



Address: \_\_\_\_\_

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

**Part V. Outstanding Loan Payoff:** I hereby elect to have my outstanding loan balance (principal and interest):

- Off-set against my accrued benefit and reported as a taxable distribution to the Internal Revenue Service.
- Paid in full. (Attached is a money-order or cashiers check to cover my Outstanding Loan Balance under the Plan. (Payment must be made payable to the Plan Trustee.)

**Part VI. Taxation of Distribution:** You can find more details on these requirements in the Section 402(f) Special Tax Notice. In general, any distribution that you receive from an annuity, pension or retirement plan may be taxable as ordinary income and if you have not reached age 59 ½, you may be subject to a 10% "premature distributions" penalty tax.

For any distribution made to an address outside of the United States, a mandatory 30% withholding rate will apply; unless a completed IRS Form W-8BEN is submitted to the Plan Administrator.

**Federal Income Tax** – I understand that my distribution may be subject to 20% Federal income tax and a 10% "premature distribution" penalty may apply, if I am under age 59 ½, unless I elect one of the Direct Rollover options.

**State Income Tax** – If you live in a state that requires state income tax withholding and your distribution is subject to federal tax withholding, then the amount required by your state will be withheld from your distribution. If you live in a state that does not require state taxes to be withheld, but would like state income taxes to be withheld, or if you wish to have an additional or different amount withheld for state income taxes, please make an election below:

- I understand that my distribution will be subject to income tax as noted above. I am submitting IRS  Form W-4P and/or  Form W-8BEN to request income tax withholding as authorized on this form.

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

\_\_/\_\_/\_\_\_\_\_  
Date

**Part VII. Participant Acknowledgement and Signature:** I certify that all information provided herein is true and correct and acknowledge receipt of the QJSA Notice and 402(f) Special Tax Notice.

I understand

- I hereby request a distribution from the Plan based on my elections within this Application.
- I wish to receive my distribution as soon as possible and hereby waive any unexpired portion of the 30-day notice period required after receipt of the 402(f) Notice to review my distribution option and hereby make a formal election for the Plan Administrator to release my benefit from the Plan.

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

\_\_/\_\_/\_\_\_\_\_  
Date

**Part VIII. Spousal Consent:** I hereby approve of, and consent to my spouse's election for a distribution from GARY L HERALD A SOLE PROPRIETOR DEFINED BENEFIT PENSION PLAN ["the Plan"]. I understand that this election may have the effect of reducing the benefit that I would receive under the Plan, should my spouse die prior to retirement.

\_\_\_\_\_  
Spouse Signature

\_\_/\_\_/\_\_\_\_\_  
Date

**Notary Certification**

I, \_\_\_\_\_, a Notary Public, do hereby certify

that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me

came \_\_\_\_\_, whose signature is subscribed above, and that he/she did in my presence execute the Spousal Consent and Waiver, having acknowledged to me that he/she did so as a free and voluntary act.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_/\_\_/\_\_\_\_\_

SEAL

in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

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**Plan Administrator Certification:** I hereby certify that the Participant's Spouse signed this form in my presence and voluntarily consents to this distribution.

\_\_\_\_\_  
Plan Administrator Signature

\_\_/\_\_/\_\_\_\_\_  
Date

Note: A signature guarantee is a written representation signed by an officer or authorized representative of the guarantor, showing that the signature of the shareowner is genuine. A signature by a notary cannot be accepted.

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**Plan Administrator Acknowledgement:** I hereby confirm receipt of this distribution form and certify that all Participant information is accurate.

\_\_\_\_\_  
Plan Administrator Signature

\_\_/\_\_/\_\_\_\_\_  
Date

Participant's Termination Date: \_\_/\_\_/\_\_\_\_\_  
Date

Annuity Start Date: \_\_/\_\_/\_\_\_\_\_  
Date