



Fee Notice: Submission of this form to TriStar constitutes a request for distribution paperwork, for which fees will be charged to the appropriate party. Due to the time involved in the distribution process, these fees will be charged regardless of whether or not the participant can be forced out of the plan due to a low balance, or does not return the paperwork to us for processing and allows it to expire after 180 days.

Instructions: Please complete this form and send to TriStar Pension Consulting so we can begin processing the In-Service Request. Forms which are not completed in full will delay the In-Service process.

Plan Name: _____

Participant Information:									
First Name:	_____	Middle Name:	_____	Last Name:	_____				
Date of Birth:	____/____/____	Last 4 of SSN:	_____	E-Mail:	_____				
Phone:	_____	Address:	_____	City:	_____	State:	____	Zip:	_____

Participant Employment Information:			
Date of Hire:	____/____/____		
Hours of service in current plan year:	_____	Hours of service in previous plan year:	_____

Additional Comments:

Completed By: _____ Phone: _____ Date: ____/____/____

Return completed form to TriStar Pension Consulting by Fax:
(405) 418-4015 or by E-mail: Tiana@tristarpension.com