

## Qualified Plan Request for Refund of Excess Deferral

## **IMPORTANT INFORMATION**

- Deferrals in excess of the tax year maximum under Internal Revenue Code Section 402(g) must be refunded to the participant by April 15 (or IRS designated tax filing deadline) of the following tax year to avoid double taxation.
- The gain or loss on any excess deferral should be calculated through the end of the taxable year of the deferral and included in the Total Refund Amount.
- Refunds processed after the close of the tax year and prior to April 15 (or IRS designated tax filing deadline) are taxable in the deferral year and any applicable gain is taxed in the year distributed. Two separate Forms1099-R will be issued to the participant.
- We strongly recommend that you work with your investment advisor and/or the participant to ensure refunds are processed by April 15 (or IRS
  designated tax filing deadline). Forms must be received within three business days of the refund deadline to ensure refunds are processed timely.

| 1 EMPLOYER INFORMA                      | TION              |                     |                        |                           |                     |
|---|-------------------|---------------------|------------------------|---------------------------|---------------------|
| EMPLOYER NAME                           |                   |                     |                        |                           |                     |
| EMPLOYER ADDRESS                        |                   | СІТҮ                |                        | STATE                     | ZIP CODE            |
| EMPLOYER PHONE NUMBER PLAN              |                   | L<br>YEAR REFUND    |                        | EMPLOYER TAX ID NUMBER    |                     |
| INVESTMENT FIRM                         |                   |                     | ACCOUNT NUMBER         |                           |                     |
| 2 PARTICIPANT EXCES                     | S DEFERRA         | L REFUND I          | NFORMATION             |                           |                     |
| Name                                    |                   |                     | Excess Amount          | Gain/Loss                 | Total Refund Amount |
|   |                   |                     |                        |                           |                     |
|   |                   |                     |                        |                           |                     |
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|   |                   |                     |                        |                           |                     |
| 3 EMPLOYER SIGNATU                      | RE                |                     |                        |                           |                     |
| I certify the above information is true | and correct. I au | thorize Equity Trus | st Company to make dis | tribution refund(s) as ou | utlined above.      |
| EMPLOYER NAME                           |                   | TITLE               |                        |                           |                     |
| EMPLOYER SIGNATURE                      |                   | 1                   | DATE                   |                           |                     |
|   |                   |                     |                        | l                         |                     |

Please retain a copy of this from for your records and fax or mail to Equity Trust Company at the address below.