401(k)/403(b) Direct In-Plan Roth Rollover Request Form

Please read the important information and instructions on the reverse side of this form. GENERAL. NAME OF PLAN INFORMATION STATE ZIP NAME OF PARTICIPANT _____ DATE OF BIRTH____ Complete the following section for the individual requesting the payout. ADDRESS SOCIAL SECURITY NUMBER____ PHONE ☐ Normal Retirement Age ☐ Disability ☐ Termination of Employment ☐ Attainment of Age 59½ DISTRIBUTION EVENT ☐ Distribution Allowed at Any Time ☐ Other NOTE: Generally, all assets directly rolled over to a Roth account will be included in your income for the year in which the direct in-plan Roth rollover is completed. Please contact a tax professional to discuss the tax implications of this transaction. These assets will remain in the plan as direct in-plan Roth rollover contributions. ☐ Employee Pre-Tax Elective Deferrals: ☐ Entire Account ☐ \$ _____ ACCOUNT DISTRIBUTED ☐ Entire Account ☐\$ _____ % ☐ Employee After-Tax Contributions: Entire Account \(\bigcup \\$ ______ ☐ Matching Contributions: ☐ Employer Profit Sharing Contributions: ☐ Entire Account ☐ \$ _____ ☐ Other: _____ ☐ Entire Account ☐\$ You are liable for Federal and state income tax on the taxable portion of your direct in-plan Roth rollover; however taxes will not be WITHHOLDING withheld from your direct in-plan Roth rollover. You may increase your wage withholdings or make estimated tax payments to avoid an underpayment penalty. Please see IRS Publication 505 which explains the estimated tax requirements and penalties in detail. I certify that I have read, understand, and agree with the information provided in the instructions to this form. Due to the important tax SIGNATURES consequences of completing a direct in-plan Roth rollover, I have been advised to see a tax professional. I assume full responsibility for this transaction and will not hold the Plan Administrator liable for any adverse consequences that may result. I understand that I have 30 days to decide on my payment options and I elect to waive the 30-day period. RECIPIENT SIGNATURE ____ AUTHORIZED PLAN ADMINISTRATOR OR EMPLOYER

IMPORTANT INFORMATION AND INSTRUCTIONS

A direct in-plan Roth rollover is a rollover of non-Roth plan assets to a Roth account by a participant or spouse beneficiary. Generally, you can complete a direct in-plan Roth rollover of all or a portion of your vested account balance. Your plan will designate when you can complete a direct in-plan Roth rollover. If you are requesting a direct in-plan Roth rollover, please review the following instructions and complete the Direct In-Plan Roth Rollover Request Form. Once completed, the form should be forwarded to your Plan Administrator for approval.

DISTRIBUTION EVENT

Please specify the distribution event that entitles you to complete a direct in-plan Roth rollover.

In order to be eligible for a direct in-plan Roth rollover, plan assets must meet the definition of an eligible rollover distribution. Eligible rollover distributions are all distributions from the plan except the following:

- · Required minimum distributions;
- Certain installment payments that are a part of a series of equal (or almost equal) periodic payments that will last for your lifetime (or the joint lives of you and your beneficiary) or for a specified period of 10 years or more; and
- · Distributions due to hardship.

Generally, all assets directly rolled over to a Roth account will be included in your income for the year in which the direct in-plan Roth rollover is completed. However, the 10 percent additional income tax penalty on early distributions will not apply to this transaction. Please contact a tax professional to discuss the tax implications of this transaction.

WITHHOLDING

You are liable for Federal and state income tax on the taxable portion of your direct in-plan Roth rollover; however taxes will not be withheld from your direct in-plan Roth rollover. You may increase your wage withholdings or make estimated tax payments to avoid an underpayment penalty. Please see IRS Publication 505 which explains the estimated tax requirements and penalties in detail.

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GENERAL	NAME OF DLAN				
INFORMATION	NAME OF PLAN				
	NAME OF EMPLOYER				
	ADDRESS				
	СПҮ		A-0-200 (A)		
	NAME OF PARTICIPANT		DAT	E OF BIRTH	
	Complete the following section for the individual requesting the payout.				
	NAME		DATI	E OF BIRTH	
	ADDRESS				
	СПҮ		STATE	ZIP	
	SOCIAL SECURITY NUMBER		PHONE		
DISTRIBUTION EVENT	□ Normal Retirement Age □ Disability □ Termination of Employment □ Attainment of Age 59½ □ Distribution Allowed at Any Time □ Other				
	NOTE: Generally, all assets directly rolled over to a Roth account will be included in your income for the year in which the direct in-plan Roth rollover is completed. Please contact a tax professional to discuss the tax implications of this transaction. These assets will remain in the plan as direct in-plan Roth rollover contributions.				
ACCOUNT	☐ Employee Pre-Tax Elective Deferrals:	Entire Account	□\$		%
DISTRIBUTED	☐ Employee After-Tax Contributions:	Entire Account	s		%
	☐ Matching Contributions:	☐ Entire Account	□\$		%
	Employer Profit Sharing Contributions:	Entire Account			%
	Other:	Entire Account	□\$	U	%
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SIGNATURES	I certify that I have read, understand, and agree with the information provided in the instructions to this form. Due to the important tax consequences of completing a direct in-plan Roth rollover, I have been advised to see a tax professional. I assume full responsibility for this transaction and will not hold the Plan Administrator liable for any adverse consequences that may result. I understand that I have 30 days to decide on my payment options and I elect to waive the 30-day period.				
	RECIPIENT SIGNATURE			DATE	
				2722	

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