

Qualified Application For Distribution

Retirement Plan

Please read the important information and instructions on the reverse side of this form.

GENERAL INFORMATION

NAME OF PLAN _____
NAME OF EMPLOYER _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
NAME OF PARTICIPANT _____ DATE OF BIRTH _____

Complete the following section for the individual requesting the payout.

NAME _____ DATE OF BIRTH _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
SOCIAL SECURITY NUMBER _____ HOME PHONE _____

DISTRIBUTION REASON

Normal Retirement Age Disability Death Termination of Employment Plan Termination Hardship Other
Date of Event _____

METHOD OF PAYMENT

Single Sum Cash Payment – Amount \$ _____
 Installment Payments, In the following manner: _____
 Required Minimum Distribution – Amount \$ _____ For Tax Year _____
 Qualified Joint and Survivor Annuity
 Direct Rollover of Eligible Rollover Distribution to (Check all that apply): Traditional IRA Roth IRA 403(a) Plan
 457(b) Plan Inherited Traditional IRA Inherited Roth IRA Qualified Plan 403(b) Plan

Specify new plan or complete and attach the Direct Rollover Request form: _____

NOTE: Eligible rollover distributions taken after December 31, 2007, may be rolled over to a Roth IRA (or inherited Roth IRA for beneficiaries). A rollover to a Roth IRA will result in all pre-tax assets you roll over being included in your taxable income. Eligibility restrictions also apply to Roth IRA rollovers through 2009. Consult with your tax adviser to determine if you are eligible to perform a Roth IRA rollover.

Other: _____

Specify investment(s) to be liquidated (or other special instructions): _____

ACCOUNT DISTRIBUTED (For use with 401(k) plans only.)

<input type="checkbox"/> Employee Pre-Tax Elective Deferrals:	<input type="checkbox"/> Entire Account	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Employee Roth Elective Deferrals:	<input type="checkbox"/> Entire Account	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Employee After-Tax Contributions:	<input type="checkbox"/> Entire Account	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Matching Contribution:	<input type="checkbox"/> Entire Account	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Employer Profit Sharing Contribution:	<input type="checkbox"/> Entire Account	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Entire Account	<input type="checkbox"/> \$ _____

WITHHOLDING ELECTION

FORM W-4P OMB #1545-0074

This Withholding Election section only applies (for Federal withholding purposes) to distributions that are **not** eligible rollover distributions. See the Withholding Notice and Instructions on the reverse side. If the boxes below are checked, Federal and State (if applicable) income tax will not be withheld from your distribution.

Do not withhold Federal Income Tax Do not withhold State Income Tax

The Plan Administrator will check here if the following election does NOT apply. See instructions on reverse side.

WAIVER ELECTION

Participant's Election To Waive Qualified Joint And Survivor Annuity

As a participant in my employer's Qualified Retirement Plan, I acknowledge that I have read the "Distribution Notice." I understand that benefits will be paid to me in the form of a Qualified Joint and Survivor Annuity unless I waive that form of payment. I understand that if I am married, my spouse must also consent to the waiver. I hereby elect to waive the Qualified Joint and Survivor Annuity form of payment.

PARTICIPANT SIGNATURE _____ DATE _____

If you are not married, certify here: I Certify That I Am Not Married SIGNATURE _____ DATE _____

SPOUSAL CONSENT

Spousal Consent To Waiver Of Qualified Joint And Survivor Annuity

I am the spouse of the participant named above. I hereby consent to my spouse's election not to have benefits under his or her Plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes the above waiver.)

PARTICIPANT'S SPOUSE SIGNATURE _____ DATE _____

WITNESS OF SIGNATURE

All notaries must complete the information below. Special Instruction for California notaries: California notaries must obtain satisfactory evidence that the person making the acknowledgment is the individual who is described in and who executed the document, and may not notarize solely on the basis that the notary knows the person making the acknowledgment.

On this _____ day of _____, 20____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same.

California Notary: By signing below I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

(Notary Public Signature)

My commission expires on _____ (date)

Seal or Stamp (as required by State)

SIGNATURES

I have read and understand the "Distribution Notice" provided to me by the Plan Administrator. I hereby request payment from the Qualified Retirement Plan designated above in the manner indicated. **In addition, if I am eligible to waive the notice requirements under Sections 402(f), 417(a)(3) and 411(a)(11) of the Internal Revenue Code, I hereby waive the 30 day notice period.**

I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (employer), financial organization (Prototype Sponsor), or any Plan fiduciary. No tax advice has been given to me by either the Plan Administrator or Prototype Sponsor. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that the Plan Administrator, Prototype Sponsor, and any Plan fiduciary shall in no way be responsible for those consequences.

PARTICIPANT OR BENEFICIARY SIGNATURE _____ DATE _____

AUTHORIZED PLAN ADMINISTRATOR OR EMPLOYER _____ DATE _____

IMPORTANT INFORMATION AND INSTRUCTIONS

DISTRIBUTION REASON

Specify the reason for your distribution by marking the appropriate checkbox in this section. You may choose "other" to indicate a qualified military reservist distribution or a permissible withdrawal of deferrals and earnings under an eligible automatic contribution arrangement (EACA) or qualified automatic contribution arrangement (QACA).

DIRECT ROLLOVER OF ELIGIBLE ROLLOVER DISTRIBUTIONS

There are two ways you may be able to receive a Plan payment that is eligible for rollover: (1) certain payments can be made directly to an IRA or, if you choose, another qualified employer plan, eligible 457(b) plan, 403(a) or 403(b) plan that will accept it (direct rollover), or (2) the payment can be paid to you. If you choose to have your Plan benefit paid to you, you will receive only 80% of the payment, because the Plan Administrator is required to withhold 20% of the payment and send it to the IRS as income tax withholding to be credited against your taxes. You cannot waive that withholding.

Eligible rollover distributions are all distributions from the Plan *except* the following:

- required minimum distributions;
- certain distributions that are part of a series of equal (or almost equal) periodic payments that will last for your lifetime (or joint lives of you and your beneficiary) or for a specified period of 10 years or more; and
- distributions due to hardship.

Your Plan Administrator has given or will give you a notice which describes your options in greater detail.

If you want your Plan Administrator to make a **direct rollover** of your Plan payment to an IRA, another qualified employer plan, eligible 457(b) plan, 403(a) or 403(b) plan you must provide certain information about that IRA or plan. Your Plan Administrator will specify that information. The Plan Administrator may ask you to complete and attach a *Direct Rollover Request* or similar form.

NOTE: Your Plan payment cannot be rolled over to a SIMPLE IRA or a Coverdell Education Savings Account.

If you are a spouse beneficiary, eligible rollover distributions can generally be made directly to another qualified employer plan, eligible 457(b) plan, 403(a) or 403(b) plan, that will accept it (direct rollover) or if you choose, a Traditional or Roth IRA or inherited Traditional or Roth IRA. If you are a nonspouse beneficiary, you may only roll over the distribution directly to an inherited Traditional or Roth IRA. Eligible rollover distributions taken after December 31, 2007, may be rolled over to a Roth IRA. If you choose to roll over to a Roth IRA, you must include all pre-tax assets in your taxable income in the year of the distribution. In order to be eligible to perform a rollover to a Roth IRA you may not be married and filing a separate federal income tax return, and you may not have modified adjusted gross income of \$100,000 or more. In 2010, these eligibility requirements are eliminated.

EACA/QACA PERMISSIBLE WITHDRAWAL

This form may be used to request a distribution of your deferrals and earnings if you have been automatically enrolled into a 401(k) plan with an eligible automatic contribution arrangement or qualified automatic contribution arrangement.

A distribution of your elective deferrals and their earnings may be requested no later than 90 days after the date of the first deferral. The amount withdrawn must be included in your taxable income in the year distributed, but is not subject to an additional 10 percent early distribution penalty. Any matching contributions associated with the distributed deferrals will be forfeited. Date of first elective deferral _____.

WITHHOLDING NOTICE AND INSTRUCTIONS

SUBSTITUTE FORM W-4P OMB #1545-0074

GENERAL

Distributions from your Qualified Retirement Plan are subject to Federal (and in some cases, State) income tax withholding. For some distributions, you can elect not to have withholding apply. **However, you cannot waive withholding on any eligible rollover distribution that is paid to you.** See the information above for the definition of eligible rollover distribution and a description of the mandatory 20% withholding.

DISTRIBUTIONS THAT ARE NOT ELIGIBLE ROLLOVER DISTRIBUTIONS

Election of No Withholding. If your distribution is not an eligible rollover distribution (see the definition of eligible rollover distribution above) you may elect not to have withholding apply. Check the withholding box (or boxes) if you do not want any Federal (or State, if applicable) income tax withheld from your distribution. Even if you do not have income tax withheld, you are liable for payments of income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

The election to not have withholding apply does not apply to any periodic or nonperiodic distributions that are delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. If you are a non-resident alien, do not complete this section. Your distributions are generally subject to a tax-withholding rate of 30 percent. A reduced withholding rate, including exemption, may apply if there is a tax treaty between your country of residence and the United States, and you submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, or satisfy the documentation requirements as provided under the regulations.

Periodic Distributions. For purposes of the withholding rules on distributions that are not eligible rollover distributions, a periodic distribution is one that is includible in your income for tax purposes and that you receive in installments at regular intervals (e.g., annually, quarterly, monthly, etc.) over a period of time (generally, at least one year).

Periodic distributions are treated as wages for purposes of withholding. If you do not waive withholding on your periodic distributions, Federal income tax will be withheld from each payment as if you were a married individual claiming three withholding allowances. However, you can change the amount of the withholding by filling in the blanks below:

Number of allowances on which withholding is to be computed. _____

Marital Status: Single Married Married, but withhold at higher "Single" rate

Additional dollar amount to be withheld from each payment. \$ _____

Nonperiodic Distributions. If you do not waive withholding on any nonperiodic distribution that is not an eligible rollover distribution, Federal income tax will be withheld at the rate of 10%, unless you specify a greater rate here: Rate _____% (not less than 10%)

CAUTION: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Publication 505. It explains the estimated tax requirements and penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

WAIVER ELECTION FOR QUALIFIED JOINT AND SURVIVOR ANNUITY

Employer. This Waiver Election is applicable to all Money Purchase Pension Plans, Defined Benefit Pension Plans and Target Benefit Plans. It also applies to Profit Sharing Plans and 401(k) Plans if you did *not* select the REA Safe Harbor found in the Adoption Agreement. If you did select the REA Safe Harbor provision and no existing plan assets are subject to the REA annuity requirements, please place a check mark in the indicated box.

Participant. If this election applies (that is, the box is *not* checked) and you want to waive the qualified joint and survivor annuity, you and your spouse must complete the Waiver Election section.