

STOP PAYMENT REQUEST FORM



Account Number

STEP 1 PARTICIPANT INFORMATION

First Name _____ Last Name _____ M.I. _____

Home/Legal Street Address _____ Apartment/Suite _____

City _____ State _____ Zip _____

Contact Number _____ Email Address _____

STEP 2 ORIGINAL PAYMENT METHOD

- Cash Payment Distribution
- Rollover Distribution
- Loan

STEP 3 UPDATED PAYMENT METHOD

The original distribution method cannot be changed.

OPTION 1: CASH DISTRIBUTION

Check will be made payable to participant and sent to address on record via standard mail. If the original request was a hardship distribution, the replacement check will be sent via overnight mail (stop payment fee applies).

- Send check via overnight mail. A fee of \$35 applies.

OPTION 2: DIRECT ROLLOVER TO RETIREMENT PLAN/IRA

Check will be made payable as indicated below and sent to the address provided below via standard mail.

Traditional Account (Pre-tax only – non-Roth after-tax amounts will be paid to Participant.)

- Send check via overnight mail. A fee of \$35 applies.

IRA or Plan Name: _____

Make Check Payable: _____

Mail to Address: _____

(Must be physical address if overnight delivery requested.)

IRA or Plan Account #: _____

Roth Account

- Send check via overnight mail. A fee of \$35 applies.

Roth IRA or Plan Name: _____

Make Check Payable: _____

Mail to Address: _____

(Must be physical address if overnight delivery requested.)

Roth IRA or Plan Account #: _____

Return completed forms via one of these methods: **Email** IPXDistributions@PCSRetirement.com **Fax** 720.900.2769
Upload to IPX Resource page <https://www.pcsretirement.com/aspire/ipx/>

STEP 4 SIGNATURE & ACCEPTANCE

By signing and submitting this Stop Payment Request Form, I am requesting that Aspire request that the custodian stop the outstanding check that was issued from my retirement plan/account indicated above and reissue the check as indicated on this form. I acknowledge that a fee for stopping/reissuing the check will apply and that I have been informed of the amount of the stop/reissue fee applicable to my plan/account. I understand that the payment from my plan/account may be reduced by the amount of this fee, as well as the amount of any overnight mail fees (if applicable).

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Participant Signature

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Date (month | day | year)

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