

APPLICATION FOR IN-SERVICE DISTRIBUTION

As a Participant in the _____ Plan,

I _____ hereby apply for an in-service distribution of my interest in the Plan

in the amount of:

the maximum amount available (under the terms of the Plan), or

\$ _____ (not to exceed the maximum available).

I understand that any portion of the distribution not paid in a direct rollover to an eligible retirement plan is subject to Mandatory Federal Income Taxation of 20% to the extent the distribution constitutes an eligible rollover distribution. I also certify that none of the money I am requesting is subject to a qualified domestic relations order.

Cash Distribution (20% Federal Tax will be withheld)

Please withhold an additional _____ (\$, %)

Direct Rollover to an IRA (please complete the following information)

Name of IRA Account: _____

Account Number: _____

Name of Custodian: _____

Address: _____

Participant's Signature

Date

Participant's Address

Social Security Number

Participant's City, State and Zip Code

Proceed to page 2 if applicable

SPOUSES CONSENT TO IN-SERVICE DISTRIBUTION
(Complete only if Distribution exceeds \$5,000)

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

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Notary Public's Signature