

MetSelect - TPA Distribution Transmittal Form

Section 1 - Instructions

This form authorizes the liquidation of plan assets for the purposes of making a participant distribution. Upon completion of the appropriate sections, the completed form will need to be submitted to MetLife for processing. The form must be submitted to MetLife through the RetireLink web site, at www.RetireLink.com. Please refer to your TPA Guide or contact your Account Executive for additional information.

Section 2 - Plan Information

Plan Name	Plan ID Number	Location Code
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Section 3 - Participant Information

Last Name	First Name	Middle Initial	Social Security Number
Address (street, city, state, zip)			

Section 4 - Total Distribution (20% withholding applies except for rollovers)

Distribution Codes for 1099R:

- Normal (over age 59 1/2) (7)
- Separation from Service subject to 10 percent premature penalty (1)
- Separation from Service exempt from 10 percent premature penalty (2)
- Disability (3)
- Direct rollover from Qualified Plan to IRA (G)
- Direct rollover to another Qualified Plan (H)

Last Day Worked: ____/____/____

Reason for Distribution: Termination of Employment Disability
 Plan Termination Retirement

If participant is subject to minimum distribution requirements, specify RMD Amount: \$_____ (7)

Indicate the vested percent for each contribution source subject to vesting.

Contribution Source	Vested %
Employer Match	
Employer Profit Sharing	
Other (specify)	
Other (specify)	

(go to section 6)

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Section 5 – Partial Distribution

Distribution Codes for 1099R:

- Normal (over age 59 1/2) (7)
- Distribution subject to 10 percent premature penalty (1)
- Distribution exempt from 10 percent premature penalty (2)
- Direct rollover from Qualified Plan to IRA (G)
- Direct rollover to another Qualified Plan (H)
- Return of Excess
 - \$ _____ (P)
 - \$ _____ (D)
 - \$ _____ (8)
 - \$ _____ (E)

Other (specify code): _____

- Reason for Distribution:**
- In-Service Withdrawal
 - Return of Excess
 - Required Minimum Distribution
 - QDRO (complete alternate payee below)

Indicate the amount to withdrawn for each contribution source:

Contribution Source	Withdrawal Amount
Salary Deferral	\$
Employer Match	\$
Employer Profit Sharing	\$
Rollover	\$
Other (specify)	\$
Other (specify)	\$
Total	\$

Choose appropriate withholding election: 20% 10% None

Alternate Payee (only completed for QDRO distributions)

Last Name	First Name	Middle Initial	Social Security Number
Address (street, city, state, zip)			

(go to section 6)

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Section 6 – Check Instructions

Make check(s) payable as follows: (check one or both as applicable)

- Amount payable to Participant: \$ _____ or _____% of distribution
- Amount payable as Rollover: \$ _____ or _____% of distribution

Rollover Payable to: _____

All checks will be mailed to the participant's home.

Section 7 – Review Form and Submit to MetLife

Once the form has been reviewed, the form may be submitted to MetLife for processing via RetireLink. Please refer to the TPA Guide or contact your Account Executive for instructions.