



## **Service Separation / In-Service Withdrawal Form**

### **Participant Instructions:**

The Service Separation / In-Service Withdrawal Form ("Form") must be submitted to National Benefit Services, LLC ("NBS"), the Plan's third party administrator, to review any distribution of amounts from your employer or former employer's retirement plan. You must complete sections 1 -6 and return the Form to the Trustee/Authorized Signer. NOTE: failure to complete any section may result in a processing delay.

### **Trustee/Authorized Signer Instructions:**

Review Sections 1-6 for accuracy, complete Section 7: Trustee/Authorized Signer Approval, and then forward the entire Form to NBS:

- National Benefit Services, LLC  
P.O. Box 6980  
West Jordan, UT 84084  
- or -
- Fax: (801) 858-0252

### **General Information:**

Use this form for the following types of distributions:

- Separation from Service
  - You have terminated employment, retired or become disabled.
- In-Service (***pay close attention to the following as limitations may apply***)
  - You are still employed with the company but are requesting a withdrawal of some or part of your retirement assets.
  - There may be restrictions to the money types available due to your age or plan design.
  - Please refer to the Summary Plan Description (SPD) for details.

\*For more information, check with your Human Resources Department, or contact NBS at (800) 274-0503.

- Rollover Account Only Withdrawal
  - Funds that were contributed into this plan from a previous plan in the form of a rollover are normally available for withdrawal at any time.

*If your plan requires spousal consent for the distribution, please request a Spousal Consent form.*

# Service Separation / In-Service Withdrawal Form



## 1 General Participant Information

Plan Name \_\_\_\_\_ Current Date \_\_\_\_\_

Employee Name (Last Name, First Name) \_\_\_\_\_

Employee Mailing Address, \_\_\_\_\_ City \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  Single  Married

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

## 2 Reason for Withdrawal (*please select one*)

Separation From Service (Date of Separation: \_\_\_\_\_)  In-Service Withdrawal  Rollover Account Only Withdrawal

## 3 Payment Options (*please select one option below*)

This request applies to (*please select only one; submit two requests if necessary*):  Pre-tax Funds or  Roth Funds

As a participant in the Plan, I hereby apply for a distribution of my vested account balance. I elect to receive payment as follows:

- (Rollover) I elect a Direct Rollover of  all or a  partial \$ \_\_\_\_\_.
- (Pay Me Directly) I elect a distribution of  all or a  partial \$ \_\_\_\_\_  Gross (Default)  Net amount of my account. **I understand that there will be a mandatory 20% federal withholding and applicable state tax withholdings.**
- (Combination 1) I elect to rollover \$ \_\_\_\_\_ of the eligible distribution and the remainder is to be paid directly to me. **I understand that there will be a mandatory 20% federal withholding and applicable state tax withholdings on the portion paid directly to me.**
- (Combination 2) I elect to a distribution of \$ \_\_\_\_\_,  Gross (Default)  Net, and the remainder is to be a Direct Rollover. **I understand that there will be a mandatory 20% federal withholding and applicable state tax withholdings on the portion paid directly to me.**

## 4 Payment Instructions

If your account contains both Roth and traditional Pre-Tax deferrals, please complete 2 separate withdrawal forms.

- Eligible Retirement Plan  Traditional IRA  Roth IRA

Plan Name / IRA Account Number \_\_\_\_\_ Name of Trustee or Custodian for New Plan or IRA \_\_\_\_\_

Make Check Payable To \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

Mail Rollover check directly to the employee address in Section 1

### PAY ME DIRECTLY

- Mail a check directly to the employee address in SECTION 1
- Electronic Fund Transfer  ACH  WIRE

Name of Financial Institution \_\_\_\_\_

Financial Institution Address (Street Address, City, State, Zip) \_\_\_\_\_

Financial Institution Phone Number \_\_\_\_\_ Financial Institution ABA (Routing) Number \_\_\_\_\_ Financial Institution Account Number \_\_\_\_\_  Checking  Savings Account Type

Note: Please consult your bank before initiating an electronic funds transfer to your bank account as a fee may be associated in transferring funds electronically.

# Service Separation / In-Service Withdrawal Form



## General Information

Plan Name \_\_\_\_\_

Current Date \_\_\_\_\_

Employee Name (Last Name, First Name) \_\_\_\_\_

Phone Number \_\_\_\_\_

## 5 Rush Delivery Option

If you have elected the "Pay Me Directly" by check option, you may have the money sent rush delivery to your address. In order to utilize rush deliver, your address in Section 1 **CANNOT** be a P.O. Box. Funds will be sent overnight as soon as they are available and processing is complete. The fee to rush deliver the check will be \$20.00 and is deducted from the distributed amount. Some checks may not be eligible for rush delivery, in which case no fee will be deducted from the distributed amount and the check will be sent standard mail.

Please rush deliver the check to the employee address in Section 1

## 6 Participant Signature

For your protection, state law, where applicable, requires that the following sentence appear on this form: Any person who knowingly presents false or fraudulent claim is guilty of a crime and may be subject to fines and confinement in prison.

I, the Participant, understand that a \$75.00 processing fee will be deducted from my distribution amount and paid to National Benefit Services, LLC (the Plan's Third Party Administrator to the Plan). I also hereby request and consent to the distribution above. I certify that I have been give written notification of my distribution options and have had the opportunity to consider the decision of whether or not to elect a direct rollover for a minimum of 30 days as is my right under Code Sections 402(f) and 411(a)(11). I choose to waive the 30 day waiting period.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (Social Security Number), and
2. I am a U.S. citizen (including a resident alien).

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

## 7 Trustee/Authorized Signer Approval

Employee Information:    Date of Hire \_\_\_\_\_    Date of Separation from Service \_\_\_\_\_  
   Previous Year Hours Worked \_\_\_\_\_    Current Year Hours Worked \_\_\_\_\_  
   Final Contribution Payroll Date \_\_\_\_\_

I certify that all the above information is complete and correct, that the required Participant has elected and consented to this withdrawal, that, if applicable, spousal consent for married participants as required by IRC Section. 417, has been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Section 4975. I also certify that all necessary and applicable information required to be furnished to the Participant under IRC Section 417 and an explanation of the direct rollover option and related tax rules required by IRC Sec. 402 have been provided. I also certify that, if applicable under the terms of the Plan, the Participant has waived the 30-day waiting period.

On behalf of the Plan Sponsor, the Plan and its related trust, I further agree to indemnify and hold harmless National Benefit Services, LLC, it's employees, agents, directors and officers from any liability, penalties, and taxes that may be incurred as a result of the requested distribution giving rise to one or more prohibited transactions or for implementing requests (including, if applicable, a direct rollover request) based solely on the instructions provided on this form, or if any of the certifications provided on this form are incorrect.

Signature of Trustee/Authorized Signer \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## 8 NBS Use Only

Vesting %: Match \_\_\_\_\_

Vesting %: Non Elective \_\_\_\_\_

Vesting %: Other \_\_\_\_\_

Name of Other Source \_\_\_\_\_