



Defined Contribution Form

Date: \_\_\_\_\_

Contact information

Contact Name: \_\_\_\_\_

Firm Name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Member (Pensioner) and Spouse information

Member Name: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Marriage or RDP: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Member (Pensioner) Plan information

Employer: \_\_\_\_\_

Name of Plan: \_\_\_\_\_ Date entered Plan: \_\_\_\_\_

Still employed in the Plan? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Date of termination: \_\_\_\_\_

Information Required

If member entered the plan BEFORE date of marriage:

Send each and every Quarterly statement from 1 Quarter PRIOR to the date of marriage thru current

If member entered the plan AFTER the date of marriage:

Send each and every Quarterly statement from 1 Quarter PRIOR to the date of separation thru current

Do any of the following apply? If so, please explain

Loans or withdraws against the account, Rollovers or transfers

Empty rectangular box for explanation of items above.

Payment method (\$300): Check \_\_\_\_\_ PayPal invoice \_\_\_\_\_ Credit card \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Credit card#: \_\_\_\_\_ Exp: \_\_\_\_\_