**(*SAMPLE*)**

**Mandatory Distribution Request -- $1,000 and Under**

[Date]

Transamerica Retirement Solutions

4333 Edgewood Road NE, Mail Drop 0001

Cedar Rapids, IA 52499

Fax: (866) 846-2236

Re: Mandatory distribution payable to the participant (*amounts $1,000 and under*)

 [Plan Name]

 [Contract Number]

Dear Transamerica Retirement Solutions:

Please distribute the vested account balance directly to the following terminated participant(s):

**Name** **Social**  **Address** **Vesting%**

 (if different from TRS’ records)

It has been at least 30 days since I sent, via certified mail, written notice and the “Distribution Information Package” to these terminated participants. Since these terminated participants have not responded with a specific option for the distribution, I am directing Transamerica Retirement Solutions to cash out their vested account balance payable to the participant.

If you have any questions about the distributions, please contact me at [phone number].

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Trustee (Print Name) Plan Trustee Signature