

APPLICATION FOR IN-SERVICE DISTRIBUTION

As a Participant in the _____ **PLAN**, I,
 _____, hereby apply for an in-service distribution of my interest in

- () the maximum amount available (under the terms of the Plan), or
 () \$ _____ (not to exceed the maximum available).

I understand that the distribution is subject to Federal income taxation, and mandatory withholding to the extent the distribution constitutes an eligible rollover distribution which is not paid in a direct rollover to an eligible retirement plan. I also certify that none of the money I am requesting is subject to a qualified domestic relations order. If I am married, my spouse has consented to this distribution, as evidenced by the notarized consent below.

 Participant's Signature

 Date

 SS#

TO BE COMPLETED BY PLAN PARTICIPANT

Date of Birth ____/____/____ Date of Hire ____/____/____

Home Address: _____ City _____ State _____
 (Please print) Zip Code _____

Form of benefit payment:

- 1) _____ Single Sum (Cash) **(NOTE: Plan must withhold 20% in federal income tax.)**
- 2) _____ Direct Rollover to IRA
- 3) _____ **Combination:** Rollover (\$ / %) _____
 Lump Sum (\$ / %) _____

Information for Direct Rollover.

I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of IRA or Plan _____

If an IRA, name of trustee, custodian or insurer _____

Address to send direct rollover _____

 Trustee Signature and Date

 Trustee Name (please print)

SPOUSE'S CONSENT TO IN-SERVICE DISTRIBUTION

I hereby approve of, and consent to, my spouse's election for an in-service distribution. I understand that this election may have the effect of reducing the benefit I would receive under the Plan, should my spouse die prior to retirement.

Spouse's Signature

Date

Spouse's Name

SS#

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public