

PARTICIPANT DISTRIBUTION ELECTION

AGENCY/PLAN _____

DATE OF NOTICE _____

PARTICIPANT _____

TERMINATION DATE _____

VESTED ACCOUNT BALANCE _____

PROPOSED DISTRIBUTION DATE _____

① **ELECTION:** After reading the **Special Tax Notice Regarding Plan Payments**, I, the undersigned Participant, make the following distribution election: *(Choose (a), (b), (c), (d), (e); or (f))*

- (a) A direct rollover of my entire Vested Account Balance to the entity designated in Section 3.
- (b) A direct rollover of the following portion of my Vested Account to the entity designated in Section 3: \$_____ (not less than \$500), with the balance paid in lump sum (complete Section 2), less income tax withholding.
- (c) A lump sum payment of \$_____ (not less than \$500 – complete Section 2) of my Vested Account Balance, less income tax withholding, with the balance paid as a direct rollover to the entity designated in Section 3.
- (d) A lump sum payment of my entire Vested Account Balance, (complete Section 2) less any income tax withholding.
- (e) A partial payment of \$_____ of my vested account balance (complete Section 2), less any income tax withholding, with the remainder of my account balance to remain in the plan until further distribution options are elected (only available if your account balance is > \$1,000).
- (f) A direct rollover of my entire Vested Account Balance to a **Roth IRA** as designated in Section 3. Withholding is optional; I would like _____% in withholding.

WAIVER OF MINIMUM NOTICE PERIOD. I consent to an immediate distribution 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.

Check if the above distribution is due to:

- Disability
- Retirement

NOTE: If your vested account balance is **less than \$5,000** but greater than \$1,000 and you do not complete and return this form by the proposed distribution date, the Plan will automatically roll over your Vested Account Balance to an individual retirement account (IRA) for your benefit with E*TRADE Securities LLC. See **Notice Regarding Automatic Rollover..**

EXECUTION: Dated this _____ day of _____, 20_____.

Your Signature	Phone Number
Your Home Address	
City/State/Zip	
Your Social Security Number	
Agency/Plan Administrator	

② DISTRIBUTION OPTIONS FOR LUMP SUM PAYMENTS

You have the option to receive your distribution either by:

- check or direct deposit

Complete Section 3B if you would like to have your distribution deposited directly to your checking or savings account (**please attach a voided check**). There is no cost for direct deposit.

By signing this form, I am authorizing AAAA Benefits, Inc. to initiate credit entries or debit corrections to the

- checking account or savings account

indicated and the financial institution named to credit the same to such account.

③ INFORMATION FOR DIRECT ROLLOVER

[Do not complete unless you chose election 1(a), 1(b) or 1(c)]

You have the option to have your account balance transferred to the receiving rollover entity either by check (complete Section A) or by wire transfer (complete Section B).

A. Direct rollover of my account balance by check:

Name of IRA, Qualified Plan Or Rollover Entity:
Make Check Payable To:
Account Number:
Address:

- Please mail my direct rollover check: to the address above
 to my home address

B. Direct rollover of my account balance by wire transfer:

Name of Financial Institution/Branch:
City/State/ZIP:
Bank Transit/ABA #:
Trustee/Custodian Account # :
Plan/IRA Account # and/or Name: