If you have any questions while completing this form, you may contact a Vanguard Participant Services Associate Monday through Friday, between 8:30 a.m. and 9 p.m. Eastern time at 800-523-1188.

If you wish to convert your plan assets to a Roth IRA/Roth inherited IRA, please contact Participant Services.			

The Legal Aid Society	Plan # 090820			
Staff Attorneys Pension Plan	Distribution Request			
Account Information				
Social Security #				
Name (Last, First, MI)				
Address				
City	State Zip			
Daytime phone #	phone #			
Date of birth (mm/dd/yyyy) Date of (mm/dd/yyyy)	termination			
Date of hire				
Check here if address listed above is a new addre	ess.			
Withdrawal Classification				
Reason for final distribution: Separation of service	Long-Term Disability Retirement			
Form of final distribution: (choose one) See reverse side for additional information.				
Direct rollover to: If you have any questions on rolling over your eligible assets to an IRA, or have questions on Vanguard IRA's please contact Vanguard at 800-523-1188.				
Note: These options apply to either a partial or total direct roll	lover of cash.			
Call a Vanguard Specialist at 800-523-1188.Your specialist will	Other Eligible Retirement Plan: IRA or Qualified Plan (Complete Direct Rollover Form and obtain further instructions from the			
assist you in preparing the necessary IRA Adoption Agreement.) Other: (available to spouse or non-spouse)	receiving institution.)			
Lump Sum Cash Annuity	(Complete Installment Payment Request Form)			
Deferral 50% Qualified	Joint			
Survior Annuity	У			
Income Tax Withholding This section does not apply to insta	allments. See Installment Payment Request Form.			
If you elect to have your entire eligible rollover distribution transferred in a direct rollow	ver to an IRA or a qualified plan, no federal tax			
will be withheld. If you elect to have all or a portion of your eligible rollover distribution paid to you, the	signer understands that a 20% federal tax will be withbeld			
on the taxable portion of the distribution. In addition, state tax will be withheld according gives you the option not to withhold or to determine a dollar amount or percentage you	ing to your state's guidelines. If you reside in a state which			
Withhold state taxes. Where applicable, indicate specif	fic dollars \$ or percentage %.			
Do not withhold state taxes.				
Please make a copy for your records.	T6037 052021			
Connect with Veneword®	vanguard.com > 800-523-1188			
(05/26/2021) Connect with valiguard >	anguara.oom - 000-020-1100			

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onsult with the Plan	ath I may not I Administrator	Plan. I have read and irre be entitled to receive sur or my personal legal or t	evocably consent f rvivor benefits as a tax advisor before	to the above election exe a result of my spouse's el signing this form.	v. I understand I am entitled to cuted by my spouse. I understa ection above. If I have any que	and that stions, I will
Signature of Spouse		D	late	Signature of Notary P (Attach stamp and sea		Date
	I certify	that I am unmarried or i	my spouse cannot	be located.		
Authorization lote: Please be sure		d the "Safe Harbor Expla Notary Public	anation" provided	by your Human Resource	es Department. Da	te
	Signature of	Employee			Da	te
	For Office				Vested Percentages	7
	Use	Plan Administrator's	Signature	[Date	
				untry Road Suite 406		
Form of Final	Distributic	on		untry Road Suite 406		
Form of Final Withdrawal (1400 Old Co	untry Road Suite 406		
Withdrawal(Vanguard IRA	Classificatio	o n I this option you may cho	1400 Old Cor Westbury, N	ss untry Road Suite 406 Y 11590	balance rolled over to a Vanguessary IRA Adoption Agreemen	
Withdrawal (Vanguard IRA Call a Vanguar Other Eligible balance rolled o	Classification - By selecting d Specialist at Retirement F over to an IRA	on 9 this option you may cho 1 800-523-1188. Your sp Plan; IRA or Qualified P N or qualified plan. Your l	1400 Old Cor Westbury, N bose to have all or recialist will assist Plan - By selecting Benefits Office will	ss untry Road Suite 406 Y 11590 a portion of your eligible you in preparing the nece this option you may have	essary IRA Adoption Agreemer e all or a portion of your eligible Rollover Form. In addition, it is	it. e cash
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Withdrawal (Vanguard IRA Call a Vanguar Other Eligible balance rolled o responsibility to Lump Sum Ca Deferral - By s	Classification - By selecting d Specialist at Retirement F over to an IRA o open an acco ash - By select electing this o	this option you may cho 8 this option you may cho 8 800-523-1188. Your sp Plan; IRA or Qualified P A or qualified plan. Your l ount at the receiving inst ting this option you will re ption you elect to postpo	1400 Old Cor Westbury, N boose to have all or recialist will assist Plan - By selecting Benefits Office will titution prior to initi eceive your entire one receipt of your	a portion of your eligible you in preparing the nece this option you may have supply you with a Direct iating your direct rollover eligible cash balance.	essary IRA Adoption Agreemer e all or a portion of your eligible Rollover Form. In addition, it is through Vanguard.	nt. e cash s your
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-	Aid Society Plan # 090820			
Stan Allon	neys Pension Plan Direct Rollover			
Account Informa	tion			
Name				
(Last, First, MI)				
	% to be transferred as direct rollover%			
	% to be paid to me%			
	100%			
Balance Eligible	for Bollover			
	a direct rollover directly to an institution, it is your responsibility to open an account before providing the n. You must make sure that your rollover meets any minimum contribution requirements.			
	Traditional IRA Eligible Employer Plan (See the Special Tax Notice for the definition of eligible employer plan)			
Trustee Name				
	(Please show name exactly as check should be made out)			
Plan/Account Name				
Plan Number				
(if applicable)				
Account Number	Note: If account number is not provided, the Direct Rollover check will be mailed to you.			
Mailing Address				
	Mail check to institution at the address below			
	Mail check to me			
City	State Zip			
Authorization				
I hereby acknowledge that I have received and read the "Special Tax Notice Regarding Plan Payments."				
Signature of Employee	Date Signature of Notary Public Date			