

ACCOUNT EXECUTIVE'S NAME	PHONE NUMBER	FAX NUMBER
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1 EMPLOYEE INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
INVESTMENT FIRM		ACCOUNT NUMBER	
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

I am a U.S. Resident (this includes a resident alien of the United States)

I am not a U.S. Resident (Note: Please complete and submit the appropriate version of IRS Form W-8BEN when returning this form. For more information, refer to Internal Revenue Service (IRS) Publications 515 and 519.)

2 NOTICE FOR EMPLOYEES OVER AGE 70 ½

There is a minimum distribution requirement upon attainment of age 70½ unless you are still working for the employer that sponsors your 403(b) Plan. The IRS may impose a severe penalty for failure to take a minimum payment. The required minimum distribution (RMD) is not eligible for rollover and must be withdrawn prior to a direct rollover of your account. A RMD withdrawal request must be submitted on the RMD Form. Please check a box below if you are over age 70½ and rolling assets from your 403(b):

- I certify that I have taken my RMD prior to this rollover of assets.
- I am still working for my employer and an RMD is not required.
- I have included a RMD Form for payment prior to this rollover of assets.

3 DISTRIBUTION EVENT (select one)

<input type="checkbox"/> Separation from Employment	Employee is separated from service of the employer
<input type="checkbox"/> Over Age 59 ½	Employee has attained age 59 ½
<input type="checkbox"/> Disability	As defined by Internal Revenue Code §72(m)(7), requires social security certification.
<input type="checkbox"/> Plan Termination	Termination of employer's 403(b) Plan
<input type="checkbox"/> Divorce	Enclose Qualified Domestic Relations Order (QDRO) with letter of instruction from former spouse including social security number, date of birth, and address with a letter of instruction from the Employer that the Order is qualified.
<input type="checkbox"/> Death	Beneficiary of deceased Account Holder completes form. A certified copy of the death certificate with raised seal and beneficiary's social security number, address, and date of birth are required. If beneficiary is an Estate, Letters of Testamentary/Administration and Tax ID for the Estate are required. If beneficiary is a Trust, copy of the Trust document and Tax ID for the Trust is required.

4 METHOD OF PAYMENT (select one from Type and Method)

TYPE	METHOD
<input type="checkbox"/> Total Distribution (entire balance of account)	<input type="checkbox"/> In-Cash (liquidate assets)
<input type="checkbox"/> Partial Distribution of \$ _____	<input type="checkbox"/> In-Kind (re-register assets/certificate form)
	<input type="checkbox"/> Journal (re-register/transfer within same investment firm)

5 PAYMENT ELECTION

I elect my distribution to be paid in the following manner:

- Cash Distribution
 Direct Rollover to an IRA or Qualified Plan
 Direct Rollover to a Roth IRA

6 TAX WITHHOLDING INFORMATION
FEDERAL TAX WITHHOLDING FOR CASH DISTRIBUTIONS

REQUIRED: Equity Trust Company is required to withhold 20% for federal taxes on the taxable portion of distributions that are eligible for rollover but paid in cash from your 403(b)(7) account. You cannot elect out of this withholding.

ADDITIONAL (select if you wish to have additional withholding):

- 10% Early Withdrawal - This applies to early withdrawals of retirement funds. If you are older than 59 ½, disabled or age 55 when you separated from service, or the payment is due to death or a QDRO you are exempt from the 10% additional tax.
- In addition to the required 20% Federal and the 10% early withdrawal (if indicated above), I would like to withhold additional federal taxes of _____ (indicate a % or dollar amount).

STATE TAX WITHHOLDING: If you live in a state that requires state tax withholding that amount may also be deducted. The legal address and state of residence on file will be used to determine whether state taxes apply, unless you tell us otherwise.

FEDERAL TAX WITHHOLDING FOR A DIRECT ROLLOVER TO A ROTH IRA: Federal taxes will be withheld on your pre-tax contributions rolling to a Roth IRA if indicated below. If you have after-tax contributions please contact us.

- _____% Federal withholding on rollover to Roth IRA

7 PAYMENT INFORMATION

All distributions will be issued to the Employee and mailed to the address in Section 1 unless directed in this section.

Make check payable and issue to: Financial Institution, Qualified Retirement Plan, or Personal Account Information

NAME OF FINANCIAL INSTITUTION			
MAILING ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT OR IDENTIFICATION NUMBER	NAME OF CONTACT AT FINANCIAL INSTITUTION		PHONE NUMBER

8 EMPLOYEE SIGNATURE and ACKNOWLEDGEMENT

I certify that I am eligible for a distribution as elected in Section 3 and in accordance with the terms of my Employer's 403(b) Plan.

By electing this withdrawal, I understand benefits due to me or my survivors will be reduced by this withdrawal. I understand the tax consequences of this election and consulted a tax advisor, if necessary. I certify the information I provide on this form is accurate and complete. This election cancels any prior election I made under the plan.

I have received a written explanation of the special tax rules for distribution eligible for rollover treatment as described in §402(f) of the code ('§402(f) Notice'). I have reviewed the notice and understand the information provided.

Federal tax law requires a payment cannot be made any sooner than 30 days, nor later than 180 days after I receive the §402(f) Notice. However, my signature below is an affirmative election for the distribution option chosen on this election form and reduces the 30-day waiting period to 7 days as allowed by law. ***I understand if 180 days has passed since I received the §402(f) Notice, I should request another copy to restart the time limit described above.***

I certify that I received the §402(f) Notice on the date I signed this form, unless I enter a different date here: _____ (date §402(f) Notice received).

EMPLOYEE SIGNATURE	DATE
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9 EMPLOYER INFORMATION and SIGNATURE

The Employer is responsible for providing the information requested below.

Note: Please contact us if the Employee is taking a distribution of after-tax dollars. Additional information may be required to process the request.

EMPLOYER NAME		
PHONE NUMBER	FAX NUMBER	EMPLOYEE'S DATE OF SEPARATION

Is this Employee entitled to any future contributions? Yes, Contribution Date _____ No

I certify the above information is true and correct. I authorize Equity Trust Company to make a distribution to this Employee of the current account balance, plus future benefits that may be credited to the Employee's account according to the terms of our plan.

EMPLOYER NAME	TITLE OF AUTHORIZED SIGNER
EMPLOYER SIGNATURE	DATE