

IN-SERVICE DISTRIBUTION ELECTION FORM
PLANS 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 # _____

Marital Status Married Not Married (check if you are single, divorced, legally separated or widowed)

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- Amounts being withdrawn have been held in the Trust for at least two years [not available for Salary Deferrals]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 _____

SPOUSAL WAIVER OF QUALIFIED JOINT AND SURVIVOR ANNUITY

I, _____, spouse of the above-referenced participant, **elect to waive the Qualified Joint and Survivor Annuity** that would otherwise be payable to me (absent my consent) and agree to the distribution elections made under this In-Service Distribution Election Form. I acknowledge that I have read and understand the *Qualified Plan Distribution Notice* which explains my rights to receive a distribution in the form of a Qualified Joint and Survivor Annuity, my rights to waive the Qualified Joint and Survivor Annuity (and the effect of such a waiver), and the time period during which I may make this waiver. I further understand that I do not have to sign this waiver and that by doing so, I waive the Qualified Joint and Survivor Annuity in favor of the distribution form elected above.

I understand and acknowledge that I am completely responsible for understanding my legal rights under the Plan and that I have the right to seek legal counsel to ensure that my consent accomplishes my intentions. I understand that I do NOT have to complete this form. If I do not complete this form, I will be entitled to a survivor benefit from the Plan upon the death of my spouse. (I have reviewed the *Qualified Plan Distribution Notice* and understand the financial effect of waiving the Qualified Joint and Survivor Annuity.) I further understand that I cannot revoke this form once I sign and date it unless my spouse revokes the waiver election. I also understand that any change in the form of benefit elected under this Distribution Election form is subject to my consent, unless my spouse elects to receive distribution in the form of a Qualified Joint and Survivor Annuity

I have executed this *Spousal Waiver of Qualified Joint and Survivor Annuity* this _____ day of _____, 20____.

Signature of Participant's Spouse

WITNESS OF SPOUSE'S SIGNATURE

Witness by Plan representative. I _____, hereby witness the signature of the above-named spouse on this _____ day of _____, 20____.

Signature of Plan representative

Witness by Notary Public.

State of _____)
) ss
County of _____)

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ (Spouse), who signed the above *Spousal Waiver of Qualified Joint and Survivor Annuity* as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20____.

(SEAL)

Notary Public: _____

My Commission expires: _____