



State of Hawaii  
PTS Deferred Compensation Retirement Plan  
**ADMINISTRATIVE DISTRIBUTION FORM**

Complete this form to notify National Benefits Services, Inc. (NBS) of a needed PTS Administrative Distribution due PTS deductions improperly made by the employee listed below in **previous** calendar years.

Fax this completed form to:

ATTN: Eric Hunter  
National Benefit Services, LLC  
3121 Department  
**FAX: (801) 838-7302**  
Ph: 1-800-274-0503 x136 (Toll Free)

Please print all information clearly in black ink.

NAME OF EMPLOYEE (full legal name):		SOCIAL SECURITY NUMBER XXX - XX - _____	
CURRENT MAILING ADDRESS			
CITY		STATE	ZIP

Pay periods for which the administrative distribution correction will be made:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Total amount of corrective distribution:

\$ \_\_\_\_\_ . \_\_\_\_\_

I certify that the above amount is correct.

\_\_\_\_\_  
Signature of Department Representative

\_\_\_\_\_  
Department

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_