS Distribution Code sections are completed, the information will be disregarded.**

Should the participant's remaining balance be forfeited to the Forfeiture Account?

- Yes
- No

Does any TPA Withdrawal Fee apply? (Fee will be mailed to the TPA Office)

- Yes
- No

If Yes: \$ \_\_\_\_\_ TPA Number \_\_\_\_\_

**11. SIGNATURES**

In the event the form must be returned for additional information, GIAC accepts no responsibility for any market value fluctuations as a result of the delay. GIAC does not agree to pay any costs incurred for special handling.

By signing the request, you understand:

- partial distributions of funds will only be made from the Advantage core fund options and no funds will be distributed from the SDB Option.
- participant terminations with remaining funds in the SDB option at the time of termination will be liquidated and moved to an Advantage core fund.
- residual dividends posted to SDB accounts will be distributed using the original termination instructions, for both participant and plan terminations
- and accepts full responsibility for the completeness and accuracy of the information presented.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Plan Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative (TPA) Signature \_\_\_\_\_ Date \_\_\_\_\_



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