

DISTRIBUTION FORM

PARTICIPANT INFORMATION							
Plan Name:							
Participant Name:							
Social Security Number:				Date of Birth:			
Date of Termination:				Daytime Phone Number:			
Address:				Email:			
City:				State:		Zip:	
Gross Vested Account Balance:	\$		Less Outstanding Loan Bal (if any):	\$N/A	Net Vested Account Balance:	\$	
Account Balance Data as of:*				*This is the amount of your benefit as of the Plan's last valuation date. The amount of your actual distribution will be based on the current value of your account.			
Reason for Withdrawal:							
<input type="checkbox"/> Termination of Employment <input type="checkbox"/> Retirement (I have met the age and service requirements specified under the Plan) <input type="checkbox"/> Total and Permanent Disability <input type="checkbox"/> In-Service Withdrawal (I have met the age and vesting requirements specified under the Plan) <input type="checkbox"/> In-Service Withdrawal of Rollover Account <input type="checkbox"/> Other / Plan Termination							
PRE-TAX ACCOUNTS							
Complete this section for a distribution of your pre-tax accounts (For example: 401(k) pre-tax, employer match or profit sharing, or pre-tax rollovers).							
I request distribution of the following amount:							
<input type="checkbox"/> My entire vested pre-tax balance in the Plan <input type="checkbox"/> Partial withdrawal in the amount of: \$ _____							
I request distribution in the form(s) selected below:							
<input type="checkbox"/> Lump sum cash payment less mandatory 20% federal tax withholding and applicable state tax withholding. 100% of your vested account will be distributed unless you select a different percentage or dollar amount.						\$ or %:	
<input type="checkbox"/> Direct rollover to:							
<input type="checkbox"/> Pre-tax IRA account or Eligible employer plan. 100% of your vested account will be distributed unless you select a different percentage or dollar amount.						\$ or %:	
<input type="checkbox"/> Roth IRA account. This distribution will be reported as taxable income. If you would like to have federal income tax withheld from this distribution (as indicated below), that portion will be subject to a 10% premature distribution penalty if you are under age 59½. 100% of your vested account will be distributed unless you select a different percentage or dollar amount.						\$ or %:	
<input type="checkbox"/> Please withhold the following percent from my pre-tax rollover to Roth IRA for federal income tax: _____%. If no election is made, no federal income taxes will be withheld. State income taxes will be withheld as required by law.							

PRE-TAX ACCOUNTS (cont.)

Pre-tax Rollover Information

If you elect a rollover, complete the rollover information below. Your rollover account must be established prior to providing the following information. If you intend to roll to another employer plan, you must confirm that it will accept pre-tax rollovers.

Rollover 1: Pre-tax IRA account Eligible Employer plan Roth IRA account

Make check payable to: <i>(Name of Plan/Financial Institution)</i>	
Contact name and phone:	
Mailing address for check:	
Account number for IRA:	

Rollover 2: Pre-tax IRA account Eligible Employer plan Roth IRA account

Make check payable to: <i>(Name of Plan/Financial Institution)</i>	
Contact name and phone:	
Mailing address for check:	
Account number for IRA:	

ROTH 401(K) ACCOUNT

Complete this section only if part or all of your account is a Roth 401(k) account.

I request distribution of the following amount:

- My entire Roth 401(k) account
- Partial withdrawal in the amount of: \$ _____

I request distribution in the form(s) selected below:

- Lump sum cash payment.** If the distribution is not a qualified distribution, earnings will be taxable at the time of the distribution (see Special Tax Notice). 100% of your account will be distributed unless you select a different percentage or dollar amount. \$ or %: _____
- Direct rollover to Roth IRA account or Eligible employer plan.** 100% of your account will be distributed unless you select a different percentage or dollar amount. \$ or %: _____

Roth Rollover Information

Your rollover account must be established prior to providing the following information. Roth IRAs cannot be commingled with pre-tax IRAs. If you intend to roll to another employer plan, you must confirm that it will accept Roth rollovers.

Rollover 1: Eligible Employer plan Roth IRA account

Make check payable to: <i>(Name of Plan/Financial Institution)</i>	
Contact name and phone:	
Mailing address for check:	
Account number for IRA:	

PARTICIPANT EXECUTION

I hereby acknowledge the following by signing below:

- I have received a written explanation of my distribution options and their tax consequences in the Plan's Summary Plan Description;
- I have received the Special Tax Notice Regarding Plan Payments;
- I am consenting to an immediate distribution as soon as administratively feasible following my return of this form to the Plan Administrator, thereby waiving any portion of the 30-day notice period described in the Special Tax Notice that has not yet expired;
- I release the Trustees from any further liability with respect to this distribution;
- My election is irrevocable for the portion of my account balance I am withdrawing;
- If I have terminated employment, my outstanding loan balance will be treated as a distribution (resulting in taxable income) unless I have repaid my outstanding balance prior to the end of the grace period;
- My account may receive additional contribution amounts following disbursement. If these amounts are not automatically distributed, I must request a subsequent distribution;
- Generally, a partial or in-service distribution will be made pro-rata among investment funds unless I direct otherwise in writing (certain exceptions may apply);
- Federal law requires 20% income tax withholding on all taxable lump sum payments;
- Mandatory state income tax withholding may apply to taxable lump sum payments, depending on your state of residency;
- A 10% premature distribution penalty tax (if under age 59 ½) may also apply to taxable distributions but will not be withheld at this time;
- A processing fee may be charged (see Employer for details).

Participant's Signature _____ **Date** _____
(Participant, please submit form to Employer)

TRUSTEE EXECUTION

As a Trustee of the Plan, I certify the employee has received the Special Tax Notice Regarding Plan Payments. I hereby direct the plan recordkeepers, custodians, and/or fund managers to make the distribution as directed by this form.

Trustee's Signature _____ **Date** _____
(Trustee, please return form to Pollard & Associates)