

PARTICIPANT DISTRIBUTION FORM

PLAN NAME: _____

PARTICIPANT INFORMATION

Please complete all the information requested on this form. Incomplete or inaccurate information may delay your distribution.

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Social Security No.: _____ Phone Number: _____

Date of Birth: _____ Marital Status: Married Single

REASON FOR DISTRIBUTION

- | | |
|---|---|
| <input type="checkbox"/> Termination of employment | <input type="checkbox"/> Plan Termination |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Disability |
| <input type="checkbox"/> In-service Withdrawal (if plan allows) | <input type="checkbox"/> QDRO (attach copy of Qualified Domestic Relations Order) |

FORM OF PAYMENT

Please select one of the following or split your distribution by selecting all applicable and completing the percent or dollar amount for each form of payment. **Please refer to the Special Tax Notice for further information regarding the tax implications of your distribution.**

If your distribution includes Roth 401(k) contributions, please complete the information in the box titled "Distribution of Roth 401(k) Contributions"

Lump Sum Distribution (excluding Roth 401(k) Contributions)

- I elect a Lump Sum distribution of my entire account balance
- I elect to split my distribution and request the following amount in a Lump Sum distribution
_____ % of distribution or \$ _____

Federal Income Tax Withholding – The IRS requires that 20% of your lump sum distribution be withheld for Federal Income Tax purposes, but you may elect additional withholding.

** State tax will be withheld if required.

- I elect to have **only** the mandatory 20% Federal Income Tax Withholding
- I elect the following withholding in addition to the mandatory 20% Federal Income Tax Withholding:
Additional Percentage _____ % **OR** Additional Dollar Amount \$ _____

** If you are under age 59 ½, you may be subject to an additional IRS 10% penalty tax.

Rollover to a Qualified Retirement Plan (excluding Roth 401(k) Contributions)

- I elect to roll over my entire account balance to another employer's Qualified Retirement Plan
- I elect to split my distribution and request the following amount to be rolled over to another Employer's Qualified Retirement Plan
_____ % of distribution or \$ _____

Rollover Instructions

Check Payable To: _____ Send To: _____

Account Number: _____ Address: _____

Rollover to a IRA (excluding Roth 401(k) Contributions)

- I elect to roll over my entire account balance to a Traditional IRA
- I elect to roll over my entire account balance to a Roth IRA
***Your distribution amount will be taxable income in the year the rollover was made to the Roth IRA)*
- I elect to split my distribution and request the following amount to be rolled to a Traditional IRA
_____ % of distribution or \$ _____
- I elect to split my distribution and request the following amount to be rolled to a Roth IRA
_____ % of distribution or \$ _____

Rollover Instructions to a Traditional IRA

Check Payable To: _____ Send To: _____

Account Number: _____ Address: _____

Rollover Instructions to a Roth IRA

Check Payable To: _____ Send To: _____

Account Number: _____ Address: _____

Distribution of Roth 401 (k) Contributions (if Applicable)

- I elect a Lump Sum distribution of my Roth 401(k) Contributions
***If your distribution is not "qualified", the earnings portion of your balance may be taxable and mandatory income tax withholding will apply.*
- I elect to roll over my Roth 401(k) Contributions to a Roth IRA
- I elect to roll over my Roth 401(k) Contributions to another employer's Qualified Retirement Plan
***Plan must allow for the rollover of Roth 401(k) Contributions into the plan*

Rollover Instructions to a Roth IRA

Check Payable To: _____ Send To: _____

Account Number: _____ Address: _____

Rollover Instructions to a Qualified Retirement Plan

Check Payable To: _____ Send To: _____

Account Number: _____ Address: _____

CERTIFICATION OF SPOUSE (if applicable)

If your Account Balance is **over \$5,000** and you are married on your Distribution Date, your Spouse must sign this section in front of a Notary Public or Plan Representative.

SPOUSAL CONSENT IF MARRIED

I have read and understand the "Special Tax Notice Regarding Plan Payments" provided to me by the Plan Administrator. I hereby approve of, and consent to, payment option elected by my spouse as provided above.

Name of Spouse

Signature of Spouse

Signature of Notary Public or Plan Representative

Date

PARTICIPANT APPROVAL

I hereby authorize the Company to distribute my account in the manner described above. I understand that all the instructions I make on this form will be made as soon as administratively feasible, following receipt of my completed forms, unless I change them in writing prior to my distribution date.

The Plan Administrator has furnished me with an explanation of my distribution election rights under the Plan and an IRS Special Tax Notice.

I understand that I have at least 30 days in which to make my election. I hereby request that the 30-day waiting period be waived and that I receive by payment as soon as possible.

I certify under penalties of perjury that all information provided by me is true and accurate, and that no tax advice has been given to me by the Plan Administrator and/or Plan Sponsor and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Plan Administrator and/or Plan Sponsor shall in no way be responsible for those consequences.

Please do not call about your distribution until six weeks after you return your completed form.

Participant Signature

Date

PLAN ADMINISTRATOR APPROVAL

Plan Administrator Signature

Date

NOTE TO PLAN ADMINISTRATOR: Please return this form:

The Vargo Company
4932 Iroquois Avenue
Erie, PA 16511
Fax #(814) 897-8240

**STATE INCOME TAX WITHHOLDING INFORMATION
FOR QUALIFIED PLAN DISTRIBUTIONS**

This form lists state income tax withholding rules when a retirement plan distribution is subject to mandatory 20% Federal income tax withholding. The state income tax imposed depends on the state in which you legally reside. The information below is subject to change; please review this information with your tax advisor, your local IRS office, or your State Department of Revenue.

WITHHOLDING REQUIREMENTS FOR DISTRIBUTIONS* THAT ARE SUBJECT TO 20% FEDERAL INCOME TAX WITHHOLDING

STATE OF LEGAL RESIDENCE	WITHHOLDING REQUIREMENT
AK FL HI NH NV SD TN TX WA WY	N/A – payment is not subject to withholding or there is no state income tax
AL AZ CO CT GA ID IL IN KY LA MN MO MS MT ND NJ NM NY OH PA RI SC UT WI WV	State income tax withholding is not mandatory. If withholding is desired, it must be requested in writing.
AR DC DE IA KS MA MD ME NC NE OK VT	State income tax MUST be withheld. Arkansas will be withheld at 5% of the gross distribution amount. District of Columbia (DC) will be withheld at 8.95% of the gross distribution amount. Delaware withholding will be not less than 5%. Maryland state income tax will be withheld at 7.75% of the gross distribution amount. Nebraska state income tax will be withheld at 5% of the gross distribution amount. Massachusetts state income tax will be withheld at 5.30% of the gross distribution amount. North Carolina state income tax will be withheld at 4% of the gross distribution amount. Vermont state income tax will be withheld at 7.2% of the gross distribution amount. Maine, Oklahoma, Kansas or Iowa state income tax will be withheld at 5% of the gross distribution amount.
<u>CA</u>	State income tax will be withheld at 10% of the Federal income tax withholding amount.
<u>MI</u>	State income tax withholding is mandatory at a rate of 4.35% of any taxable portion. See the current version of Michigan’s Pension Withholding Guide for specific rules on what is considered taxable.
<u>OR</u>	State income tax will be withheld at 8% of the gross distribution amount unless otherwise elected.
<u>VA</u>	State income tax will be withheld at 4% of the gross distribution amount unless otherwise elected. IRA and SEP payment are exempt from Virginia state withholding.

*For lump sum distributions and installment payments spread over a period of less than 10 years

This chart is updated on an annual basis. State withholding rules may change midyear, therefore we recommend reviewing the state’s withholding tax guide and consulting with a tax advisor to verify the latest withholding requirements.

Certain types of distributions may be subject to voluntary state withholding.