

IN-SERVICE WITHDRAWAL APPLICATION – OVER AGE 59 ½

Participant Information

Employer: _____

Name: _____

Mailing address: _____

Last 4 digits of Social Security Number: _____

Date of birth: _____

The plan provides that amounts may be withdrawn from certain accounts. However, these amounts may only be withdrawn from a fully vested account balance. 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.

Additionally, the Plan provides that your Participant's Rollover Account may be withdrawn at any time regardless of your age.

1. Lump sum withdrawal amount:

I hereby elect to withdraw the following amount, less the 20% mandatory federal tax withholding:

\$ _____ **Circle one:** Gross or Net

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. Election of "direct rollover"

I elect a "direct rollover" of my in-service distribution to the IRA or to the plan designated below (unless I indicate below which amounts 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."

Rollover check payable to: _____

Rollover account number: _____

Address to mail direct rollover check to: _____

Percent or dollar amount of my in-service distribution 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."

Rollover check payable to: _____

Rollover account number: _____

Address to mail direct rollover check to: _____

Percent or dollar amount of my in-service distribution to be sent to the above IRA or plan: _____

3. Representations. I understand:

- a. My election is irrevocable.
- b. The Plan will hold the portion of my account balance which I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan.
- c. I should consult my own tax advisor with respect to the proper method of reporting any distribution I receive from the Plan.

4. Waiver of minimum notice period. I consent to an immediate distribution of the elected portion 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. Forms. Please review the SPECIAL TAX NOTICE (ROLLOVER OPTIONS). This notice explains the income tax withholding rules if you elect to receive payment from the Plan.

6. Potential investments and fees. Some investment choices under the Plan may not be generally available on similar terms outside the Plan. Fees and expenses (including administrative or investment-related fees) outside the Plan may be different from fees and expenses that apply to your Plan account. Please contact the Administrator to obtain additional information on (1) the general availability outside the Plan of the Plan's currently available investment options or (2) the fees and expenses which apply to your account.

7. Acknowledgement/Authorization

Date: _____

Signature of Participant

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.