## 1081.01 (d) PLAN DISTRIBUTION FORM: EMPLOYMENT TERMINATION

PLAN NAME			EMPLOYER NAME			
FULL NAME SOCIAL SECURITY NUMBER EMAIL						
ADDRESS						ZIP CODE
				MARRIE	D SINGLE	
EMPLOYEE NUMBER	HIRE DATE	TERMINATION D	ATE	MARITAL STAT	US	BIRTH DATE
[ ] Term	ination [ ] Disability	[ ] Death	[ ] Retire	ment [ ]	Termination o	of the Plan
PREPAYMENT OF TAXES OF UNDISTRIBUTED PLAN BALANCE:						
Act 87 of May 13, 2006 = 5% and Act 77 of July 1st, 2014 = 8%  *[ ] I hereby certify that I made a tax prepayment over a basis of \$ Act 87 - Prepayment of 5%						
*[ ] I hereby certify that I made a tax prepayment over a basis of \$ Act 77 - Prepayment of 8%						
* Please include copy of Form SC2911 along with a payment receipt issued by the Puerto Rico Treasury Department ("Hacienda").						
<b>PAYMENT OPTIONS:</b> Please choose from the options below, the method in which you want to receive the distribution (refer to your Summary Plan Description):						
1. [ ] Total distribution in a single payment						
2. [ ]*Installments (equal amounts): \$ [ ] monthly [ ] quarterly [ ] semi annual [ ] annually for the next years						
3. [ ] *Joint annuity with right of survivor for my spouse and me: 50% 75% 100%						
4. [ ] Transfer the total account balance: [ ] Plan Name						
[ ] IRA Account - IRA Account Institution Account Number						
5. [ ] Transfer a partial account balance:						
[ ] Cash Amount \$ and the difference to be transferred to:						
[ ] Oher qualified Plan: Plan Name						
[ ] IRA Account - IRA Account Institution Account Number						
6. [ ] Total disbursement in a single payment (if the balance of my account is smaller than \$5,000.00)  Payment Instructions: [ ] Check						
[ ] Direct Deposit (please fill out the following bank account information):  Routing/Transit Number						
	Account Number	·		 [ ]Ch	ecking Accour	nt [ ] Savings Account
*Please check with your plan administrator if this option is available under the plan. Take into account that the amount and/or term you select may vary as a result of the performance of the investments you keep in your account.						
REDEMPTION OF FUNDS FOR INSTALLMENT PAYMENTS:						
If you request payments in installments, your account will be proportionally liquidated between the investment funds and sources at the moment of distribution processing. Payments will be substantially the same in terms of quantity along the years of your choosing, as long as the term does not exceed your life expectancy and/or your spouse or 10 years, whichever is less. Such payments could be adjusted to reflect changes in the market value of the account and life expectancy. The disbursements of deferred contributions made by you and/or your employer's plan, in the form of periodic payments, may be subject to withholding. The Trustee will file a Form 480.7C to the Puerto Rico Treasury Department with a copy to you.						
ANNUITY:						
If the plan allows for an annuity as a disbursement option, your signature on this request certifies that before you made a selection on a payment by means of annuities, you were given the agreement and disclosures referring to the annuities, and also received the necessary instructions to make such decision.						
BENEFICIARY:						
In case the participant is deceased, the legal beneficiary will submit and sign this request. Please substitute your address for that of the deceased participant. If there is more than one beneficiary, please include their names and addresses in order to split the total disbursement into separate checks for each beneficiary, pursuant to the beneficiary designation form enclosed herewith.						
IRA account, if authorized b	y the PR Treasury Departme disbursed. The fiduciary will	ent, will force yo	u to recogniz	e this as incor	ne and pay the	o another qualified plan or an e corresponding taxes for the sury Department and provide
Banco Popular could charge a fee to your retirement plan account for processing your distribution request. Please refer to the Plan's fee						
disclosure or consult with y	our employer for further det	ails.				
PARTICIPANT SIGNATURE			SPOUSE SIGNA	ATURE		 DATE
ADMINISTRATOR	_					
The administrator certifies to obtain the evidence necessary to determine if this request fulfills all the dispositions of the plan, according to the corresponding federal and state regulations. The administrator authorizes Banco Popular as fiduciary, to distribute the balance in the account of the participant by means of check(s), if applicable, to the participant or beneficiary(ies) according to the circumstances of each case.						
NAME OF PLAN ADMINISTRATO	)R	ADMINISTRATOR	SIGNATURE			 ATE
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