

IN-SERVICE WITHDRAWAL APPLICATION

Participant Information

Employer / Plan Name _____

Name _____

Address _____

Last 4 digits of Social Security Number _____

Amounts may be withdrawn from certain accounts if you have reached age 59 1/2. However, these amounts may only be withdrawn from the vested portion of an account balance.

The Plan provides that your Participant's Rollover Account may be withdrawn at any time regardless of your age.

1. Withdrawal amount:

I hereby elect to withdraw the following amount (specify the amount to be withdrawn from each of your accounts): _____

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."

Name of IRA or retirement plan _____

Account number for IRA or retirement plan _____

Name of trustee(s), custodian(s), or insurer _____

Address to send "direct rollover" _____

Portion (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."

Name of IRA or retirement plan _____

Account number for IRA or retirement plan _____

Name of trustee(s), custodian(s), or insurer _____

Address to send "direct rollover" _____

3. Election of "direct rollover" to In-Plan Roth Rollover Contribution Account.

() I elect a "direct rollover" of the following amount to the In-Plan Roth Rollover Contribution Account (specify the amount and the account): _____

Additional Withdrawal for Withholding. I also elect to withdraw the following amount(s) and to have such amount(s) withheld for income taxes (for the purpose of satisfying the anticipated tax obligation relating to the In-Plan Roth Rollover Contribution (plus the withholding amount)):

() federal income tax withholding in the amount of \$_____.

() state income tax withholding, payable to the State of _____, in the amount of \$_____.

I understand that I will need to confirm the withholding on Form W-4P and/or a corresponding state form.

4. Representations. I understand:

- a. My election is irrevocable. The election to make an In-Plan Roth Rollover Contribution is irrevocable and the recharacterization rule that applies to IRA contributions does not apply to the In-Plan Roth Rollover Contribution.
- 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.

5. 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.

6. Forms. We have also provided you the TAX NOTICE (ROLLOVER OPTIONS). This notice explains the income tax withholding rules if you elect to receive payment from the Plan.

7. 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.

8. Acknowledgement/Authorization

Date of execution: _____

Signature of Administrator

Signature of Participant