DYATECH

DISTRIBUTION FORM

Company Name

Please be advised, this notice only applies to plans that have elected the Automatic Rollover provisions of section 401(a)(31)(B) of the Internal Revenue Code. This notice supplements any distribution forms provided to you. As explained in the forms, you may elect to receive a distribution or have the distribution rolled over to an IRA. Due to a change in the law, if you fail to elect either of these options within 30 days of receiving this form, the Plan is required to automatically make a direct rollover of your balance to an IRA with Mid Atlantic Trust Company. This notice supersedes any inconsistent statements in the distribution forms regarding payment to you in a lump sum in the event you fail to elect either of these options. The trustee or issuer of the IRA will impose fees for maintaining the IRA. These fees will be paid from the IRA. However, you may transfer the IRA funds at any time to another IRA or retirement plan that will accept such amounts.

PARTICIPANT INFORMATION

Social Security Number | First Name | MI | Last Name

Address

City | State | Zip Code | + 4

( ) Work Phone Number | ( ) Home Phone Number | Date of Birth

WITHDRAWAL AMOUNT

☐ Maximum Amount

Or

☐ Specific Dollar Amount $ _____

Notice: A $55 check processing fee will be deducted.

WITHDRAWAL INSTRUCTIONS

☐ 100 % Cash — 20% Federal Taxes will be deducted

☐ 100 % Rolled Over — Please complete the Rollover instructions below

☐ Split Distribution — Please indicate the dollar amount or percentage of your account to be distributed to you in **cash**.

Specific Dollar Amount **$**_____ ***OR*** _____ % (This is for the cash part of the split distribution)

Please review the Special Tax Notice and complete the Rollover Instructions for the balance of your withdrawal.

ROLLOVER INSTRUCTIONS

☐ Qualified Retirement Plan ☐ IRA

Name of Financial Institution/Trustee

Account Number

Address Line

City | State | Zip Code | + 4

PARTICIPANT/SPOUSE AUTHORIZATION

☐ I am legally **not** married

☐ I am married and my Spouse's consent appears below

Signature of Participant (Required) Date

Signature of Spouse (If applicable) Date

PLAN ADMINISTRATOR USE ONLY

Reason: ☐ Separation of Service ☐ Disability ☐ Retirement

Date of Hire M M D D Y Y Y Y

Date of Termination M M D D Y Y Y Y

Plan Year-to-Date Hours Worked ____ Hours Worked

I authorize the above transaction and acknowledge that the information provided herein is complete and accurate.

Signature of Plan Authorized Signer (Required) Date

Printed Name of Plan Authorized Signer

Please fax completed form to 601-914-0525 or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. Incomplete forms will be discarded after 30 days of receipt if completed form is not received. For assistance with forms, please contact Client Services at 866-651-4222.