

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

Participant: _____

Name of former employer: _____

Date separated from service: _____

1. Election. Please review the 'Special Tax Notice' before completing this form. If you do not have a copy of this notice, it can be obtained online at www.retireplansolutions.com. After reading the SPECIAL TAX NOTICE, 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 lump-sum, 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 the mandatory 20% federal income tax withholding.

➤ **Lump sum delivery options (check one):**

- () Regular mail () Direct Deposit- must include a voided check () Overnight delivery- additional charge may apply

*If selection is blank your check will be sent by regular mail via the U.S. Post Office.

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

I represent that the IRA or retirement plan of another employer designated below is a proper recipient for a direct rollover.

Rollover check payable to: _____

Rollover account number: _____

Address to mail direct rollover check to: _____

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.

Date: _____

Print Name of Participant

Signature of Participant

Street Address (include apartment no.)

Social Security Number & Date of Birth

City State Zip Code

Email address or phone number

Please submit the completed distribution form to: Retirement Plan Solutions, P.O. Box 250, Tipton, PA 16684 or fax to (814)684-4510 or email to Distribution Department at distributions@retireplansolutions.com for processing.

You may reach Retirement Plan Solutions by phone if needed at 814-684-2255 extension 101.