

CROWN BENEFITS, INC
PARTICIPANT WITHDRAWAL NOTICE
DEFINED BENEFIT PLAN

Company Name _____

Participant Name _____

Phone Number _____ Email _____ FAX Number _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____ Date of Hire _____

SSN _____ Marital Status _____

Reason for withdrawal : _____

If this is **NOT** an in-service distribution, enter date of termination. _____

Does the participant have an existing loan ? _____

How many hours did the participant work in the plan year that includes the date of termination ? _____

Has the participant ever worked less than 1,000 hours in a plan year ?
If **Yes**, list those years. _____

Was the participant ever terminated and then rehired ?
If **Yes**, list those years. _____

Crown Benefits Inc is hereby authorized to determine the available in-service distribution or terminated participant's vested distributable benefit, prepare and transmit the appropriate documentation to the participant to complete, request distribution from the representative custodian and provide further services as may be required to expedite the distribution.

*This form must be completed and forwarded to our distribution department by the authorized plan sponsor only, **NOT** the participant. Sponsor must pay fees (\$225) for distributions from a Defined Benefit Plan.*

Date: _____

Authorized Plan Sponsor Signature