



TRUST BANK

# Disbursement Form

Trust Account Number: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Payee Social Security or Tax ID #: \_\_\_\_\_

**Payee Name/Address** (must match IRS Form W-9) Foreign Address (may require W-8BEN)

Payee Name (First)	(Middle)	(Last)
Address 1		
Address 2		
City	State	Zip
Country		

**Alternative Address for Check Delivery** (or enter wire/ACH banking instructions here)

Address 1			
Address 2			
City	State	Zip	Country

Net Check Disbursement Amount \$ \_\_\_\_\_

Payment Type: Check/Regular Mail Check/Overnight Delivery Wire ACH/EFT Transfer to Schwab Account

Name of Institution \_\_\_\_\_ ABA # \_\_\_\_\_

Account # \_\_\_\_\_ Account Name \_\_\_\_\_ Checking Savings

FBO \_\_\_\_\_ FFC (Further Credit) \_\_\_\_\_

Schwab Account # (for participant ACH/EFT) \_\_\_\_\_

Special Mailing: Overnight (Complete box below.) Other (Please describe.): \_\_\_\_\_

For overnight delivery (Cannot deliver overnight to a post office box.)

UPS/FedEx@#: \_\_\_\_\_ Billing Zip Code (required for UPS): \_\_\_\_\_ Recipient Phone Number (required): \_\_\_\_\_

**Disbursement Type****Section 1** (IRS Form W-9 is not required for these types of disbursements.)

Health Insurance Premium	Return of Mistake-in-Fact Contribution (Explanation required below.)
Life Insurance Premium	Tax Payment
New Participant Loan	Transfer to Another Trustee/Custodian
Non-Qualified Plan Distribution	Transfer/Disbursement for Health Savings Account (HSA)
Refund of Excess Loan Payment	Transfer/Disbursement to Paying Agent
Reimbursable Expense	Refund of Contribution
Other (Please list; explanation required below.) _____	

Explanation: \_\_\_\_\_

*This explanation (time period covered, etc.) will appear on the check stub and the Trust Statement.***Section 2** (Charles Schwab Trust Bank must have the IRS Form W-9 for each payee on file before the following payments will be made.) All payments to attorneys or unincorporated entities will be reported using a single year-end IRS Form 1099-MISC.

Administrative Expenses	Loan Processing Fee
Attorney Fee	Other Insurance Expense
Audit Fee	Other Plan Expense (Please describe.): _____
Distribution Processing Fee	Recordkeeping/Actuary Fee
Investment Management Fee	Trustee/Custodian Fee

Explanation: \_\_\_\_\_

*This explanation (time period covered, etc.) will appear on the check stub and the Trust Statement.*

In accordance with the authority vested in me by the Administrative Committee of the above-mentioned Plan, please issue the payment noted above.

By signing below, the Authorized Party(ies) certifies that the Plan Administrator has obtained all necessary forms and authorizations for the issuance of this check as required by the Plan.

**Authorized Signature(s)****Signature(s) and Date(s) Required****X**

Authorized Signature

Print Name

Date

Title

Company