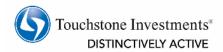




All sections must be completed. Incomplete forms will be returned. We also require a copy of your driver's license or other identifying documents prior to processing your request.

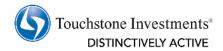
1.	PARTICIPANT INFORMATION				
Participa	Participant Name		Social Security Number		
	Mailing Address Daytime Phone Number		Separation/Retirement Date (if applicable)		
City		State	Zip Code	Date of Birth	Date of Hire
Daytime	Phone Number	Email Addre	ess		
2.	EMPLOYER INFORMATION				
Employe				Employer Contact Name	
Mailing A	address			Contact Phone:	
City		State	Zip Code	Contact Fax: Email Address	
3.	REQUEST FOR DISTRIBUTION				
	stand that distributions from Retirement acco tion from my 401(a) Program Account for the				es. I hereby request a
	☐ Age 59 ½ or older ☐ Separat	tion from se	rvice	☐ Plan Termination*	
	☐ Disability ☐ Require	d minimum	distribution**		
	Other:	(pr	ovide reason)		
*Please p	provide Transfer/Acceptance paperwork from the new I	nstitution if tra	ansferring assets	to another Retirement Plan.	
**Please portfolio v	note that required minimum distributions will only be ta which may not meet your required minimum.	ken from you	r 401(a) Program	Account and may not include	your total retirement
(Exceptio	utions will be made in the form of a check. All checks wn: Amounts to be rolled over to a Touchstone Investments IRA application should be mailed directly to Touchs	ents IRA will b	e mailed directly		
4. DISTRIBUTION OPTIONS/FORM OF PAYMENT ELECTION					
Distrib	ution amount for this transaction: (choos	e one)			
☐ Par	tial distribution in the amount of \$		_		
☐ Full Distribution					
<u>l hereb</u>	y elect to receive the amount indicated a	bove as fo	ollows (Selec	t 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 F	Rollover			
	\$ paid directly to me with re	maining bala	nce to be directly	rolled over in accordance with	n Part 5 below
	Installment Payments (choose frequency below):				
	☐ Annual ☐ Semi Annual ☐ Quarterly ☐	Monthly			
	Installment Payment Amount (select one):				
Rev. 07/2	Dollar amount \$ or Ov	er ye Page 1 of 5		account is fully distributed	, if 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.			
Choose Mailing Option for IRA with Touchstone Investments:			
☐ First Class Mail: ☐ Overnight Mail:			
Touchstone Investments P.O. Box 534467 Pittsburgh, PA 15253-4467	Touchstone Investments Attention: 534467 500 Ross Street, 154-0520 Pittsburgh, PA 15262 Phone: 800.543.0407		
	FED EX Account #		
	UPS Account #		
Complete Payment Instructions for Rollover to another IRA prov			
Receiving Employer Plan Individual Retirement Account (If	RA) Payment Directly to Me		
CHECK INSTRUCTIONS for Payment to a Rollover Institution: Complete to request a rollover check payable to another employer plan or IRA - provide instruction below as directed by the financial institution to indicate how the rollover check should be made payable. The rollover check will be mailed to you. You may not cash the check and must deliver it to the rollover plan or IRA for deposit into your account. Make check payable to: (Name of Financial Institution)			
For Benefit Of (FBO): (Participant name)			
Plan name and/or Account # (if applicable)			
WIRE INSTRUCTIONS for Payment to a Rollover Institution: (Information in this section pertains to the rollover institution ONLY; do not enter your name or personal banking info. here)			
Financial Institution Name:			
ABA/Routing Number (9 digits): Account Number:			
count Owner Name: For Further Credit:			
Financial Institution City:	State: Zip Code:		
DIRECT DEPOSIT for Payment Directly to Me:			
☐ Direct Deposit to my Checking account ☐	Direct Deposit to my Savings account		
Financial Institution Name:			
ABA/Routing Number (9 digits):			
Account Number:			
Account Owner Name:			

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6. CERTIFICATION OF MARITAL STATUS – PARTICIPANT AFFIDAVIT		
I am over the age of eighteen and understand the obligations of an oath. I hereby certify that I am:		
Single—I certify under penalties of perjury that I am not married as of the date that this form is signed	ed. I understand that if I marry	
after this date, but before distribution commences, the rules for married individuals will apply to me.		
Married—I certify that I am married as of the date of this form. (Please read and complete Part 5)		
Married—I certify that I am married but that my spouse cannot be located to sign this consent. I will notify the Plan Administrator if my spouse is located.		
I understand that willfully falsifying statements on this form can be punishable by fine or imprisonment. (U	JS Code Title 18, Section 1027)	
Participant Signature	Date	
WITNESSED BY:		
Plan Administrator Authorization	Date	
OR		
Sworn before me this day of, in the state of, county of	f	
Notary Public Signature	My Commission Expires:	
	Notary Seal	

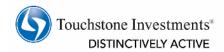
7. JOINT AND SURVIVOR ANNUITY (Notice, Election, Consent)

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.

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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

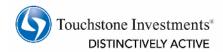
SPOUSE'S CONSENT TO WAIVER

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 is irrevocable unless my spouse revokes this waiver.

Date	Participant's Spouse	Date
	Date	Date Participant's Spouse

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8. FEDERAL INCOME TAX WITHHOLDING

For distributions that are eligible for rollover to another eligible plan or arrangement, federal law requires that 20% of any lump sum payment made directly to you be withheld for income tax purposes unless you elect a direct rollover. Please see the Special Tax Notice for further details.

Required Minimum Distributions from your account are not eligible for direct rollover but are subject to 10% withholding for Federal income tax purposes. You may elect NOT to have 10% withholding apply to your distribution. However, even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. If you do NOT want withholding to apply to your required minimum distribution, please indicate by checking the box here:

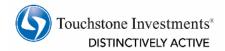
9. STATE INCOME TAX WITHHOLDING

(Note: If you reside in a state that does not have state income tax, please skip this Part.)

The taxable portion of your payment may also be subject to STATE income tax. If state income taxes are not withheld from your payment, you are liable for any state income tax on the taxable portion of your payment. In certain states, you may also be subject to penalties under estimated tax payment rules. If you do not complete this Part, state income tax will only be withheld if required by the state and at the state's withholding default rate. (For tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.)

•	reside in a state that requires state income tax to be withheld from the taxable portion of payments where ederal income tax has been withheld. I understand that state income taxes will be withheld at the statutory acome tax rates unless I notify you otherwise. I also understand that certain states may allow me to elect ut of state withholding.	
	hereby elect out of mandatory state withholding. I understand that my state must allow for this election.	
•	I reside in a state that does not require state income tax to be withheld from the taxable portion of paymen where federal income tax has been withheld but allows me to request income taxes to be withheld. I herel make a voluntary election to have:	
	\$% withheld for state income tax. OR% withheld for state income tax.	

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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 Email: Touchstonefinancialadvisors@usi.com

11.	USICG OFFICE USE ONLY	
USICG	Authorization	Date

For USI Consulting Group Office Use ONLY				
Vested %	d/f	M* a/c		

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