

Withdrawal Form

Section 1. INSTRUCTIONS

Participants must complete this form to request withdrawals. If you do not elect payment within 10 days and your vested balance is \$1,000 or less, a check may be mailed to you and your account closed. If your vested balance is greater than \$1,000 but not more than \$5,000, an IRA may be established on your behalf and your account closed. If your vested balance is greater than \$5,000 and you do not elect payment within 90 days, your payment will be deferred until you reach age 70½. A notary public must acknowledge both participant and spouse's signatures. Incomplete forms will be returned. **Please allow a minimum of four weeks for processing.**

Send completed form to: PLAN SERVICE CENTER, 1470 Maria Lane, Suite 210, Walnut Creek, CA 94596

Employers use this form to approve and authorize withdrawals in the Employer Approval Section.

Section 2. GENERAL INFORMATION

Retirement Plan Name

Participant or Beneficiary Name

Social Security Number

Date of Birth

Marital status

Married Not married

Address

City

State

Zip

Home Telephone

Work Telephone

Section 3. REASON FOR WITHDRAWAL (check one)

Termination of Employment on: _____
Month Day Year

Disability, effective on: _____
(attach Disability Statement from Physician) Month Day Year

Retirement, effective on: _____
Month Day Year

Death, on: _____
(attach Death Certificate and Beneficiary Designation) Month Day Year

Minimum Distribution after age 70 1/2 (If your Beneficiary is your spouse, enter your spouse's Date of Birth _____)

Hardship withdrawal of \$ _____ (See Explanation of Hardship Withdrawal)

Other Withdrawal, State Reason:

Loan Request (Complete and skip to Section 7) - I apply for a loan of \$ _____ (minimum loan is \$1,000, maximum loan is generally ½ of your vested account balance) to be repaid by payroll deductions over _____ years and _____ months (not to exceed 5 years).
There is a \$125 non-refundable loan-processing fee and an \$80 annual maintenance fee. The interest rate is fixed at 1% plus the prime rate published in the Wall Street Journal on the last business day of the month prior to loan issuance. Only one loan may be outstanding at any time. If you terminate employment prior to paying off the loan, you will be deemed to have received a taxable withdrawal equal to the outstanding balance if the loan is not paid in full within 90 days of your date of termination.

Section 4. PAYMENT OPTION

I elect a taxable single sum cash payment (at least 20% will be withheld for income taxes.)

I elect a rollover to (enter IRA or retirement plan name)

Installments for: _____ years.

Single life annuity with [check one] 0, 5, 10 15 years certain

Joint and [check one] 50% 100% survivor annuity with [check one] 0, 5, 10 15 years certain

Section 5. AMOUNT OF WITHDRAWAL

Unless the box below is checked, your benefit is equal to the vested portion of your current account balance.

Your benefit is an annuity of \$ _____ per month payable commencing at normal retirement age of _____ and is paid upon retirement. However, an actuarially equivalent single sum payment of \$ _____ can be made now if you (and your spouse if you are married) consent on this form.

Section 6. TAX WITHHOLDING (skip this section if you have elected a Rollover to an IRA or retirement plan)

Federal For withdrawals eligible for rollover to an IRA, Federal law requires 20% of the taxable amount of the distribution withheld unless payment is directly rolled over to another qualified plan or IRA. If your withdrawal is not eligible for rollover to an IRA, Federal withholding is at the rate of 10%, unless you elect not to have withholding apply.

I do **NOT** want Federal tax withheld (unless required by law).

State I do **NOT** want State tax withheld (unless required by law).

Please withhold _____% or \$ _____ from my distribution for State income tax.

Section 7. PARTICIPANT SIGNATURE (must be witnessed by Notary Public)

- I hereby make the elections on this form and release the Plan Administrator, Plan Trustees, Steinhorn Consulting, and the sponsoring employer from any claims the undersigned may have or hereafter claim to have with respect to the Plan.
- I have read the Special Tax Notice Regarding Plan Payments and Explanation of Optional Benefits and understand that I must now wait 30 days to receive my withdrawal. However, I hereby waive the 30-day waiting period and request earlier payment, if possible.
- If a benefit form other than an annuity is elected, I hereby waive the joint and survivor annuity (or single life annuity if I am unmarried). I understand this annuity and the financial effect of this waiver and that I may revoke any waiver.
- If this is a request for a Hardship Withdrawal, I have read the Explanation of Hardship Withdrawal and I qualify to receive the amount requested.
- I understand that if this is a total withdrawal the outstanding balance of any participant loan will be defaulted. It will be treated as a distribution, and subject to tax withholding unless my check for the outstanding balance is submitted with this form.

Participant Signature	Date
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ACKNOWLEDGMENT BY NOTARY

Section 8. SPOUSAL CONSENT (must be witnessed by Notary Public)

- If the Plan is subject to the Qualified Joint and Survivor Annuity (QJSA) requirement, I understand that I have the right to have the Plan pay my spouse's retirement benefits as a QJSA and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the QJSA payment form and I may receive nothing after my spouse dies. I also understand that I cannot revoke my agreement once given. I understand the survivor annuity and the financial effect of my election.
- I agree that my spouse can receive this withdrawal of his or her retirement benefits under the Plan in the form selected above. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily and I have read the information provided by the Plan Administrator with respect to my rights to the QJSA payment form. I understand that if the Plan provides for a QJSA and I do not sign this agreement, then my spouse and I will receive payments from the Plan in the QJSA payment form.

Spouse Signature	Print Spouse's Name	Date
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ACKNOWLEDGMENT BY NOTARY

Section 9. PAYMENT DIRECTIVE (for employer use only)

_____ is hereby authorized to issue payment(s) as follows:

Payee _____ \$ _____

Payee _____ \$ _____

Mail check(s) to _____

Section 10. TRUSTEE APPROVAL (for employer use only)

Gross amount of withdrawal before withholding: Total vested benefit Partial withdrawal of \$ _____

This Participant has _____ year(s) of vesting service as of the Plan year ending _____ and is _____% vested in accounts subject to vesting. *One year of additional vesting may apply if the Participant is credited with 1000 or more hours for the subsequent Plan year.*

Check one of the following two boxes:

- This Participant has 1000 or more hours of service in the subsequent Plan year and has one more year of vesting service than shown above.
- The vesting service shown above is correct as is. The Participant does not receive credit for any additional vesting.

I hereby approve this withdrawal and certify that the information contained on this form is complete and accurate.

Trustee Signature	Print Name	Date
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→PSC	→ee	→Trustee	V%	Loan\$	Directive→				
Notes				PSC 1 by	PSC 2 by	Cons 20	Cons 100	Accting	