

REQUEST FOR DISTRIBUTION

Clients Name _____

Date: _____

To: _____

(Name of CAI Administrator)

Participant's Name: _____ SS# _____

Participant's Address: _____

Participant's Home #: _____ Participant's E-mail Address: _____

Reason for Payout: Termination from Employment Date of Termination: _____

Spanish Required: Permanent Disability
 Death Retirement

Complete the following if terminated during the current Plan year:

Number of hours worked during the current plan year: _____

Have all of the employee's deferrals been deposited to the Trust for the current plan year?

Yes No (If No, read and answer next question)

What date do you intend on depositing the last contribution to the plan? _____

Complete the following if applicable to your plan and or participant:

Current balance of outstanding loan(s): \$ _____

Total Employer (Matching) Contributions Deposited in the Current Year: \$ _____

Date

Signature of Company Representative or Trustee

Our fee is \$100 for each distribution package. There will be an extra charge if the participant does not respond to our communication with him regarding the distribution. This charge may be billed to you, the client if no response is received.

Fax to Campbells Administration Inc. at 714-669-0541

To be Completed by CAMPBELLS ADMINISTRATION INC. (Do not write below this line)

DOH: _____ DOT: _____ DOB: _____ YOS: _____ J&S: Yes or No (circle one)

Vested Percentage: _____ Current Loan Balance: \$ _____

Last Day Rule: Yes or No (circle one) Distribution after Termination allowed: Yes or No (circle one)

Date: _____ Assistant: _____ Administrator: _____