

**PARTICIPANT DISTRIBUTION NOTICE
(VESTED ACCOUNT BALANCE EXCEEDS \$5,000)**

Participant: _____

Employer: _____

As a Participant in the retirement plan of the above referenced employer, you may have accumulated benefits that will be paid to you under the provisions of the Plan. This notice explains your distribution options and rights under the Plan.

1. **Forms.** We have provided you the following forms:

PARTICIPANT DISTRIBUTION ELECTION. Use this form to elect payment of your benefits. See the explanation of your benefit options in 2. below.

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. This notice explains your right to elect a direct rollover of your Vested account balance to another plan or to a traditional IRA. This notice also explains the income tax withholding rules if you elect to receive a direct payment from the Plan.

2. **Benefit payment options.** You may elect distribution in the following forms:

- a. Direct rollover.
- b. Lump-sum payment.

You also may elect one form of payment for one part of your vested account balance and another form of payment for another part of your vested account balance. For example, you may elect direct rollover for part of your vested account balance and a lump-sum payment for the other part. See the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS for rules on splitting your distribution.

If you are less than 100% vested in your account balance and you elect to receive your entire vested interest in the Plan (called a "cash-out") prior to the time you have incurred five consecutive breaks in service, then the non-vested portion of your account balance will be forfeited. Your election of a cash-out distribution is consent to this forfeiture. If you return to employment with the Employer before your fifth consecutive break in service, the Plan provides you a 5-year period during which you may repay the entire amount of your cash-out distribution and restore your forfeited non-vested account balance.

3. **Financial Effect of Distribution Options.** A direct rollover means the Plan pays the distribution amount directly to another plan or to a traditional IRA. See SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS, included with your package. A lump-sum payment means you receive a single payment of the distribution amount.

4. **Further information.** If you have any question regarding the information provided in this notice or any form included with your distribution package, please contact the Plan Administrator.

**PARTICIPANT DISTRIBUTION ELECTION FORM
(VESTED ACCOUNT BALANCE EXCEEDS \$5,000)**

Participant: _____

Employer: _____

Date separated from service: _____

1. **Election.** After reading the PARTICIPANT DISTRIBUTION NOTICE and the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS, I, the undersigned Participant, make the following distribution election: (Choose one)

- a. () A direct rollover of my entire vested account balance to the IRA or to the plan designated in 2. below.
- b. () A direct rollover of the following portion of my vested account balance to the IRA or to the plan designated in 2. below:
\$ _____ (not less than \$500), with the balance paid in lump-sum, less income tax withholding. (Complete 2. below.)
- c. () A lump-sum payment of my entire vested account balance, less any income tax withholding.

Note: Failure to elect a direct rollover will result in income tax withholding on any payments that are eligible rollover distributions. See the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS included with your distribution package.

2. **Information for Direct 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:

Name of trustee(s), custodian(s), or insurer: _____

Address to send direct rollover: _____

3. **Beneficiary designation.** If you previously signed a DESIGNATION OF BENEFICIARY form, you need not sign another DESIGNATION OF BENEFICIARY form unless you want to change your beneficiary.

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

5. **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.

EXECUTED this _____ day of _____, 20_____.

Print Name of Participant

Signature of Participant

Street Address (include apartment no.)

Social Security Number & Date of Birth

City State Zip Code

Please review the 'Special Tax Notice' before completing this form. If you do not have a copy of this notice, it can be obtained at www.retireplansolutions.com. Please submit the completed distribution form to: Retirement Plan Solutions, P.O. Box 250, Tipton, PA 16684 or fax to (814)684-4510 for processing. You may reach Retirement Plan Solutions by phone if needed at 814-684-2255.