



TRUST BANK

# Non-Periodic Distribution Directive\*

\*Also used for Broker-Dealer Enhanced Paying Agent Services.

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

### Participant/Beneficiary Information

Social Security Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Financial Institution Information

Financial Institution for Direct Rollover: \_\_\_\_\_  
Financial Institution or Alternate Participant Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Detail

Total Gross Payment Amount \$ \_\_\_\_\_  
Less Federal Tax Withholding \$ \_\_\_\_\_  
Less State/Local Tax Withholding \$ \_\_\_\_\_  
Less Outstanding Loan Balance \$ \_\_\_\_\_  
Transfer in-Kind: Market Value \$ \_\_\_\_\_  
Transfer Detail (number of shares) \_\_\_\_\_  
**Net Check Amount** \$ \_\_\_\_\_

### Taxability

Taxable Income \$ \_\_\_\_\_  
EE After-Tax Contribution/Roth Basis \$ \_\_\_\_\_  
Gain/Loss \$ \_\_\_\_\_  
First Year of Designated Roth Contribution \_\_\_\_\_  
Cost Basis \$ \_\_\_\_\_ NUA \$ \_\_\_\_\_  
Symbol \_\_\_\_\_ CUSIP \_\_\_\_\_  
Total Distribution Yes No  
Taxable Amount Not Determined Yes No

**Payment Type:** Check/Regular Mail Wire ACH/EFT (If ACH or Wire, fill out fields below.) Transfer to Schwab Account Tax Form Only

Name of Institution \_\_\_\_\_  
ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_ Checking Savings  
FBO/FFC (further credit) \_\_\_\_\_  
Schwab Account Number \_\_\_\_\_

For overnight delivery:  
UPS®/FedEx® Number: \_\_\_\_\_ Recipient Phone Number (required): \_\_\_\_\_  
'Cannot deliver overnight to a post office box.' Billing Zip Code (required for UPS): \_\_\_\_\_

**Distribution Codes** For use in preparation of the IRS tax form. (Select one or more.)

#### Payable to Participant

- 1. Early (premature distribution—no known exceptions, in most cases under age 59½)
- 2. Early (premature distribution—exceptions apply, under age 59½)
- 3. Disability
- 4. Death (spouse is eligible to roll over funds)
- 5. Prohibited Transaction
- 7. Normal Distribution (at least age 59½)
- 8. Excess Contributions Plus Earnings/Excess Deferrals Taxable in Current Year
- P. Excess Contributions Plus Earnings/Excess Deferrals Taxable in Prior Year
- E. Distributions Under Employee Plans Compliance Resolution System (EPCRS)
- A. May be eligible for 10-Year Tax Option
- U. Dividend distribution from Employee Stock Ownership Plan (ESOP) under sec. 404(k)
- B. Designated Roth Account Distribution

#### Payable to Rollover Institution

- G. Direct rollover of a distribution to a qualified plan, a section 403(b) plan, a governmental section 457(b) plan, or an IRA  
Roth Conversion? Yes No
- H. Direct rollover of a Designated Roth Account to a Roth IRA

#### 1099R Only

- L. Loan Default "Deemed Distribution" (See IRC Section 72[p].)
- 9. PS58 Costs
- M. Qualified Plan Loan Offset

### Reason for Distribution

Automatic Rollover to CSTB IRA	In-Service Withdrawal-Non-Hardship	Return of Employee Contributions/Earnings Under \$414(w)
Automatic Rollover to CSTB Roth IRA	Pass-through Dividend	Taxable Roth Conversion
Death	Qualified Domestic Relations Order (QDRO)	Termination of Service
Designated Roth Distribution	Required Minimum Distribution	Withdrawal of EE After-Tax Contributions
Disability	Retirement	Employee After-Tax Contribution
Hardship Withdrawal	Return of Excess Deferrals/Contributions	Other

By signing below, the Authorized Party certifies that the Administrator has obtained such participant's and participant's spouse's waiver and/or consents and tax elections forms, including any necessary supporting documentation, for the above distribution as required by the Plan and the Internal Revenue Code and applicable regulations.

### Authorized Signature

#### Signature(s) and Date(s) Required

X  
Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Company \_\_\_\_\_