

DISTRIBUTION REQUEST FORM

Name of Plan _____ Plan ID # _____
Name of Participant _____ SSN # _____
Participant Address _____
City _____ State _____ ZIP _____ Phone # _____ Date of Event _____

Distribution Reason *(To be completed by Plan Administrator)*

Participant Status and Event Date information must be updated by the Plan Administrator on Plan Web in order to process

Termination of Employment Termination of Plan Retirement Disability

Method of Distribution *(To be completed by the Participant-please select one option)*

1. Distribute 100% of my vested account balance to me.
2. Distribute _____% of my vested account balance, or \$_____, to me.
3. Distribute _____% of my vested account balance to me at the address provided above, and roll over _____% to the account identified below. (**Note:** total should equal 100%.)

Please provide **Direct Rollover information** (Must be an eligible rollover distribution – see Special Tax Notice):

Type of rollover account IRA Qualified Plan Non-spouse Inherited IRA Other _____

Trustee Name or Financial Institution _____

Account Number _____

Account Name or Retirement Plan Name _____

Address _____

City _____ State _____ ZIP _____

Method of Shipment *(If requesting two day or overnight delivery, carrier information must be provided)*

Regular mail Two day Overnight Carrier Name _____ Billing # _____

Income Tax Withholding *(To be completed by the Participant)*

I understand that this distribution will be reported to the Internal Revenue Service and the state of my residence, if applicable, as taxable income as appropriate. The address on this form will determine my state of residence for state withholding purposes. I also understand that the distribution will be subject to income taxes unless I roll over the distribution amount to another retirement account. Any distribution eligible for rollover that is greater than \$200 is subject to 20% mandatory Federal Income Tax withholding unless I directly roll over the amount of the distribution to another retirement account. I further understand that, if I receive this distribution prior to age 59½, the distribution may be subject to a 10% early withdrawal penalty. State taxes will be withheld at state's mandatory withholding rate, if applicable.

Withhold Federal Income Tax at _____% of the total distribution (20% or greater).

Participant Authorization *(Required)*

I have read the "Special Tax Notice" provided to me by the Plan Administrator and request a distribution from the retirement plan designated above. I wish to waive the 30-day notice period in order for my distribution to be processed immediately.

Participant Signature _____ Date _____ Involuntary Distribution

Plan Administrator Authorization and Vesting Verification *(Required)*

As Plan Administrator, I hereby certify that the vesting percentage for this participant is equal to _____%.

100% due to plan termination

I authorize the distribution to be processed in the manner indicated above.

Plan Administrator Name *(please print)*

Plan Administrator Signature

Date