

1. PERSONAL INFORMATION [please print clearly]:

Employer Name: _____

Name: _____ Social Security Number: XXX-XX-

Address: _____

Date of Birth: _____ Daytime Phone Number: _____

Email Address: _____

2. REASON FOR DISTRIBUTION [select one]:

- Separation of Service
- Retirement
- Pre-Retirement (Age 59½ and older)
- Withdrawal from *Rollover* Account
(must have \$ in the *Rollover* source for this option)
- Disability
- Qualified Domestic Relations Order (QDRO)
- Required Minimum Distribution (Age 70½ and older)

3A. FORM OF BENEFITS ELECTION:

For Employee Traditional/Pre-Tax Contributions and Employer Contributions, if any:

- Pay Directly to Me** – Copy of Photo ID for amounts \$10,000+ is required. 20% mandatory federal income tax and 4.25% MI state income tax will be withheld (Michigan residents only) as required by the IRS. IRS 10% early withdrawal penalty may apply.
 - I am requesting 100% of my account to be distributed as a lump sum paid directly to me.
 - I am requesting _____% or \$ _____ of my account as a lump sum paid directly to me.
 - I am requesting an additional 10% be withheld for federal taxes for the IRS 10% early withdrawal penalty.

Direct Rollover to Qualified Plan _____ % or \$ _____

Plan Name: _____

Check payable to: _____ Account Number: _____

Mail to: _____

Direct Rollover to Traditional IRA _____ % or \$ _____

Account Name: _____ Account Number: _____

Check payable to: _____

Mail to: _____

Direct Rollover to Roth IRA _____ % or \$ _____

Account Name: _____ Account Number: _____

Check payable to: _____

Mail to: _____

Installment Distributions (must complete “Election for Installment Distributions” form)

3B. FORM OF BENEFITS ELECTION [continued]:

For Employee Roth/After-Tax Contributions, if any:

- Pay Directly to Me** – Copy of Photo ID for amounts \$10,000+ is required. Distributions of Roth earnings from account prior to 5 years of contributions and age 59 ½ are subject to tax withholdings.
 - I am requesting 100% of my account to be distributed as a lump sum paid directly to me.
 - I am requesting _____% or \$ _____ of my account as a lump sum paid directly to me.
 - I am requesting an additional 10% be withheld for federal taxes for the IRS 10% early withdrawal penalty.

Direct Rollover to Qualified Plan _____ % or \$ _____

Plan Name: _____

Check payable to: _____ Account Number: _____

Mail to: _____

Direct Rollover to Roth IRA _____ % or \$ _____

Account Name: _____ Account Number: _____

Check payable to: _____

Mail to: _____

Installment Distributions (must complete “Election for Installment Distributions” form)

4. PARTICIPANT SIGNATURE [please read carefully and sign]:

I acknowledge and understand the following information, which was provided to me either by the Plan Administrator or the Plan Trustee:

- (a) I understand I must submit a copy of a government issued photo ID for any payment of \$10,000 or more made directly to me (Passport, State issued Driver’s License/ Identification Card, U.S. Military ID or Permanent Resident Card).
- (b) I have read the “IRS Special Tax Notice” that was provided to me. If I elected to have a payment made directly to me, I understand that 20% mandatory federal income tax applies and any applicable state income tax.
- (c) I have at least 30 days from the date I received the IRS Special Tax Notice to consider my decision. I affirmatively elect to receive my distribution, which may commence shorter than 30 days after I received said notice.
- (d) If the value of my benefit is greater than \$1,000, payment to me will be deferred unless I consent to an earlier distribution.
- (e) I understand that I may be subject to a distribution fee for each distribution/rollover made from the Plan.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

RETURN YOUR COMPLETED APPLICATION FOR BENEFITS FORM TO:

Email: participant@greenleaftrust.com
Mail: Greenleaf Trust | Attn: RPD | 211 S. Rose Street | Kalamazoo, MI 49007
Fax: 269.383.4798

QUESTIONS REGARDING YOUR PLAN BENEFITS:

Greenleaf Trust Participant Call Center | Call: 269.553.8400 or 866.553.8400 | Email: participant@greenleaftrust.com

5. PLAN ADMINISTRATOR AUTHORIZATION [to be completed by the employer]:

SIGNATURE OF PLAN ADMINISTRATOR: _____ DATE: _____

- For lump sum payments over \$10,000, I acknowledge that I have either verified the participant’s picture identification or this participant is personally known to me.

| |
|--------------------------------------------------------------------------------------------------------|
| Termination Date: _____ |
| Last Pay Date: _____ |
| Final Contributions Submitted: Yes No |
| Email completed form: retirement@greenleaftrust.com |
| Or fax completed form: 269.383.4798 |