

PLAN NAME: _____

Application for Pension Benefits

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____

Address: _____ Date of Birth: __/__/____

City: _____ State: ____ ZIP Code: _____

Marital Status: ☐ Married ☐ Single

Part II. Reason for Distribution

☐ Normal Retirement Benefit

Part III. Normal Form of Distribution: You may elect a monthly payment under the terms of the Plan as a:

☐ Single Life Annuity

Timing of Distribution If the present value of your vested accrued benefit is greater than \$5,000, you may elect to defer payment of your Distribution

☐ Process upon receipt of my distribution instructions.

☐ Defer until age 70 1/2 ☐ Defer until NRA ☐ Defer until __/__/____ (MM/YYYY)

Part IV. Available Optional Forms of Benefit

☐ Lump Sum Payment

☐ Annuity Payments: ☐ For _____ Years. ☐ For a Period Certain: over _____ Years

☐ Single Life

☐ Joint Life and _____% survivor annuity, with ☐ Spouse or ☐ Designated Beneficiary

Payment Instructions: ☐ Direct Rollover ☐ Cash

☐ Checking Account ☐ Saving Account

ABA-Routing # _____ Account # _____

Name of Financial Institution: _____

Address: _____

City: _____ State _____ ZIP Code _____

Direct Rollover Instructions: ☐ Qualified Plan ☐ IRA ☐ Inherited IRA ☐ Roth IRA

Name of Plan or IRA: _____

Plan or IRA Name and Account Number

Financial Institution: _____

Trustee/Custodian: _____

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 _____

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.

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