

# Lump Sum Rollover Form



Account Number:

Account Name:

## Customer Information

Last Name:

First Name:

MI:

Suffix:

Social Security Number:

Date of Birth (MM/DD/YYYY):

Retirement/Termination Date:

Retire Option:

Value Date (MM/DD/YYYY):

Distribution Code:

Pull Code:

## Address

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Postal Code:

Country:

## Rollover Information

Payable To:

Account Number:

FBO:

Address Line 2:

Address Line 3:

City:

State:

Postal Code:

Country:

## Disbursement Amount

Distribution Amount Taxable:

Distribution Amount Nontaxable:

Total Gross Distribution:

## Payment Method

☐ Check ☐ Electronic Funds Transfer (See attached Comerica ACH Form)

Tax Forms Attached: ☐ Yes ☐ No

\* 20% Mandatory Federal Tax Withholding on Distributions From a Qualified Plan.

If no tax form is attached:

\* Federal WH tax default: Married and 3 Exemptions per IRS guidelines, where applicable

\* AZ, IA, and MI residents must complete their state required tax forms.

### COMMON DISTRIBUTION CODES

1 Early (premature) distribution, under 59½

2 Early (premature) distribution, Exception applies

3 Disability

4 Death

7 Normal Distribution, over 59½

6 Rollover

For more information or additional codes, refer to [www.IRS.Gov](http://www.IRS.Gov), "Instructions for Form 1099R."

Prepared/Requested By:

Phone:

Date:

2nd Authorized Signature (if applicable):

Phone:

Date:

**COMERICA USE ONLY** Authorized Signature Verified By:

Date: