

WIRE INSTRUCTIONS FOR A PARTIAL OR LUMP SUM ROLLOVER DISTRIBUTION



ABA Retirement Funds Program ("Program")
P.O. Box 990073 • Hartford, CT 06199

Customer Contact Center: 800.348.2272
Website: abaretirement.com

This form must be accompanied by a Distribution Request Form, In-Service Withdrawal Form or Death Benefits Claim Form.

Complete this form to have the Program wire a rollover distribution to the financial institution directed by the participant. The employer completes section 1. The participant completes and signs sections 2 and 3 and mails the original form to the address shown above.

(This form should not be used for distributions that are not being rolled over. For ACH/direct deposit of non-rollover payments, complete the Electronic Direct Deposit of Distributions Form.)

Not all banks will accept rollovers as wires. Please check with the rollover institution to confirm that wires will be accepted. **If the information below is not fully completed or incorrect, a check will be sent to the participant in lieu of a wire.**

I. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: ____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____) _____ - _____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____ - _____ - _____

Daytime Phone Number: (____) _____ - _____ Participant's Email: _____

Signature of Participant (required): _____

3. RECEIVING ACCOUNT INFORMATION

COMPLETE NAME(S)/REGISTRATION ON BANK ACCOUNT (ALWAYS CONFIRM THE INFORMATION BELOW WITH YOUR ROLLOVER INSTITUTION)

Receiving Account Information:

Name of Financial Institution: _____

Address of Financial Institution: (If a branch, please provide branch address.)

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Financial Institution Phone Number (Your Local Branch*): (____) _____ - _____

**This telephone number may be used to verify wire instructions, so it is important that you provide your local branch number.*

Nine-digit Financial Institution Routing Number (also known as an "ABA" number): _____

For Credit to Account Name: _____

For Credit to Account Number: _____

(THIS SECTION MAY NOT BE APPLICABLE. COMPLETE IF THIRD PARTY IS REQUIRED):

For further credit to (account name and number): _____