

**PARTICIPANT DISTRIBUTION ELECTION  
(VESTED ACCOUNT BALANCE DOES NOT EXCEED \$5,000)**

Participant: \_\_\_\_\_

Proposed distribution date: \_\_\_\_\_

Vested account balance: \_\_\_\_\_

1. **Election.** After reading the TAX NOTICE (ROLLOVER OPTIONS), I, the undersigned Participant, make the following distribution election: (Choose a., b. or c.)

- a.  A direct rollover of my entire vested account balance to the IRA or to the retirement plan of another employer designated in 2. below.
- b.  A direct rollover of the following portion of my vested account balance to the IRA or to the retirement plan of another employer designated in 2. below: \$\_\_\_\_\_ (not less than \$500), with the balance paid in a lump-sum payment, less income tax withholding. Note: If your vested account balance is less than \$500, you cannot choose b.
- c.  A lump-sum payment of my entire vested account balance, less any income tax withholding.

2. **Information for Direct Rollover.** If 1.a. or b. is selected above, complete the following:

I elect a direct rollover to the IRA or to the plan designated below (unless I indicate below which account balances are subject to this first rollover). I represent that the IRA or retirement plan of another employer designated below is a proper recipient for a direct rollover.

Name of IRA or retirement plan \_\_\_\_\_

Account number for IRA or retirement plan \_\_\_\_\_

Name of trustee(s), custodian(s), or insurer \_\_\_\_\_

Address to send direct rollover \_\_\_\_\_

\_\_\_\_\_

Portion (or dollar amount) of my accounts to be sent to the above IRA or plan \_\_\_\_\_

**Election of Second Direct Rollover.**

I elect that any remaining funds be directly rolled over to the IRA or to the plan designated below. I represent that the IRA or retirement plan of another employer designated below is a proper recipient for a direct rollover.

Name of IRA or retirement plan \_\_\_\_\_

Account number for IRA or retirement plan \_\_\_\_\_

Name of trustee(s), custodian(s), or insurer \_\_\_\_\_

Address to send direct rollover \_\_\_\_\_

\_\_\_\_\_

3. **Distribution charge.** I understand the Plan may charge a reasonable fee for the processing of the distribution.

4. **Waiver of minimum notice period.** I consent to an immediate distribution of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

5. Acknowledgement/Authorization

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Street Address (include apartment no.)

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
City State Zip Code

IMPORTANT NOTICE REGARDING YOUR FAILURE TO COMPLETE AND RETURN THIS FORM: If you do not complete and return this form by the proposed distribution date and your vested account balance does not exceed \$1,000, then the Plan will make a payment to you, less 20% federal tax withholding, in a lump-sum payment. If your vested account balance exceeds \$1,000, then your account is required to be rolled over into an IRA that will be established by the Administrator.

The trustee/issuer of the IRA is (Plan representative must enter the name and address of the financial institution):

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

The trustee or issuer of the IRA will impose fees for maintaining the IRA. These fees will be paid from the IRA. However, you may transfer the IRA funds, at any time to another IRA or retirement plan that will accept such amounts.