Name of the Plan: _____

In-Plan Roth Conversion Form

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.   Eligible Rollover Distribution: I hereby to request an In-Service Distribution in the amount and from the account(s) listed below: (Select all applicable accounts that are available under the terms of the Plan.)

☐ Elective Deferrals

☐ Non-Elective Contributions (Profit Sharing)

☐ ADP Safe Harbor Contributions (Only available after age 59 1/2)

☐ ACP Safe Harbor Contributions (Only available after age 59 1/2)

☐ Matching Contributions

☐ Qualified Matching Contributions (Only available after age 59 1/2)

☐ Qualified Non-Elective Contributions (Only available after age 59 1/2)

☐ Qualified Matching Contributions (Only available after age 59 1/2)

☐ Rollovers

☐ Maximum amount available   ☐ $_____   ☐ _____%

Note: An In-Service Distribution is only available as permitted under the terms of the Plan.   Please review the Plan's Summary Plan Description (SPD) or Summary of Modifications to this document (SMM).

Part III.   In-Plan Conversion Election: I hereby request the transfer of the eligible rollover distribution amount listed below into a designated Roth rollover account within the Plan.

☐ Maximum amount available   ☐ $_____   ☐ _____%

Part IV.   Authorization: By signing this election form, I authorize the transfer of the eligible rollover distribution amount specified in Part III of this Form to be directly rolled into a designated Roth rollover account with the Plan. I confirm that I have received sufficient information on the investment option and that I understand the investment risks involved in my election.   I further understand that it is my responsibility to comply with the income tax requirements outlined 402(f) Special Tax Notice and In-Plan Roth Conversion Special Tax Notice and Options.

_____   _ _ /_ _ /_ _ _ _
Participant's Signature   Date

Part V.   Plan Administrator: I hereby acknowledge receipt of the Employee's In-Service Distribution and In-Plan Roth Conversion election, and confirm the availability of the amounts requested.

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