



The Standard[®]

Standard Retirement Services, Inc.
PO Box 711 Portland OR 97208-0711

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Defined Benefit Plan Periodic Distribution Request

TO: The Standard
Please pay the amount of benefit due under the terms of this retirement plan.

Name of Plan: _____ Contract Number: _____

- Request due to:
- Retirement - reached age 70 (hired before 7/1/88)
 - Retirement - reached age 55 (hired after 6/30/88)
 - Termination due to disability
 - Death prior to retirement

Participant's Name:		Phone Number:		Social Security No.:	
Address:		City:		State:	Zip Code:
Date of Birth:		Date of Hire:		Date of Termination:	
Date of Retirement:		Date of Disability:		Date of Death (attach a copy of Death Certificate):	
Years of Service:					
The Standard is authorized to make a distribution to the participant (or beneficiary, if applicable) named above upon receipt of this Distribution Request form. The distribution will be based on the information above and paid according to the terms of the contract.					
_____ Signature of the Plan Administrator or Authorized Plan Representative			_____ Signature of the Plan Administrator or Authorized Plan Representative		
_____ Title			_____ Title		
_____ Date			_____ Date		

A. BENEFICIARY DESIGNATION *(Spouse or Domestic Partner Only)*

Please designate to whom death benefits would be payable under the terms of this plan:

Name of Beneficiary:		Date of Birth:	Relationship to the Participant:	
Address:			Social Security No.:	
City:			State:	Zip Code:

B. TAX WITHHOLDING

1. You do not have to have taxes withheld from your payment.
2. After you have made a tax withholding choice, you can change it at any time prior to distribution by writing to us. Please allow 30 days for the change.
3. Even if you elect not to have income tax withheld, you are liable for payment of income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

Please fill out both the federal and state sections below. We are required to withhold income tax if we are not instructed otherwise by you, and if the payment amount is above the taxable minimum, or if your residence address is outside of the United States.

FEDERAL: _____

STATE: _____

your state of residence

WITHHOLD

WITHHOLD

Do NOT WITHHOLD federal income tax from my distribution, unless required.

Do NOT WITHHOLD state income tax from my distribution, unless required.

WITHHOLD The following additional amount from each payment \$ _____
federal

WITHHOLD The following additional amount from each payment \$ _____
state

If withholding is selected above, please complete the following:

Withhold based on Single Married Exemptions: _____

(Note: if not completed, we will withhold based on a married person with three exemptions.)

C. DIRECT DEPOSIT REQUEST

If you wish to take advantage of Direct-to-Bank mailing for your periodic checks, please complete this part of the form, and attach a Deposit slip or cancelled check. Savings account deposit slip cannot be used; complete information below for savings accounts.

Name of the Bank:

ABA:

Account Number:

Checking or Savings?

D. PARTICIPANT (BENEFICIARY, IF DEATH BENEFIT) ELECTION AND SIGNATURE

Your Signature

Date