



Participant Distribution Election

Instructions: You must read the Special Tax Notice before electing one of the distribution options below. Sign and return this form to your Employer.

Participant Name: _____

Social Security Number: _____

Address: *(Street, City, State, Zip Code)* _____

Plan Name: _____

Plan Number: _____

- Age 59 ½ or Older
 Qualified Financial Hardship
 Series of Equal or Almost Equal Payments
 Death
 Required Minimum Payments
 Termination
 Disability

Distribution Amount

- I elect a distribution of \$ _____ to be paid as a Direct Rollover *(see Direct Rollover section below.)*
 I elect to have \$ _____ paid directly to me less mandatory 20% Federal Income Tax *(and any mandatory State Income Tax) Withholding, if applicable.*
 I elect Federal Tax Withholding of 10% or a Special Tax Amount of \$ _____.
 Note: There is no mandatory Federal Withholding for Required Minimum Distributions, distributions of \$200.00 or less, hardship distributions, or distributions to a non-spousal beneficiary. In these situations the payee may elect Federal Tax Withholding of 10% by checking this box.
 I elect State Tax Withholding *(for states without mandatory state tax)* of a specified Tax Amount \$ _____.

Explanation of Your Rights:

The explanation of your rights to waive the Qualified Joint and Survivor benefit must be provided to you not less than 30 days before your distribution is made. If you affirmatively elect a form of benefit, and if applicable, your spouse consents to such election, the 30 day requirement is automatically waived. Since you have the right to revoke this affirmative election until the later of the annuity starting date or 7 days beginning after the start date the explanation was provided, your distribution will not be made until that time has elapsed. You have the right to consider your election for at least 30 days if you choose to do so.

Direct Rollover

- I elect Direct Rollover of my Eligible Rollover Distribution to Individual Retirement Arrangement of Qualified Plan. **Requests for Direct Rollover must be accompanied by a signed acceptance from the successor custodian.**
- The receiving plan is a plan qualified under Internal Revenue Code 401(a) or an IRA (includes SIMPLE plans, but does not include Roth or Education IRAs).
 - The receiving plan will accept the direct rollover of my benefit.
 - I am aware of and understand the 30 day time period of consenting to a distribution and hereby waive the waiting period.

Participant Signature: _____

Receiving Trustee or Custodian Name & Address: _____

Approvals:

Employer: _____

Third Party Administrator: _____

Vested Percent: _____