

# PENSION DISTRIBUTION REQUEST FORM

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

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

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

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

SS#: \_\_\_\_\_

TO: Empire State Highway Contractors Association, Inc.  
2481 Higby Road  
Frankfort, NY 13340  
Phone 315-895-5303 • Fax 315-895-5307

At this time, I would like to receive:

- The vested balance of my retirement account
- Part of the vested balance from my Retirement account in the amount of \$ \_\_\_\_\_
- The EMPLOYEE balance from my Retirement account in the amount of \$ \_\_\_\_\_

**Please Note:** ESHCA conveys this information to NBT Bank who then sends you paperwork to process according to your instructions.

If you desire to take constructive receipt of these funds our Custodial Trustee, NBT Bank, is required to withhold 20% for Federal Income Tax purposes. You should allow for this deduction in the amount you request. Roll-over Distributions are not affected by the 20% withholding rule.

Expect 4-8 weeks for an approved distribution to be processed due to the administrative timeline. Distributions are paid once a month on the 15<sup>th</sup> calendar day. Also, this distribution request form is restricted to the amount shown above. Further changes or additional requests will require a new written form signed by the Plan participant.

Employers: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_