



I hereby elect to have my vested account balance paid in the following manner and, to the extent distribution can be made prior to the expiration of 30 days from the date I received the notice of my rights, I waive my right to consider the contents of that notice for 30 days and consent to the distribution of my benefit as soon as administratively feasible. Please distribute the benefit as follows: (Please note that Hardship distributions may not be rolled over)

- A. Rollover to  IRA or  Eligible Retirement Plan  
Please indicate where you would like the rollover check delivered.

Name of IRA or Plan: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Please note that some payments are not eligible for rollover such as required minimum distributions.

Amount to be rolled over:

1. All of my account balance.
2. \_\_\_\_\_. (Enter a dollar amount or percentage)
- B. The balance to be paid to me in the following manner (if your vested account balance is less than \$1,000, your balance will be paid in a single lump sum):
- in a single lump sum payment.
- in the following manner \_\_\_\_\_. (Only permitted if the Participant is actively employed and has attained Normal Retirement Age)
- Required Minimum Distributions.

Distributions shall be made first from Accounts other than the Roth Contribution Account and then from the Roth Contribution Account.

IF THE REASON FOR DISTRIBUTION IS AN INSERVICE WITHDRAWAL YOU MAY ONLY RECEIVE YOUR WITHDRAWAL IN A SINGLE SUM CASH DISTRIBUTION

## II. WITHHOLDING

- A. If an "eligible rollover distribution" is not rolled over to an IRA or another eligible retirement plan, it will be subject to 20% federal income tax withholding.
- B. A distributee who will receive a payment which is not an "eligible rollover distribution" generally must complete the attached Form W-4P. Section I of the Special Tax Notice Regarding Plan Payments describes payments which are not eligible rollover distributions.
- C. No withholding is required if the distribution is less than \$200.

## III. ELECTION TO CONTINUE TO DEFER

I do not wish to take my distribution at this time. I will notify you when I wish to receive my distribution.

IV. SIGNATURES

I hereby consent to the distribution requested on this form. I understand that if I do not roll over this distribution that a 10% penalty tax may apply unless I am at least 59½ years old (or some other exception to the tax applies). If I am requesting that a portion of my distributions be rolled over, I hereby certify that the IRA or plan identified above is an "eligible retirement plan" authorized to accept the direct rollover I have specified and that it will accept a direct rollover of my Plan distribution. I understand that a rollover to a Roth IRA is restricted based upon my adjusted gross income until the year 2010 and that the rollover may be subject to taxation.

Dated \_\_\_\_\_.

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

As Plan Administrator, I hereby authorize the above distribution.

\_\_\_\_\_  
Plan Administrator's Signature      \_\_\_\_\_ aa \_\_\_\_\_  
Date

IF THE REASON FOR DISTRIBUTION IS AN INSERVICE WITHDRAWAL YOU MAY ONLY RECEIVE YOUR WITHDRAWAL IN A SINGLE SUM CASH DISTRIBUTION

V4.02-4.02