

Distribution Request Form Company Retirement Plan

PLEASE TYPE OR PRINT CLEARLY

Company Name: _____
Employee Name: _____
Address: _____
City, State, Zip: _____
Social Security #: _____ - _____ - _____ Date of Birth: ___/___/___ Date of Hire: ___/___/___
Division: _____ Vesting % _____ Termination Date: ___/___/___

A. WITHDRAWAL REQUEST (Check all that apply)

Partial Distribution (If permitted by the Plan)
 Voluntary Contributions (After Tax) Amount \$ _____
 "Hardship" Amount \$ _____
 Other: Source of Disbursement _____ Amount \$ _____

Total Distribution After Severance of Employment:
 Termination Deceased Disabled Retired

Direct Rollover: Pay my distribution requested above that qualifies as an Eligible Rollover Distribution directly to the following rollover IRA or my new employer's qualified retirement plan.

Trustee / Custodian Name: _____
Account Number: _____ IRA Qualified Plan
Address: _____

B. OUTSTANDING EMPLOYEE LOAN

YES NO

Note: If yes and severance of employment has occurred, the trustee will default the loan, report the taxable distribution to the IRS, and withhold applicable taxes. (To repay the loan, attach the employee's check for the outstanding balance.)

C. INCOME TAX WITHHOLDING

Any distribution or portion of a distribution that is NOT a Direct Rollover will have Federal Income Tax withheld by the Trustee at a 20% flat rate. You may be liable for additional taxes. Consult with your tax advisor for details.

D. MARITAL STATUS

Under the full penalties of State and Federal Law, I do swear that (check one):

I am married and my spouse consents below.
 I have no living spouse. I have no knowledge of the whereabouts of my spouse.

E. SIGNATURE

I received and read the "IRC Section 402(f): Special Tax Notice Regarding Plan Payments" before making my Withdrawal Request above. I understand that it is my sole responsibility to accurately provide the above information requested for a Direct Rollover and will not hold my employer or Wildwood & Holt responsible in any way for following my written instructions.

Employee's Signature Required

Date

Plan Representative

Note: Partial withdrawals or partial Direct Rollovers will be made from all investment funds on a PRORATED basis.

F. SPOUSAL CONSENT (For cash amounts of \$5,000 or more)

I hereby consent to the foregoing election by my spouse. Further, I acknowledge that (1) the effect of my consent to this election may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) my spouse's request for a withdrawal is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse decides not to take this withdrawal.

Spouse's Signature

Date

Witness by Notary Public