

DISTRIBUTION REQUEST

MOTIVE COMMUNICATIONS INC 401K PLAN

CLIENT NO. 026283

Prudential Mutual

PARTICIPANT INFORMATION

Social Security Number

First Name MI Last Name

TYPE OF DISTRIBUTION

☐ Lump Sum

☐ Partial \$ _____

Or _____%

☐ After Tax Balance \$ _____

Or _____%

WITHDRAWAL INSTRUCTIONS

☐ 100% Cash

(Please refer to the Tax Withholding Information section below)

☐ 100% Rollover

(Please complete the Rollover Instructions below)

☐ Split Distribution

(Please indicate the dollar amount or percentage of your account to be distributed to you in cash. You should review the Tax Withholding Information and complete the Rollover Instructions for the balance of your distribution.)

\$ _____

Or _____%

TAX WITHHOLDING INFORMATION

Please withhold the following percentage from the taxable portion of my distribution: _____% (must be greater than 20%)

ROLLOVER INSTRUCTIONS

☐ Qualified Retirement Plan

☐ IRA

Name of Financial Institution/Trustee

Account Number

Address Line 1

Address Line 2

City

State Zip Code + 4

PARTICIPANT/SPOUSE AUTHORIZATION

Our signatures confirm that we have read, understand and agree with the information contained on the reverse side of this form.

Signature of Participant

Date

Signature of Spouse

Date

Signature of Witness/Notary

Date

PLAN ADMINISTRATOR USE ONLY

My signature confirms that I have read, understand and agree with the information contained on the reverse side of this form.

☐ Retirement

Reason:

☐ Separation of Service

☐ Disability

Date of Employment/
Status Change:

M M D D Y Y Y Y

Plan Year-to-Date

Hours Worked: _____

Signature of Plan Representative

Date

