

DISTRIBUTION REQUEST FORM

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Date of Birth: _____

Date of Hire: _____ Date of Termination: _____

SS#: _____

**TO: Empire State Highway Contractors Association, Inc.
2481 Higby Road
Frankfort, NY 13340
Phone 315-895-5303 • Fax 315-895-5307**

At this time I would like to receive:

- The vested balance of my retirement account
- Part of the vested balance from my Retirement account in the amount of \$ _____.
- The EMPLOYEE balance from my Retirement account in the amount of \$ _____.

Please Note: If you desire to take constructive receipt of these funds our Custodial Trustee NBT Bank, is required to withhold 20% for Federal Income Tax purposes. You should allow for this deduction in the amount you request. Roll-over Distributions are not affected by the 20% withholding rule.

It could take up to 4-8 weeks for an approved distribution to be processed due to the administrative timeline. Distributions are paid once a month on the 10th Calendar day.

Also, this distribution request form is restricted to the amount shown above. Further changes or additional requests will require a new written form signed by the Plan participant.

Employers: _____

Signature