

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 Marybeth Baker at mbaker@retireplansolutions.com for processing.

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