## PONZI SCHEME TRUST CO. "Investments You Can Trust"

## **DISTRIBUTION REQUEST FORM**

PARTICIPANT INFORMATION			
Name (Last, First, Middle)	Social Security Number		ate of Birth (mm/dd/yyyy)
Doe, John H.	123_45_6789		05/05/1965
Mailing Address	City	St	ate ZIP
C/o 123 Common Law Lane, .	Anywhere, USA		
TYPE OF PLAN AND METHOD OF PAYMENT	tribution course	Method of Day	aont
		Method of Paym	_
☐401(a)	Govt 457	☐ EFT	
Traditional IRA Roth IRA SEP IRA			
METHOD OF DIOTRIBUTION			
METHOD OF DISTRIBUTION			
X 1. Lump-sum distribution to me. ⊅emand ίs	: herehu made to redee	m lawful mone	eu pursuant to 12 U.S.C. 4//
- Lunderstand that 20 percent of my payment			S Les services (12 of 12 of 14)
Lawful money is not taxable.			
2. Direct rollover transfer to new custodian			
Complete section below for the receiving in	stitution.		
DECENTING FINANCIAL INSTITUTION			
RECEIVING FINANCIAL INSTITUTION  Name of Plan	,	Λοοο	ount Number
Name of Flam			bunt Number
Mailing Address	O.L.		710
Mailing Address	City		e ZIP
SIGNATURE			
Under penalties of perjury, I certify that:			
The Social Security number shown on this form is	•		
X I am a U.S. Citizen or a U.S. resident alien. (If yo withholding tax rules) without, per 28 USC 174		ien, you may be	e subject to non-resident alien
Hunderstand that unless I am eligible and elect a roll-may be subject to federal income tax. Lawful mon		<del>A or eligible em</del>	<del>ployer plan, my distribution</del>
Participant Signature 72 0 1 14		Date	