Name of the Plan: _____

Distribution Upon Plan Termination

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security # X X X-X X -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State: ___ ZIP Code: _____

Marital Status: ☐ Married ☐ Single

Account or Plan Number _____

Part II. Type of Distribution:

Lump Sum Payment:

☐ Cash Amount _____% Direct Rollover Amount _____%

or

☐ Cash Amount $_____ Direct Rollover Amount $_____

Part III. Direct Rollover: ☐ Qualified Plan ☐ IRA ☐ Traditional IRA ☐ Roth IRA

Name of Plan or IRA: _____
Plan or IRA Name and Account Number

Financial Institution: _____

Trustee/Custodian: _____

Address: _____

City: _____ State _____ ZIP Code _____

Part IV. Taxation of Distribution: You can find more details on these requirements in the Section 402(f) Special Tax Notice. In general any distributions that you receive from an annuity, pension or retirement plan may be taxable as ordinary income and if you have not reached age 59 S, you may be subject to a 10%

"premature distributions" penalty tax. For any distributions made to an address outside of the United States, a mandatory 30% withholding rate will apply, unless a completed IRS Form W-8BEN is submitted to the Plan Administrator.

Unless you elect one of the Direct Rollover options, 20% of this amount will be withheld for federal income tax.

Part V. Required Participant Signature: I certify that all information provided herein is true and correct and acknowledge receipt of the 402(f) Special Tax Notice.

☐ I hereby request a distribution from the Plan based on my elections within this Form.

☐ I wish to receive my distribution as soon as possible and hereby waive any unexpired portion of the 30-day notice period required after receipt of the 402(f) Notices to review my distribution option and hereby make a formal election for the Plan Administrator to release my benefit from the Plan.

_____ _ _ /_ _ /_ _ _ _
Participant Signature Date

Part VI. Plan Administrator Acknowledgement: I hereby confirm receipt of this distribution form and certify that all Participant information is accurate.

_____ _ _ /_ _ /_ _ _ _
Plan Administrator Signature Date

Participants Termination Date: _ _ /_ _ /_ _ _ _
Date

Last Payroll Contribution: _ _ /_ _ /_ _ _ _
Date