

DISTRIBUTION ELECTION FORM

1. PARTICIPANT INFORMATION			
Plan Name			
Participant's Name (Last, First, Middle Initial)	Social Security Number	Date of Hire	Date of Birth
	- -		
Street Address	Apt/Box	City, State and Zip Code	
2. REASON FOR PAYMENT			
<input type="checkbox"/> Termination of Employment (including Retirement and Plan Termination). Termination Date: _____			
<input type="checkbox"/> In-Service. Total Amount \$_____. Distribute \$_____ from Deferral and/or (circle one) \$_____ from Roth. The remainder will be deducted from available vested employer contribution accounts on a pro rata basis.			
<input type="checkbox"/> Death. (Attach a copy of the participant's Death Certificate and most recent Beneficiary Designation Form). Date of Death: _____			
<input type="checkbox"/> Disability. (Attach proof of disability). Date of Disability: _____			
<input type="checkbox"/> QDRO. (Attach executed Qualified Domestic Relations Order. Alternate Payees information on QDRO will be used)			
3. DISTRIBUTION ELECTION			
<p>You may elect to receive a distribution of your vested Account Balance in any form designated below. For more information regarding the distribution options under the Plan and for a description of the rollover and withholding rules that apply to your distribution, see the <i>Special Tax Notice Regarding Plan Distributions</i>. You may receive a copy of the <i>Special Tax Notice</i> from the Plan Administrator.</p>			
<input type="checkbox"/> Lump sum distribution. I elect to have my entire vested Account Balance (less income tax withholding) distributed to me in a lump sum.			
<input type="checkbox"/> Total Direct Rollover. I elect to have my entire vested Account Balance directly rolled over to an IRA or to another qualified plan. (Complete Section 4 below.)			
<input type="checkbox"/> Partial Direct Rollover. I elect to have \$_____ (not less than \$500) of my vested Account Balance directly rolled over to an IRA or another qualified plan. (Complete Section 4 below.) and elect to have the remainder of my vested Account Balance distributed in a lump sum (less income tax withholding).			
<p>NOTE: It is your obligation to insure that the qualified plan named above will accept the transfer of the benefits being distributed.</p>			
4. IDENTIFICATION OF IRA OR QUALIFIED PLAN			
<p>If a Total or Partial Direct Rollover is elected under Section 3 above, complete this Section to identify the IRA or qualified retirement plan to which the distribution will be rolled over.</p>			
<p>Name of IRA Institute or qualified plan: _____</p>			
<p>Account Number: _____</p>			
<p>Address of IRA Institute or qualified plan: _____</p> <p style="text-align: center;">_____</p>			

5. PAYMENT INSTRUCTIONS

I would like my benefits issued as a:

- Check.** (If you requested a Direct Rollover of your benefits, the check will be made payable to the Financial Institute or qualified plan indicated in Section 5.)
- Wire Transfer.** Please complete each section below:

Name of Financial Institute _____

Address of Financial Institute _____

Account Number _____

ABA Number _____

Note: Not all financial institutes will allow or accept wire transfers. Please consult the financial institute you would like to wire transfer your benefits to and the Plan Administrator to find out if a wire transfer is an available option to you.

6. ACKNOWLEDGEMENT AND CONSENT

Third Party Administrator Withdrawal Fee – A withdrawal fee of \$50.00 will be withdrawn from the participants account directly prior to completing the withdrawal request.

I hereby acknowledge that I have read and understand my rights as described in the *Special Tax Notice Regarding Plan Distributions*. I also acknowledge that any IRA or qualified plan described in Section 4 above, is a proper recipient to receive a Direct Rollover.

I understand that distribution will be made as soon as administratively feasible following my completion of this election form. I understand that I may consider my elections under this *Distribution Election Form* for at least 30 days. I also understand that I may waive the 30-day election period by submitting this completed form to the Plan Administrator before the expiration of the 30-day period. I hereby authorize the Plan Administrator to make a distribution in accordance with the elections in this *Termination Distribution Election Form* and, if this form is submitted prior to the end of the 30-day notice period, I hereby waive any unexpired portion of such 30-day period.

Participant/Beneficiary/Alternate Payee Signature _____
Date

7. EMPLOYER AUTHORIZATION

The final contribution for the participant has been or will be deposited on _____

Hours of Service credit to the participant during the current plan year _____

Plan Administrator Signature _____
Date