



Guardian Retirement Solutions
RECORDKEEPING CONTRACT WITHDRAWAL REQUEST
*(Termination of Employment/Retirement/After Tax Withdrawal/
 Disability/In-Service Distribution/Plan Termination)*

Regular Mail:
 Guardian Insurance & Annuity Company, Inc.
 Guardian Retirement Solutions
 P.O. Box 26280
 Lehigh Valley, PA 18002-6280

Express Mail:
 Guardian Insurance & Annuity Company, Inc.
 Guardian Retirement Solutions
 3900 Burgess Place, 3 South
 Bethlehem, PA 18017

Telephone: 1-877-500-2380
Facsimile: 1-610-807-6900

Plan Name		Contract Number	
Participant Name		Date of Hire	Social Security Number
Participant Street Address*		Date of Termination	E-mail Address
City	State	Zip Code	Date of Birth

*The address provided will become the permanent address on file for this participant. Address and Date of Birth are required for processing.

IF THE FORM IS NOT COMPLETED IN ITS ENTIRETY, THE REQUEST WILL NOT BE PROCESSED.

1. REPORTABLE DISTRIBUTION

Choose only one.

- Termination of Employment**
- After Tax Withdrawal**
- Plan Termination** - Due to employer's bankruptcy, merger or acquisition by a successor company, or any other employer-initiated event resulting in a reduction of participants by more than 15% of the number of participants at the time of inception.
- Retirement** - as defined by the plan
- Disability**
- In-Service Distribution**
- Intra Plan Transfer** - funds transferred to another provider, but part of the same plan.

Withdrawals may be assessed a CDC. The CDC amount, if applicable, will be deducted from requested withdrawal amount (Contract/Agreement Section 8). A Market Value Adjustment may be assessed for withdrawals from the Fixed Rate Investment Option (Contract/Agreement Section 8).

If Retirement, Disability, or In-Service Distribution, Choose One:

- Non-Periodic Pay**
- Periodic Pay:** Start Date: _____ End Date: _____
Frequency: Monthly Quarterly
 Semi-annually Annually

* More than 10 years; not eligible for a rollover
 * One periodic payments per participant
 * Subsequent payments will be made on the close of business day based on the frequency elected.

2. FEDERAL TAX WITHHOLDING (Election required unless the distribution is to be made payable to the plan.)

IRS Regulations require withholding of 20% on Eligible Rollover Distributions that are not paid as a direct rollover to an IRA or Qualified Plan. Non-periodic payments that are not Eligible Rollover Distributions are subject to 10% withholding unless the payee elects either another amount or no withholding.

Choose only one.

- Withhold the required percentage per IRS regulations
- Withhold a fixed amount: \$ _____ or _____ %
- Do NOT withhold

Continued on next page.

PARTICIPANT NAME

SOCIAL SECURITY NUMBER

3. STATE TAX WITHHOLDING (Complete if applicable; this section does not pertain to distributions made payable to the Plan.)

If state tax withholding should be taken for a state other than the one indicated in the permanent address (above), enter the tax withholding state:_____. **NOTE: If this field is not completed, it will default to state listed in permanent address (above).**

Mandatory State

- Withhold only the amount mandated by the state listed above.
- Withhold an additional elective amount:
\$_____ or _____%.
- Do NOT withhold

Voluntary State

- Withhold an amount: \$_____ or _____%.
- Do NOT withhold

4. OUTSTANDING LOAN BALANCE

Are there any outstanding loans on the account?

- Yes No

If the participant has an outstanding loan balance and Guardian should include the amount for tax reporting, please enter the outstanding loan amount: \$_____. Guardian will withhold 20% on any outstanding loan amount provided in this section unless an amount greater than 20% is provided here:
\$_____ or _____%

5. ROLLOVER INFORMATION (Complete this section only if rolling over the distribution.) **If the money is rolling into another Guardian contract, a completed Rollover Authorization form must accompany this request.**

Rollover Type: (Choose one.) Qualified Plan IRA

Payee Name

FBO

Account Number

Address 1

Address 2

City, State, Zip

Continued on next page.

PARTICIPANT NAME

SOCIAL SECURITY NUMBER

6. DISTRIBUTION SOURCE Please provide all sources from which there is a balance being distributed.

(For the Amount you may provide \$, %, units or remainder.)

- All Funds
- All Sources

Amount _____ Vested % _____

- Rollover
(If partial distribution, provide instruction for remaining balance.)

Amount _____ To _____

Fund _____

Source _____

Amount _____ Vested % _____

Fund _____

Source _____

Amount _____ Vested % _____

Fund _____

Source _____

Amount _____ Vested % _____

Fund _____

Source _____

Amount _____ Vested % _____

After Tax Distributions: (Must be completed if there is any after tax money in account.)

Pre-87 Contribution Amount: \$ _____

Post-86 Contribution Amount: \$ _____

7. DISTRIBUTION FROM FORFEITURE AND COMMUNITY ACCOUNTS

(If Applicable, complete necessary information.)

- Forfeiture Account (For amount select \$, %, units or remainder.)

Fund _____

Source _____

Amount _____

- Community Account (For amount select \$, %, units or remainder.)

Fund _____

Source _____

Amount _____

8. DELIVERY INSTRUCTIONS

(Must choose one. Excludes any fees.)

- Mail to Participant
- Mail to TPA
- Mail to Plan Sponsor
- Mail to Financial Institution Receiving the Rollover
- Wire Funds - Complete Wire Information Section Below.
- Other - Complete Address

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- PRIORITY DELIVERY:** (No Post Office Boxes)

- UPS
- Federal Express

Account Number _____

(Must Complete. No Credit Cards will be accepted.)

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