

# WITHDRAWAL REQUEST

**IMPORTANT: For use by participants still employed by the Company.**

- Refer to your Summary Plan Description for additional detail on sources that can be withdrawn.
- Money is prorated across all investments.
- For financial hardship withdrawals, first complete a Hardship Statement.
- A hardship withdrawal should not be requested unless other sources (including an in-service withdrawal or loan from the Plan if you are eligible) are not reasonably available. After the withdrawal, you may not be able to make any further before-tax or after-tax employee contributions for a 6-month period or as provided by the terms of the Plan.

Account Number FL/SF

Contractholder Name

Plan Name

Participant's Name

first

middle

last

Participant's Address

street

city

state

zip

Social Security No.

E-mail Address

**TO BE COMPLETED BY YOUR COMPANY'S PLAN ADMINISTRATOR:**

Is this a hardship withdrawal? Yes No

Has the Participant worked 1000 hours during this plan year? Yes No

## WITHDRAWAL OPTIONS (Check only one box)

If the Plan requires spousal consent and you are married, attach a completed Waiver of Qualified Preretirement Survivor Annuity form.

**Gross Amount:** Withdraw \$ \_\_\_\_\_ from my vested account balance. I understand that any income tax withholding will be deducted from this amount. If the amount available is less than requested, I want to withdraw the amount available: Yes No

**Net Amount:** Withdraw \$ \_\_\_\_\_ from my vested account balance plus withdraw any income tax withholding. If the amount available is less than requested, I want to withdraw the amount available: Yes No

**Percent:** Withdraw \_\_\_\_\_ % of my vested account balance. I understand that any income tax withholding will be deducted from this amount.

## INCOME TAX WITHHOLDING

**FEDERAL WITHHOLDING:** Distributions of pre-tax contributions plus interest on all contributions are subject to federal income tax. Federal income tax law requires that 20% of the taxable amount of a non-hardship withdrawal be withheld, unless the payment is directly rolled over to an eligible employer plan or an IRA. Hardship withdrawals are not eligible to be rolled over, and you have the choice to have federal income tax withheld (if no election is made, 10% must be withheld for federal income tax). Please read the *Special Tax Notice*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

**Participant Payee:** I have read the Special Tax Notice and I do not elect to make a direct rollover. I understand that:

- the taxable portion of a non-hardship withdrawal is subject to 20% mandatory federal income tax withholding.
- a hardship withdrawal is not subject to the 20% mandatory federal income tax withholding as it is not an eligible rollover distribution. If withholding is elected, 10% of the taxable amount is withheld.

I elect to have federal income tax:      withheld      not withheld

In addition to this federal income tax withholding, I want an additional amount withheld of \$ \_\_\_\_\_.

**IRA/Plan Rollover (non-hardship withdrawals only):** I have read the Special Tax Notice and I elect to make a direct rollover of my payment to an IRA or eligible employer plan. Name of financial institution to which the rollover check should be issued:

**STATE WITHHOLDING:** State income tax is withheld as noted below. For additional information, contact your state's Department of Revenue.

- **No Withholding:** Residents of states without state income tax (Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming) or with no withholding provisions (Arizona (for one-sum cash payments), Colorado, District of Columbia, Hawaii, Idaho, Mississippi, New Hampshire, North Dakota, Pennsylvania, Rhode Island, Tennessee and West Virginia) must leave this section blank.
- **Required Withholding:** Residents of Delaware, Iowa, Kansas, Maine, Massachusetts, North Carolina (for distributions eligible for rollover), Oklahoma, or Vermont who have federal income tax withheld will have state income tax withheld from the taxable portion of a payment over the state's minimum amount. You may elect an additional amount to be withheld in Box 1. Residents of Iowa, Maine, Oklahoma, and Vermont who do not have federal income tax withheld may elect to have state income tax withheld in Box 1.
- **Required but may Elect Out:** Residents of California, Georgia (for distributions not eligible for rollover), North Carolina (for distributions not eligible for rollover), Oregon, or Virginia will have state income tax withheld from the taxable portion of a payment over the state's minimum amount, unless Box 2 is checked. You may elect an additional amount to be withheld in Box 1.
- **Voluntary Withholding:** Residents of all other states may elect to have state income tax withheld by completing Box 1.

1. **Additional or Voluntary Withholding:** I want \$ \_\_\_\_\_ (enter whole dollar amount) withheld from my payment for state income tax in addition to any required withholding.
2. **No Withholding:** I do **not** want state income tax withheld from my payment.

---

## SIGNATURES

---

I understand that I have a right to a 30-day election period. I further acknowledge that I am waiving the 30-day election period by making an affirmative election on this distribution form.

I understand there may be a charge deducted from my account for each check issued and, if all required items are not completed on this form, payment will be delayed.

\_\_\_\_\_  
Participant

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

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

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