

Service Separation / In-Service Withdrawal Form

Participant Instructions:

The Service Separation / In-Service Withdrawal Form ("Form") must be submitted to National Benefit Services, LLC ("NBS"), the Plan's third party administrator, to review any distribution of amounts from your employer or former employer's retirement plan. You must complete sections 1 -6 and return the Form to the Trustee/Authorized Signer. NOTE: failure to complete any section may result in a processing delay.

Trustee/Authorized Signer Instructions:

Review Sections 1-6 for accuracy and complete Section 7: Trustee/Authorized Signer Approval. Then forward the entire form to NBS:

- National Benefit Services, LLC
P.O. Box 6980
West Jordan, UT 84084
- or -
- Fax or secure email to ERISAservices@NBSBenefits.com

General Information:

Use this form for the following types of distributions:

- Separation from Service
 - You have terminated employment, retired or become disabled.
- In-Service
 - You are still employed with the company but have reached plan specific age and/or vesting requirements.
 - There may be restrictions to the money types (employer versus employee) available.
- Rollover Account Only Withdrawal
 - Funds that were contributed into this plan from a previous plan in the form of a rollover are normally available for withdraw at any time.

If your plan requires spousal consent for the distribution, please request a Spousal Consent form.

Service Separation / In-Service Withdrawal Form



1 General Participant Information

Plan Name _____ Current Date _____

Employee Name (Last Name, First Name) _____

Employee Mailing Address, City, State, Zip Code _____

Phone Number _____ Date of Birth _____ Social Security Number _____ Single Married
Marital Status

2 Reason for Withdrawal

Separation From Service - Date of Separation: _____ In-Service Withdrawal Rollover Account Only Withdrawal

3 Payment Options

As a participant in the Plan, I hereby apply for a distribution of my vested account balance. I elect to receive payment as follows:

- (Rollover) I elect a Direct Rollover of all or a partial \$ _____.
- (Pay Me Directly) I elect a distribution of all or a partial \$ _____ Gross (Default) Net amount of my account. **I understand that there will be a mandatory 20% Federal withholding and applicable State tax withholdings.**
- (Combination 1) I elect to rollover \$ _____ of the eligible distribution and the remainder is to be paid directly to me. **I understand that there will be a mandatory 20% Federal withholding and applicable State tax withholdings on the portion paid directly to me.**
- (Combination 2) I elect to a distribution of \$ _____, Gross (Default) Net, and the remainder is to be a Direct Rollover. **I understand that there will be a mandatory 20% Federal withholding and applicable State tax withholdings on the portion paid directly to me.**

4 Payment Instructions

ROLLOVER

If your account contains both Roth and traditional Pre-Tax deferrals, please complete 2 separate withdrawal forms.

- Eligible Retirement Plan Traditional IRA Roth IRA

Plan Name / IRA Account Number _____ Name of Trustee or Custodian for New Plan or IRA _____

Make Check Payable To _____ Address _____

Mail Rollover check directly to the employee address in SECTION 1 _____ City, State, Zip Code _____

PAY ME DIRECTLY

- Mail a check directly to the employee address in SECTION 1
- Electronic Fund Transfer ACH WIRE

Name of Financial Institution _____

Financial Institution Address (Street Address, City, State, Zip) _____

Financial Institution _____ Financial Institution _____ Financial Institution _____ Checking Savings
Phone Number _____ ABA (Routing) Number _____ Account Number _____ Account Type

Note: Please consult your bank before initiating an electronic funds transfer to your bank account as a fee may be associated in transferring funds electronically.

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General Information

Plan Name _____

Current Date _____

Employee Name (Last Name, First Name) _____

5 Rush Delivery Option

If you have elected the "Pay Me Directly" by check option, you may have the money sent rush delivery to your address. In order to utilize rush deliver, your address in Section 1 **CANNOT** be a P.O. Box. Funds will be sent overnight as soon as they are available and processing is complete. The fee to rush deliver the check will be \$20.00 and is deducted from the distributed amount. Some checks may not be eligible for rush delivery, in which case no fee will be deducted from the distributed amount and the check will be sent standard mail.

Please rush deliver the check to the employee address in SECTION 1

6 Participant Signature

For your protection, state law, where applicable, requires that the following sentence appear on this form: Any person who knowingly presents false or fraudulent claim is guilty of a crime and may be subject to fines and confinement in prison.

I, the Participant, understand that a \$75.00 processing fee will be deducted from my distribution amount and paid to National Benefit Services, LLC (the Plan's Third Party Administrator to the Plan). I also hereby request and consent to the distribution above. I certify that I have been give written notification of my distribution options and have had the opportunity to consider the decision of whether or not to elect a direct rollover for a minimum of 30 days as is my right under Code Sections 402(f) and 411(a)(11). I choose to waive the 30 day waiting period.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (Social Security Number), and
2. I am a U.S. citizen (including a resident alien).

Signature of Participant _____

Date _____

7 Trustee/Authorized Signer Approval

Employee Information:	Date of Hire _____	Date of Separation from Service _____
	Previous Year Hours Worked _____	Current Year Hours Worked _____
	Final Contribution Payroll Date _____	

I certify that all the above information is complete and correct, that the required Participant has elected and consented to this withdrawal, that, if applicable, spousal consent for married participants as required by IRC section. 417, has been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Section 4975. I also certify that all necessary and applicable information required to be furnished to the Participant under IRC Section 417 and an explanation of the direct rollover option and related tax rules required by IRC Sec. 402 have been provided. I also certify that, if applicable under the terms of the Plan, the Participant has waived the 30-day waiting period.

On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless National Benefit Services, LLC, it's employees, agents, directors and officers from any liability, penalties, and taxes that may be incurred as a result of the requested distribution giving rise to one or more prohibited transactions or for implementing requests (including, if applicable, a direct rollover request) based solely on the instructions provided on this form, or if any of the certifications provided on this form are incorrect.

Signature of Trustee/Authorized Signer _____

Date _____

8 NBS Use Only

Vesting %: Match _____

Vesting %: Non Elective _____

Vesting %: Other _____

Name of Other Source _____