

IMPORTANT

PLEASE READ BEFORE REQUESTING DISTRIBUTION

Prior to requesting a distribution of your 401(k) plan account, you should verify that all applicable contributions have been deposited. If your account is distributed prior to receiving all contributions, your subsequent balance will also be assessed the full distribution processing fee. This applies to final deferrals as well as any potential annual company contributions, if your plan includes company contributions (ie: Profit Sharing, Safe Harbor Contributions, etc).

If you are unsure if all applicable contributions have been deposited into your account, please contact isolved Full Service 401(k) at 888-505-4484 and one of our account representatives will be able to assist you.

Instructions for Returning Completed Form

Mail:

isolved HCM Midwest, LLC
Att: 401(k) Administrator
2355 JFK Road/P.O. Box 58
Dubuque IA 52004-0058

Email:

Scan and email the form to 401kservice@isolvedhcm.com

Fax:

(608) 826-1101
Attn: 401(k) Administrator



TERMINATED PARTICIPANT DISTRIBUTION ELECTION FORM

Participant's Name _____ SS# XXX-XX- _____

Current Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone _____

Plan/Company Name _____

STEP ONE: Distribution Election I elect to transfer the distribution of my account balance in the following manner:

- (1) A direct rollover of my entire Vested Account Balance as designated below.
- (2) A direct rollover of a portion of my Vested Account Balance in the amount of \$ _____ (this amount before OR after required taxes) and the remainder paid in a lump sum distribution as designated below.
- (3) A portion of my Vested Account Balance in the form of a lump sum distribution in the amount of \$ _____ (this amount before OR after required taxes) and the remainder in the form of a direct rollover as designated below.
- (4) A lump sum distribution of my entire Vested Account balance as designated below. I understand that 20% federal taxes and applicable state withholding (if any) will be withheld from this distribution

STEP TWO: Payment Method Please fill out the appropriate box(es) below in their entirety from your election above.

Lump Sum Payment

Federal and applicable State taxes (if any) will be withheld. If no payment election is made, a check will be issued and sent via regular mail.

Send check via regular USPS mail to my address listed above.

Send check overnight mail via UPS. **An additional \$30 fee will be charged.** PO Box addresses are not allowed. An adult over the age of 21 will need to be there to sign for the delivery of the check. A tracking number will be provided to you.

If needed, please fill out this section if you would like your overnight check mailed to an alternate address other than your home address.

Name: _____

Address: _____

City: _____

State/Zip: _____

ACH the payment directly to my bank account. Please provide a voided check if applicable.

ABA (9 digits) _____

Account # _____

Bank Name _____

Checking Account OR Savings Account

Terminated Participant Distribution Election Form continued on next page

Rollover Instructions

Rolling to IRA OR Retirement Plan

Send check via regular USPS mail to the address listed below.

Send check overnight via UPS. **An additional \$30 fee will be charged.** PO Box addresses are not allowed. A tracking number will be provided to you.

Traditional Acct # or Plan Name: _____

Roth Acct # or Plan Name: _____

I wish to convert my Pretax funds to Roth funds prior to rolling over my balance

Payable to: _____

Company: _____

Address: _____

City: _____

State/Zip: _____

Wire funds directly to the rollover company. **An additional \$30 fee will be charged.**

ABA (9 digits): _____

Acct #: _____

Acct of: _____

OBI: _____

Further Credit to: _____

STEP THREE: Authorization

I understand that this distribution may be subject to a termination fee and will see my plan sponsor regarding any questions I have regarding this fee. In addition, I understand that my distribution will be processed within 3 business days after my form is received *in good order* by isolved Full Service 401(k). Any additional contributions to the account will delay this distribution. ***In addition, I have received and have read the "Special Tax Notice Regarding Distributions From Your Retirement Savings Plan."***

Participant's Signature

Date

Electronic/digital signatures will not be accepted

State Tax Information
(403(b), 401(k), 457(b), MPP/PSP)

Effective 09/25/20

- You may specify a percentage or dollar amount to be withheld for state income tax by completing the appropriate section on the distribution form. Some states require a minimum percentage or flat dollar amount. We will withhold at least the state-required minimum amount when such a minimum applies.
- You may instruct us not to withhold state income taxes only when your state of residence allows such an election.

| State of residence | State income tax withholding information |
|--|---|
| AL, AK, AZ, CO, FL, HI, ID, KY, MN, NV, NH, ND, OH, PA, SC, SD, TN, TX, WA, WY | No state income tax will be withheld for residents of these states. |
| D.C., GA, IL, IN, LA, MS, MO, MT, NJ, NM, NY, RI, UT, WV, WI | <p>State income tax will be withheld only if you instruct us to withhold it. See below for exceptions.</p> <ul style="list-style-type: none"> • D.C.: 8.95% of the distribution amount is required if a <i>total</i> distribution is taken. • MS: 5% of the distribution amount is required if an <i>early</i> distribution is taken. |
| AR, IA, KS, ME, MD, MA, NE, NC, OK, VT, VA | <p>State income tax withholding is required when federal withholding applies. See below for state-specific minimums and exceptions.</p> <p>ERD = Eligible rollover distribution Non-ERD = Non-eligible rollover distribution</p> <ul style="list-style-type: none"> • AR: 5% (for ERDs) or 3% (for non-ERDs) of the distribution amount at \$200 or above • IA: 5% of the distribution amount • KS: 5% of the distribution amount is required at \$200 or above for ERDs • ME: 5% of the distribution amount • MD: 7.75% of the distribution amount is required when federal withholding is applied to ERDs • MA: 5% of the distribution amount • NE: 5% of the distribution amount • NC: 4% of the distribution amount is required at \$200 or above for ERDs; 4% of the distribution amount is required at \$200 or above for non-ERDs. To opt out or request an amount greater than the required amount for a non-ERD, you must complete and attach a Form NC-4P. • OK: 5% of the distribution amount is required for ERDs • VT: 30% of the federal withholding amount (if the distribution amount is \$200 or above) • VA: 4% of the distribution amount |
| CA, CT, DE, MI, OR | <p>State income tax withholding is required when federal withholding applies, unless you instruct us not to withhold state income taxes. See below for state-specific minimums and exceptions.</p> <ul style="list-style-type: none"> • CA: 10% of the <i>federal withholding</i> amount • CT: 6.99% (whether or not federal withholding applies). To make a different withholding election, you must complete and attach Form CT-W4P. • DE: 5% of the distribution amount • MI: 4.25% of the distribution amount (whether or not federal withholding applies). To make a different withholding election, you must complete and attach Form MI W-4P. • OR: 8% of the distribution amount |