

# Distribution/Direct Rollover Request

Refer to the Participant Distribution Guide while completing this form. Use blue or black ink only.

**Scott M. Gulinson MD, PC 401(k) Plan**

**395433-01**

## Participant Information

Last Name	First Name	MI	Social Security Number		
Address - Number & Street			Account Extension (if applicable)		
City	State	Zip Code	E-Mail Address		
( ) Daytime Phone			Has this account already been transferred to the spousal Claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Mo Day Year		
			Date of Birth		
			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
			Are you a U.S. citizen or resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Distribution Reason

- Severance of Employment - Date: \_\_\_\_\_  Disability - Date: \_\_\_\_\_  Age 59 1/2  
 In-Service  Minimum Distribution (Age 70 1/2)

## Distribution Method

Effective Date \_\_\_\_\_

Full Distribution

Partial Distribution

Amount \$ \_\_\_\_\_  Gross Amount  Net Amount

Contribution Source \_\_\_\_\_

Payment to Self

Direct Rollover to an OppenheimerFunds IRA - IRA Account Number (if applicable): \_\_\_\_\_

Please follow the directions in the Distribution Kit for requesting a Direct Rollover to an OppenheimerFunds IRA.

- Roll over my entire account balance to an OppenheimerFunds IRA.  
 Roll over part of my account balance to an OppenheimerFunds IRA. (Select one)
  - Send me a check for \$ \_\_\_\_\_. The remainder will be rolled over to an OppenheimerFunds IRA.
    - Gross amount before taxes.
    - Net amount after taxes.
  - Roll over the partial amount of \$ \_\_\_\_\_. The remainder will be sent to me by check. Direct Rollover - Provide company information below.  
 Amount \$ \_\_\_\_\_
  - Direct Rollover to an eligible plan:  Governmental 457(b)  401(a/k)  403(b)  403(a)
  - Direct Rollover to an IRA



# Distribution/Direct Rollover Request

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Last Name	First Name	MI	Social Security Number
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Company or Trustee's Name	Account Number
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Mailing Address
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City/State/Zip Code	( ) Phone Number
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If you are requesting a full withdrawal as a direct rollover and you have not yet met your required minimum distribution for the year and you are over age 70 1/2 and are no longer working, provide the amount of your required minimum distribution below. Note: The required minimum distribution cannot be rolled over. If you have not yet satisfied your required minimum distribution for the year, your required amount must be distributed prior to processing a rollover.

Required minimum distribution amount \$ \_\_\_\_\_

Do you wish to have 10% federal income tax withheld from your required minimum distribution?  Yes  No

Additional amounts may be withheld at your request \$ \_\_\_\_\_

## Distribution Delivery

**Check**  Alternate Mailing Address - \_\_\_\_\_  
\_\_\_\_\_

**Express Delivery** - \$25.00 non-refundable charge. Express delivery available Monday through Friday only. Not available to P.O. boxes.

## Federal and State Income Tax Withholding

**Federal Income Tax** - We will withhold all required federal income tax withholding based on your distribution type.

If you would like **additional** federal income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_ % of the distribution amount.

Do NOT withhold federal income tax from my required minimum distribution.

**State Income Tax** - If you live in a state that mandates state income tax withholding, it will be withheld.

Check here if you live in a state that does not mandate state income tax withholding and would like state income tax withheld.

If you would like **additional** state income tax withheld, indicate amount \$ \_\_\_\_\_ or \_\_\_\_\_ % of the distribution amount.

**Note: If you do not make an election above, state income tax will not be withheld unless you reside in a state that mandates state income tax withholding.**

# Distribution/Direct Rollover Request

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

## Required Signatures

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have received, read, understand and agree to all pages of the 401(k) Distribution/Direct Rollover Request form, the Participant Distribution Guide and the Special Tax Notice, and affirms that all information I have provided is true and correct. I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information. I understand that it is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and that the plan into which I am rolling money over will accept the direct rollover dollars, if applicable. I understand that I am liable for any income tax and/or penalties assessed by the IRS for any election I have chosen. I understand that once my payment has been processed, it cannot be changed. In the event that any section of this form is incomplete or inaccurate, Service Center may not process the transaction requested on this form and may require that I complete a new form or provide additional or proper information before the transaction can be processed.

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

\_\_\_\_\_  
Date

I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received from me any notices required by law.

I certify that the recordkeeping system has the accurate termination date and vesting percentage, if applicable, and participant address. Please process the request using this information.

OR

I certify that the participant's accurate vested percentage in the money sources listed below is as follows:

ERB 1 - EMPLOYER PROFIT SHARING

ERB 2 - SAFE HARBOR PROFIT SHARING

\_\_\_\_\_%

Immediate

Please use this when processing the distribution.

**Note:** Please be advised that balances may not exist in all money sources listed above. Additionally, all money sources may not be available for all distribution reasons.

\_\_\_\_\_  
Authorized Plan Administrator Signature

\_\_\_\_\_  
Date

**Participant** forward to Plan Administrator  
**Plan Administrator** forward to Service Center at:  
OppenheimerFunds Service Center  
PO Box 173764  
Denver, CO 80217-3764  
**Express Address:**  
8515 E. Orchard Road, Greenwood Village, CO 80111  
**Phone#:** 1-866-695-1577  
**Fax#:** 1-303-737-4355  
**Web site:** www.oppenheimerfunds.com