

In-Service Withdrawal Form

DISCLOSURE: An in-service withdrawal of employee and employer accounts (must be 100% vested) is available after attaining age 59^{1/2}. There may be taxes withheld depending on the option selected below.

A. Employer Information

Plan Name _____

Plan ID _____

B. Employee Information

First Name, M.I. _____

Last _____

SSN - -

Street Address _____

City _____

State _____

ZIP _____

Date of Birth (mm/dd/yyyy) - -

Phone Number _____

E-mail address _____

C. Form of Withdrawal

Amount of Distribution: \$ _____

- Single payment to Participant (subject to income tax withholding in Section F.)
- Direct Rollover to an Individual Retirement Account (IRA) or a Qualified Retirement Plan listed in Section D.
- Pay \$ _____ in cash to Participant (subject to income tax withholding in Section F.), and the remainder to an IRA or a Qualified Retirement Plan listed in Section D.

D. Pay Order

- payable to Participant, **select one of the following:**
 - Check payment to Participant
 - Electronic Fund Transfer to Participant's bank account, **complete the following or attach a voided check:**

Bank Name _____

Bank Address _____

Bank ABA Number _____

Account Number _____

Accountholder Name _____

Checking Savings
Account Type

- Direct rollover to: IRA **OR** Qualified Retirement Plan **Make payable as follows:**

Name of Financial Institution/Trustee _____

Account number _____

Street Address _____

City _____

State _____

ZIP _____

E. Mailing Instructions

- Mail payment directly to:
 - Participant
 - The Custodian/Trustee listed above.

F. Income Tax Withholding

If you do not request a direct rollover, the distribution is subject to a 20% mandatory federal income tax withholding (additional 5% state income tax for Iowa residents). You are responsible for the payment of any other applicable taxes and penalties.

G. Signature

X _____

Signature of Participant

_____/_____/_____

Date (mm/dd/yyyy)