

1 PARTICIPANT INFORMATION			
PARTICIPANT NAME		SOCIAL SECURITY NUMBER	
PARTICIPANT ADDRESS			
CITY		STATE	ZIP CODE
INVESTMENT FIRM	ACCOUNT NUMBER	PHONE NUMBER	
<input type="checkbox"/> I am a U.S. Resident (this includes a resident alien of the United States)			
<input type="checkbox"/> 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 EMPLOYER INFORMATION			
The Employer is responsible for determining and completing the information requested below. NOTE: Please contact us if a participant account contains after-tax dollars. Additional information will be required to process the request.			
EMPLOYER NAME		PLAN TYPE	
PLAN NAME		<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Individual 401(k)
PLAN NUMBER	PARTICIPANT'S VESTING PERCENTAGE	PARTICIPANT'S DATE OF TERMINATION	PARTICIPANT'S OUTSTANDING LOAN BALANCE
DAYTIME PHONE NUMBER		FORFEITURE ACCOUNT NUMBER FOR NON-VESTED ASSETS	
Is this Participant entitled to any future contributions? <input type="checkbox"/> Yes, Contribution Date: _____ <input type="checkbox"/> No			
FOR POOLED PLANS ONLY:			
Total amount of payment the participant is entitled to: _____			

3 DISTRIBUTION EVENT ¹ (select one)	
<input type="checkbox"/> Termination of Employment	<input type="checkbox"/> Normal Retirement Age
<input type="checkbox"/> Over Age 59 ½	<input type="checkbox"/> Disability - attach a copy of the Social Security certification
<input type="checkbox"/> Rollover Withdrawal	<input type="checkbox"/> Plan Termination - attach Plan Termination Notification Form
<input type="checkbox"/> Qualified Reservist Distribution - Individual 401(k) participants who serve a period of military service for more than 180 days may be permitted to withdraw amounts attributable to elective deferral contributions.	<input type="checkbox"/> Active Military-Deemed Severance - Individual 401(k) participants who serve a period of military service for more than 30 days may request a distribution of amounts attributable to elective deferral contributions. ²
¹ Required Minimum Distribution (RMD) requests should be submitted on the Required Minimum Distribution form.	
² Elective deferral contributions must be suspended for a period of 6 months from the date of distribution and resume after the applicable suspension period ends in an amount defined by the plan.	

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

TYPE	METHOD
<input type="checkbox"/> Total Distribution (This election will close your retirement 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 ASSETS HELD OUTSIDE OF THE BROKERAGE FIRM

List any plan assets that are not held in the custody of the Investment Firm and Account Number listed in Section 1. It is your responsibility to include a complete list of these assets to ensure they are included in your request for distribution. It is recommended that you attach an account statement to ensure we have adequate information to process your request. Equity Trust Company is not responsible for any losses you may incur for assets not included or accurately identified with an account statement.

INVESTMENT	INVESTMENT ACCOUNT NUMBER

6 PAYMENT ELECTION

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

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

7 TAX WITHHOLDING INFORMATION
FEDERAL TAX WITHHOLDING FOR CASH DISTRIBUTIONS

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 a qualified retirement plan. You may also need to pay a 10%* additional income tax on this distribution, unless you are over age 59 ½, disabled, or age 55 or older and separated from service.

- Yes No Do you want Equity Trust Company to withhold the 10% additional income tax?
 *Qualified Reservist Distributions are exempt from the 10% additional income tax if withdrawn prior to age 59 ½.

- In addition to the required 20% Federal and the 10% additional income tax (if elected above), I would like to withhold additional federal taxes of _____ (indicate a % or dollar amount).

FEDERAL TAX WITHHOLDING FOR A DIRECT ROLLOVER TO A ROTH IRA: Federal taxes will be withheld on your pre-tax contributions (including elective deferrals and employer 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

STATE TAX WITHHOLDING: State income tax withholding may apply. The legal address and state of residence on file will determine whether state taxes apply, unless you tell us otherwise. If applicable, state withholding will automatically be withheld from your distribution election.

8 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

9 PARTICIPANT SIGNATURE and ACKNOWLEDGEMENT

Legal Requirement: This is an important decision, before signing be sure you understand what retirement benefits you will receive and what benefits you will no longer be eligible to receive.

I am: Married Single Legally Separated (attach a copy of the court order)

Note: If Legally Separated, spousal consent (Section 10) is not necessary.

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.

I have received written notice from the Employer of my benefit options. I understand my benefits under the plan may be paid to me in the form of a Qualified Joint and Survivor Annuity (QJSA). I have the right to waive this form of payment and elect to receive my benefits in another form of payment. I further understand I may revoke any waiver in effect before I receive any benefits under the plan.

I understand the relationship between my benefit election(s) and income tax withholding and have consulted with 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.

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. My signature below, however, 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 below.

Date I received the §402(f) Notice: _____

CERTIFICATION: UNDER THE PENALTIES OF PERJURY, I certify with my signature below that the information provided in each completed section of this form is/are true, correct and complete.

PARTICIPANT'S SIGNATURE

DATE

10 SPOUSAL CONSENT and ACKNOWLEDGEMENT

Legal Requirement: This is an important decision, before signing be sure you understand what retirement benefits you will receive and what benefits you will no longer be eligible to receive.

I, _____ (name of the spouse of the plan participant), am the spouse of _____ (name of plan participant).

I have received written notice from the Employer of my right to have benefits paid in the form of a Qualified Joint and Survivor Annuity (QJSA).

I understand my benefits under the plan may be paid to me in the form of a QJSA benefit. I agree to waive this right.

I understand by signing this agreement, I may receive less money than I would have received under the QJSA form of payment and I may receive nothing after my spouse dies, depending on the payment form and beneficiary my spouse chooses.

I agree these benefits paid under this plan will be paid as selected on this form. However, my spouse can change the payment form unless I restrict my spouse's ability to change by marking the box below. I understand my spouse can change to the QJSA form of benefit payment without my consent.

I understand I do not have to sign this agreement. I am signing this agreement voluntarily. If I do not sign, the plan may require my spouse and I receive payments from the plan in the QJSA form of benefit.

Federal tax law requires a payment cannot be made any sooner than 30 days, nor later than 180 days after my spouse receives the §402(f) Notice. However, my signature below will serve as consent to the plan participant's decision relating to the waiver of the 30-day waiting period to 7 days

Mark this box if applicable: My consent is required for any change to the benefit chosen on this election form.

SPOUSE'S SIGNATURE: (Must be notarized or witnessed by the Employer.)

DATE

NOTARY PUBLIC: The person signing as spouse appeared before and signed the above consent.

Sworn to and subscribed before me this _____ day of _____, 20_____, in the

State of _____, County of _____.

NOTARY SIGNATURE

NOTARY EXPIRES ON

NAME OF NOTARY

The person who signed as spouse is personally known to me, or

TYPE OF IDENTIFICATION

The person who signed as spouse produced identification

If your state has specific notary acknowledgement requirements then the notary will need to include any additional acknowledgement and attach it to this form.

EMPLOYER SIGNATURE: (Cannot be spouse) The spouse appeared before me and signed the above consent.

DATE

In the event the spouse cannot be located: Employer attests, it has been established to my satisfaction the spouse cannot be located.

EMPLOYER SIGNATURE

The information and signatures in these sections are required by the Internal Revenue Code §417, 402(f), and 411(a)(11).

11 EMPLOYER SIGNATURE

I certify the information on this form is true and correct. I authorize Equity Trust Company to make a distribution to this Participant according to the terms of our plan.

Note: The law requires you to give participants a written description of their benefits choices. Payments must commence within a 30 to 180 day period of when a participant received this information. However, an affirmative election by a participant can reduce the 30-day waiting period to 7 days. The law also requires you to give participants a written description of rollover rules (§402(f) Notice) if the distribution is eligible to be rolled over.

EMPLOYER NAME

TITLE OF AUTHORIZED SIGNER

EMPLOYER SIGNATURE

DATE