

QP Separation From Service Distribution Request Form

This form may be used if you have separated from service due to termination, disability, or attainment of normal retirement age, and you wish to withdraw your pre-tax (non-Roth) and/or Roth assets from the plan. Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact your plan administrator if you have any questions.

PARTICIPANT INFORMATION	Social Security Number _____ Phone Number _____ First Name _____ Last Name _____ Email Address _____ <input type="checkbox"/> Married <input type="checkbox"/> Not Married NOTE: Your distribution will be paid to you by check and sent via regular mail to your current address on file. If your address has changed, please complete and submit the Change of Contact Information Form included with this form.
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DISTRIBUTION INSTRUCTIONS	NOTE: Refer to your summary plan description to determine whether installment and/or annuity payments are available to you in addition to those types of distributions listed below. If installment and/or annuity payments are available to you and you wish to receive your distribution in one of those forms, please see your plan administrator for additional details. I wish to: (select one) 1. <input type="checkbox"/> Receive a distribution of my entire vested account balance, payable to me. 2. <input type="checkbox"/> Receive \$ _____ of my vested account balance. 3. <input type="checkbox"/> Roll over my entire vested account balance as directed in the <i>Direct Rollover Information</i> section(s) below. 4. <input type="checkbox"/> Roll over \$ _____ of my vested account balance as directed in the <i>Direct Rollover Information</i> section(s) below. (If you choose item 4. above, select one of the following boxes) <input type="checkbox"/> Leave the remainder of my vested account balance in the plan. <input type="checkbox"/> Pay the remainder of my vested account balance to me.
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DIRECT ROLLOVER INFORMATION FOR PRE-TAX (NON-ROTH) ASSETS	COMPLETE THIS SECTION TO ROLL OVER PRE-TAX (NON-ROTH) ASSETS ONLY. I wish to directly roll over my distribution(s) to the following plan and/or individual retirement arrangement (IRA). (Complete the financial organization or trustee information below and select from the listed types of retirement plans and IRAs. If you are rolling over to more than one type of plan or IRA, specify the percentage of the amount to be rolled over into each account. The rollover percentages must total 100%.)									
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NOTE: A rollover to a Roth IRA will result in all pre-tax assets you roll over being included in your taxable income.										

DIRECT ROLLOVER INFORMATION FOR ROTH ASSETS	COMPLETE THIS SECTION TO ROLL OVER ROTH ASSETS ONLY. I wish to directly roll over my distribution(s) of Roth assets and their earnings to the following plan and/or Roth IRA. (Complete the financial organization or trustee information below and select from the listed types of retirement plans or Roth IRA. If you are rolling over to more than one type of plan or Roth IRA, specify the percentage of the amount to be rolled over into each account. The rollover percentages must total 100%.)						
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WITHHOLDING ELECTION

NOTE: Refer to the Distribution Notice for a listing of plan distributions that are not eligible to be rolled over. Generally, your distribution will be an eligible rollover distribution.

FEDERAL WITHHOLDING (Form W-4R/OMB No. 1545-0074)

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% below. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate below. You may not choose a rate less than 20%.

See the Withholding Instructions for more information.

Withholding Election. Complete this section if you would like a rate of withholding that is different from the default withholding rate. See the instructions and the Marginal Rate Tables that follow for additional information.

Enter the rate as a whole number (no decimals) _____ %

STATE WITHHOLDING (If applicable, select one)

Name of Withholding State _____

- Withhold _____ %
- Withhold \$ _____
- Do Not Withhold State Income Tax

NOTE: State income tax withholding may not be available for all states. If applicable, mandatory state income tax will be withheld from the distribution in accordance with state tax guidelines.

AUTHORIZATION

I certify that I have read, understand, and agree with the information provided in the instructions to this form. I acknowledge that I have timely received a written explanation of the optional forms of benefit payments and have received, if applicable, my spouse's consent to take a distribution. I understand that I have 30 days to decide on my rollover and/or distribution payment options and I elect to waive the 30-day period. I understand there may be a distribution fee charged against my account for this transaction and have been advised to contact the plan administrator for a description of any applicable fees. I instruct the plan administrator to authorize this distribution from the plan as soon as administratively possible.

Name of Participant _____

Signature of Participant _____ Date _____

Authorized Plan Representative Use Only

Date of Separation From Service: _____

Reason for Separation From Service: Termination Attainment of Normal Retirement Age Disability

Name of Authorized Plan Representative _____

Signature of Authorized Plan Representative _____ Date _____

NOTE: To process this request in the most efficient manner, please utilize the website at <https://www.sponsorinsight.com>

This form may not be used to request a distribution in the form of installment or annuity payments. If a participant requests a distribution in either of those forms of payment, please contact your Client Service Representative for further instructions.

FORM SUBMISSION INSTRUCTIONS

Please forward this completed QP Separation From Service Distribution Request Form to your plan administrator for approval. Once approved, please email the fully executed form to: requests@ascensus.com

Please be advised that all forms are processed in the order received. Incomplete or inconsistent information on the form may delay processing of your request.