

STEP 1 PARTICI	PANT INFORMATION				
First Name	Last Name	MI	Social Security Nu	mber	
Plan Name					
STEP 2 ALTERNA	TE PAYEE SETUP INFORMATION				
First Name	Last Name	MI	Social Security N	umber	
Street Address	City		State	Zip Code	
Date of Birth (month day	J Male	Female			
STEP 3 FEE INFO	RMATION				
Liquidate fro	ponsor will pay fee directly to TPA m Participant Only om Alternate Payee Only				
	%for Participant and	J \$/%	_for Alternate Payee		
The liquidated amoun	s will be pulled pro rata from all sources. As processing a split that calls for liquidation o			be a part of a Participant's	
OPTION A:	Liquidate a Specific Dollar Amount (\$) Pro Rata from all v	ested investments in	the Participant's account.	
OPTION B:	Liquidate a Specific Percentage (%) of the Participant's vested account balance Pro Rata from all vested investments in the Participant's account.				
OPTION C:	Liquidate a Specific Dollar Amount from S	Specific Investments in the Partie	cipant's account:		
	INVESTMENT NAME		TICKER	DOLLAR AMOUNT TO BE LIQUIDATED	

E-mail completed forms to your Business Relationship Consultant. Questions? Contact your Business Relationship Consultant. If you are unsure who your Business Relationship Consultant is, please e-mail info@aspireonline.com or call Aspire's Client Services Department at 866.634.5873.

OPTION D:	Liquidate a Specific Percenta	age from Specific Investm	ents in the Participant's accounts:

		INVESTMENT NAME	TICKER	PERCENTAGE OF VESTED BALANCE <u>TO BE LIQUIDATED</u>
STEP 5	INVESTM	ENT OF LIQUIDATED AMOUNTS		
	OPTION A:	Liquidated amounts should be invested in the Alte the Participant's account.	rnate Payee's account in the same inv	vestments which were liquidated from
	OPTION B:	Liquidated amounts should be invested in the Alte be invested in investment options allowed under t	rnate Payee's account as shown belo he applicable retirement plan.	w. Please note that amounts can only
		INVESTMENT NAME	TICKER	<u>% OF TOTAL AWARD</u>
				Must total 100%
STEP 6	DISTRIBUT	TION FORMS (to be processed after QDRO Split Is	completed)	
Optional	Forms (check	all that apply):		
	No distributio	on forms have been provided to Plan Sponsor at this t	ime	
\Box	Completed P	articipant distribution form is attached/enclosed		
	Completed A	Iternate Payee distribution form is attached/enclosed	t	
		are acknowledging that the accounts should be split as her account, which must be authorized on the applicable		
TPA	/Plan Sponsor Si	gnature	Date	(month day year)
Signer's	Printed Name		Title	
TPA/Pla	in Sponsor Name			

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