

**IN-SERVICE DISTRIBUTION ELECTION FORM**  
**PLANS NOT SUBJECT TO QJSA**  
**[INSERT NAME OF PLAN] ("Plan")**

**PERSONAL INFORMATION**

Name (Please Print)

Social Security Number

Home Address

Date of Birth

City

State

Zip

Telephone #

**REASON FOR DISTRIBUTION (SELECT ONE OPTION)**

- Attainment of age \_\_\_\_\_
- Attainment of Normal Retirement Age
- Attainment of Early Retirement Age
- The Participant has participated in the Plan for at least \_\_\_\_\_ months [not available for Salary Deferrals]
- Amounts being withdrawn have been held in the Trust for at least two years [not available for Salary Deferrals]
- Disability
- Describe: \_\_\_\_\_

**AMOUNT OF IN-SERVICE DISTRIBUTION (SELECT ONE OPTION)**

- Full Withdrawal:** 100% of vested account balance eligible for distribution
- Partial Withdrawal:** \_\_\_\_\_% of vested account balance eligible for distribution
- Partial Withdrawal:** \$\_\_\_\_\_

If a partial distribution is selected, distribution will be made proportionally from all accounts unless designated otherwise below. If you wish to take a distribution first from a designated account insert the order in which such distribution should be made. For example, if you wish to take a distribution first from Pre-Tax 401(k) Deferrals and then from Employer Contributions, insert "1" in the box next to Pre-Tax 401(k) Deferrals and "2" in the box next to Employer Contributions. If you wish to take a distribution proportionately from identified accounts, put the same number in the box next to those accounts. For example, if you wish to take a distribution proportionately from Pre-Tax 401(k) Deferrals and Employer Contributions, insert "1" in the box next to those contribution accounts. Certain accounts may not be eligible for all types of distributions. If a distribution is not eligible from a particular account, your selection of such account will be disregarded when processing the distribution.

- Pre-Tax 401(k) Deferrals
- Roth Deferrals
- Employer Contributions
- Matching Contributions
- Safe Harbor Contributions
- Rollover Contributions
- Other: \_\_\_\_\_

**DISTRIBUTION/ROLLOVER ELECTION**

- Total Distribution.** I elect to receive my distribution in the form of a lump sum. I understand my distribution will be reduced by any applicable income tax withholding. (See the *Special Tax Notice* for a description of the applicable rollover and withholding rules.)
- Total Direct Rollover.** I elect to have my distribution directly rolled over to an IRA or to another qualified plan.
- Partial Direct Rollover.** I elect to have \$\_\_\_\_\_ (not less than \$500) of my distribution directly rolled over to an IRA or another qualified plan. I elect to receive the remainder of my distribution in the form of a lump sum, less income tax withholding. (See the *Special Tax Notice* for a description of the applicable rollover and withholding rules.)

If a Total or Partial Direct Rollover is elected above, complete the following to identify the IRA or qualified retirement plan to which the distribution will be rolled over.

**Name of IRA or qualified plan:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Address to send Direct Rollover:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITHHOLDING INFORMATION**

**Federal Withholding**

To the extent an in-service distribution is not directly rolled over to an IRA or qualified plan, the IRS requires the Plan to withhold 20% of the distribution. To the extent any portion of your distribution is directly rolled over to an IRA or qualified plan, no withholding will apply.

If you wish the Plan to withhold a greater amount than the 20% mandatory withholding, please indicate that amount below:

- Higher withholding.** Indicate a higher percentage amount to be withheld from distribution: \_\_\_\_\_% (must be a whole percentage greater than 20%). If this box is not checked, 20% will automatically be withheld from your distribution.

**State Withholding**

Depending on your state of residence, you may have mandatory withholding required by your state or your state may provide for voluntary withholding or may not have income tax on retirement payments. In either case, you may elect to have state withholding taken from your distribution or you may elect no state withholding (if your state does not otherwise require mandatory withholding). You may wish to consult with a tax advisor for additional information on your state withholding requirements.

- No withholding.** Do not withhold any state withholding from my required distribution. (Does not apply if mandatory withholding is required.)
- Different withholding amount.** Withhold \_\_\_\_% (must be a whole percentage) from my distribution to offset state income taxes. (For residents of states that permit voluntary withholding.)

**CONSENT TO DISTRIBUTION**

I, the above named Participant, hereby consent to receive an in-service distribution from the Plan. I certify that I have met the requirements for an in-service distribution. I understand I have a right to receive and review the *Special Tax Notice* no less than 30 days and no more than 180 days prior to this distribution. However, if I elect to receive this distribution before the end of the 30-day minimum notice period, this election shall constitute a waiver of my rights to the 30-day notice requirement.

If I have elected to have my distributions from the Plan directly rolled over to an IRA or qualified plan, I hereby authorize the Plan's trustee to initiate such rollover to the IRA or qualified plan named above. I understand the distribution is subject to taxation if not directly rolled over to an IRA or qualified plan and, if I am below age 59½ at the time of the distribution, I may be subject to a 10% early distribution penalty tax.

Special distribution instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Note: The Plan Administrator is not bound to follow any special distribution instructions to the extent such instructions are inconsistent with the provisions of the Plan or other administration procedures. Please review your SPD and Special Tax Notice or contact your Plan Administrator if you have any questions about in-service distributions, including the tax effect of receiving an in-service distribution from the Plan.]

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date