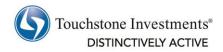




All sections must be completed. Incomplete forms will be returned. We also require a copy of your driver's license or other identifying documents prior to processing your request.

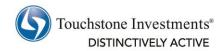
1. PARTICIPANT INFORMATION					
Participant Name	AHON			Social Security Number	
Mailing Address	Day time Phone Number		Separation/Retirement Date (if applicable)		
City	State	Zip Code	Date of Birth	Date of Hire	
			•		
2. EMPLOYER INFORMATION					
Employ er Name			Employ er Contact Name		
Mailing Address			Contact Phone: Contact Fax:		
City	State	Zip Code	Email Address		
		1			
3. REQUEST FOR DISTRIBUTION					
I understand that distributions from Retirement accordistribution from my 401(a) Program Account for the				ces. I hereby request a	
☐ Age 59 ½ or older ☐ Separation	☐ Separation from service ☐ Plan Termination*				
☐ Disability ☐ Required	☐ Required minimum distribution**				
☐ Other: (provide reason)					
*Please provide Transfer/Acceptance paperwork from the new In-	stitution if tra	ansferring assets	to another Retirement Plan.		
**Please note that required minimum distributions will only be tak portfolio which may not meet your required minimum.	en from you	ır 401(a) Progran	n Account and may not include	your total retirement	
All distributions will be made in the form of a check. All checks will (Exception: Amounts to be rolled over to a Touchstone Investme Investments IRA application should be mailed directly to Touchst	nts IRA will I	be mailed directly			
4. DISTRIBUTION OPTIONS/FORM OF PAY	MENT EL	ECTION			
Distribution amount for this transaction: (choose	e one)				
☐ Partial distribution in the amount of \$		_			
☐ Full Distribution					
I hereby elect to receive the amount indicated ab	ove as fo	ollows (Selec	ct one option below):		
Single Lump Sum Cash Payment payable to me					
Single Lump Sum Direct Rollover (provide information in Part 5 below)					
Combination Cash (payable to me) and Direct Rollover					
\$paid directly to me with rer	maining bala	ance to be directl	y rolled over in accordance with	n Part 5 below	
Installment Payments (choose frequency below):					
☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly					
Installment Payment Amount (select one): ☐ Dollar amount \$ or ☐ Over years, or until my account is fully distributed, if earlier				if applies	
☐ Dollar amount \$ or ☐ Ove	r ye	ars, or until my	account is fully distributed,	it earlier	





5. DIRECT ROLLOVER INSTRUCTIONS				
In accordance with my election in Part 4 above, I elect to directly roll over my 401(a) Program distribution to: ☐ an IRA with Touchstone Investments ☐ an IRA with another provider ☐ another eligible employer plan				
If you chose an IRA with Touchstone Investments, the check will be sent directly to Touchstone Investments. You must have an existing Touchstone Investments IRA or set up a new IRA account by completing a Touchstone Investments IRA application. You must submit your Touchstone Investments IRA application directly to Touchstone Investments. Do not include it with this form. Skip to Part 8.				
If you chose another IRA provider or another eligible retirement plan, complete the following: Name of □ Receiving Plan or □ Individual Retirement Account				
Street Address			Contact Person	
City	State	Zip Code	Phone	
6. CERTIFICATION OF I	MARITAL	_STATUS - F	PARTICIPANT AFFIDAVIT	
I am over the age of eighteen and understand Single—I certify under penalties of perjafter this date, but before distribution comments and in the state of the s	jury that I a ommences, of the date t that my sp	am not married the rules for new of this form. (In pouse cannot be	as of the date that this form is signe married individuals will apply to me. Please read and complete Part 5) pe located to sign this consent. I will	notify the Plan Administrator if
WITNESSED BY:				
Plan Administrator Authorization				Date
OR .				
Sworn before me thisday of, in the state of, county of				
Notary Public Signature				My Commission Expires:
				Notary Seal

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JOINT AND SURVIVOR ANNUITY (Notice, Election, Consent)

As a married participant in the Plan, you have accumulated benefits that will be paid to you under the provisions of the Plan. This notice will explain to you the 50% joint and survivor annuity, which is the form in which your benefits will be paid unless you make the election provided in this notice.

A 50% joint and survivor annuity form of payment provides you with monthly payments for your life and, upon your death, a monthly payment during your spouse's lifetime equal to 50% of the monthly payment you received prior to your death. Because your spouse will receive a 50% survivor payment, the relative financial effect of a joint and survivor annuity is to reduce the monthly payments you would otherwise have received had payments been made to you in the form of a single life annuity, or alternate form of payment under the Plan. You may elect in writing not to receive your benefits in the form of a 50% joint and survivor annuity. You must make this election during the 180-day period before your benefits are to be paid. However, your spouse must consent in writing before a Plan representative or Notary Public to your election. You may also revoke this election before your benefits begin. In the event you elect to waive the 50% joint and survivor annuity form of payment, and your spouse has consented to that waiver, the Administrator will distribute your benefits to you according to the form of payment you select under the terms of the Plan.

It is important that you and your spouse understand your rights and obligations regarding this joint and survivor annuity form of payment. You should address any questions to the Administrator.

EXPLANATION OF WAITING PERIOD

Federal law provides that benefit payments may not begin until thirty (30) days following the date this Joint and Survivor Annuity (Notice, Election, Consent) form is received by you, even if you choose not to waive the joint and survivor annuity form of payment. However, you may elect to waive this mandatory 30-day waiting period provided that your benefit payments commence more than seven (7) days following your receipt of the Joint and Survivor Annuity (Notice, Election, Consent) form. If you choose to waive the 30-day waiting period, the period of time during which you may change your payment election is limited. *Please note that if you have waived the joint and survivor annuity and you wish to waive the 30-day waiting period, your spouse must also consent in writing to this waiver.*

ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY

As a participant in the Plan, I hereby acknowledge that I have been informed by the Administrator that my benefits will be paid to me in the form of a 50% joint and survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver; that I understand the terms of a joint and survivor annuity and the financial effects of a waiver, and that I may revoke any waiver in effect. I hereby elect to waive the 50% joint and survivor annuity form of payment and elect to receive payment as indicated on my Application for Benefits.

Witness	Date	Participant's Signature	Date

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SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse not to have the benefits under the Plan paid in the form of a 50% joint and survivor annuity. I further acknowledge that I understand that:

- (a) the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death,
- (b) my spouse's waiver is not valid unless I consent to it, and

(c) that my consent	s irrevocable unless my spous	e revokes th	nis waiver.	
Notary Public		Date	Participant's Spouse	Date
Notary Seal				
8. FEDERAL INCO	ME TAX WITHHOLDING			
	directly to you be withheld f		an or arrangement, federal la tax purposes unless you elec	
withholding for Federal However, even if you elect the taxable portion of your your payments of estimate required minimum distribu	income tax purposes. You that to have Federal inconduction distribution. You also may	u may elec ne tax with / be subjec ny, are not a	ot eligible for direct rollow t NOT to have 10% withholdi held, you are liable for paym t to tax penalties under the e adequate. If you do NOT wan box here:	ing apply to your distribution ent of Federal income tax or stimated tax payment rules i
9. STATE INCOME	TAX WITHHOLDING			
(Note: If yo	u reside in a state that do	es not hav	e state income tax, please	skip this Part.)
from your payment, you a may also be subject to per only be withheld if required	re liable for any state incom nalties under estimated tax p	ne tax on th payment ru ate's withho	ATE income tax. If state income taxable portion of your pay les. If you do not complete the olding default rate. (For tax in the tax department.)	ment. In certain states, you is Part, state income tax will
federal income tax h	as been withheld. I under less I notify you otherwis	rstand tha	rithheld from the taxable po t state income taxes will be nderstand that certain stat	withheld at the statutory
☐ I hereby elect out of	mandatory state withhold	ding. I und	erstand that my state must	allow for this election.
	e tax has been withheld b		to be withheld from the tax me to request income taxe	
\$	00 withheld for state income	tax. OR	% withheld f	or state income tax.

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10.	DADT	CIDANT	ALITHOD	ZIZATION
1 U.	PARI	ICIPANI	AUIDUR	IZATION

10. PARTICIPANT AUTHORIZATION
I understand that my distribution is subject to a fee of \$25 for each check, ACH and/or Wire issued and \$35 for each Form 1099-R required. I certify that I have read and understand the attached Special Tax Notice and request the distribution elected above. By signing this Distribution Request Form, I hereby waive the 30-Day Notice Period outlined in the attached Special Tax Notice.
Participant Signature (Handwritten signature; Typed signatures are not valid and will not be accepted)
Date
Please mail or fax completed form (keep Special Tax Notice for your records) to:
USI Consulting Group Attn: Touchstone Investments Service Team 95 Glastonbury Blvd. Suite 102 Glastonbury, CT 06033-6503
Phone: (866) 305-8846, Plan Code 656 Fax: (610) 537-2708
11. USICG OFFICE USE ONLY
USICG Authorization Date
For USI Consulting Group Office Use ONLY

M* a/c

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Vested %