



Request for Eligible Opt Out Distribution

Employee Name _____ Last 4 of SSN _____

Company Name _____ Branch/Client Number _____

I authorize Paychex, Inc. to process a permissible withdrawal from my 401(k) account and update my current enrollment percentage to 0 (if applicable). I have verified that I am within the 90 day IRS regulated timeframe. I understand the following:

- Any employer match (if applicable) will be forfeited; even if fully vested
- Funds are adjusted for gains and losses
- No distribution fee will be withheld
- A 1099-R will be postmarked by January 31 and mailed to the employee's address on file following the year of the permissible withdrawal
- This distribution will have 10% Federal tax and any applicable state taxes withheld.

Employee Signature _____ Date _____

Email Address _____ Telephone _____

✉ Return Completed form to:
ldps_paperwork@paychex.com

📄 Paychex Retirement Services
Attn: L&D Department,
1175 John Street,
West Henrietta, NY
14586

📄 Attn: Loans and Distributions 585-389-7219

Looking for Immediate assistance?
Log into your online account at www.paychexflex.com, access Retirement Services, then click the lower question mark in the lower right-hand corner to access our live chat!