

DISTRIBUTION ELECTION

PLAN NAME: _____

Participant: _____ Social Security #: _____

Address: _____

City, State Zip: _____

Date of Birth: _____ Phone Number: (____) _____

PAYMENT ELECTION

Distribute my total benefit directly to me. I understand that 20% federal withholding will be withheld from my distribution. California state income tax will not be withheld unless I elect otherwise. Yes withhold California state income tax. (If state withholding is elected, please contact your Plan Administrator.)

Direct Rollover to the IRA or qualified employer plan:
Name of Financial Institution/Eligible Retirement Plan: _____
Account Number (if applicable): _____
Check made payable to: _____
Address: _____

WAIVER OF 30-DAY 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.

MARTIAL STATUS. I am (check one) not married married (if you are married, your spouse must sign below)

SIGNATURES

Participant: I have read and understand the attached "Special Tax Notice". I hereby request payment from the Plan as designated above. If there has been an overpayment, I will promptly repay that amount. I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator.

Participant Signature: _____ Date: _____

Spouse: I, the undersigned, am the legal spouse of the Participant. I hereby consent to the single-sum payment as elected by my spouse, the Plan participant, as I have read and understand the ramifications of this transaction as outlined in this package.

Spouse's Name: _____

Spouse's Signature: _____ Date: _____

Witness of Spousal Consent This _____ day of _____, 20____

Witness by Plan Representative. _____
Plan Official/Trustee

Witness by Notary. State of _____ County of _____

Before me, the undersigned, a Notary Public personally appeared the spouse name above and executed the spousal consent as a free and voluntary act. In witness whereof, I have signed my name and affixed my official notarial seal.

(seal) _____
Notary Public