



IN-SERVICE WITHDRAWAL FORM

Company Name

PARTICIPANT INFORMATION

Social Security Number, First Name, MI, Last Name, Address, City, State, Zip Code, Work Phone Number, Home Phone Number, Date of Birth

WITHDRAWAL AMOUNT

Maximum Amount, Specific Dollar Amount

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

WITHDRAWAL INSTRUCTIONS

100% Cash, 100% Rollover, Split Distribution, Specific Dollar Amount, Percentage

ROLLOVER INSTRUCTIONS

Qualified Retirement Plan, IRA, Name of Financial Institution/Trustee, Account Number, Address Line 1, City, State, Zip Code

PARTICIPANT/SPOUSE AUTHORIZATION

I am legally not married, I am married and my Spouse's consent appears below

Signature of Participant, Date

Signature of Spouse, Date

PLAN ADMINISTRATOR USE ONLY

Withdrawal Type: Age 59 1/2, After Tax, Rollover Balance, Profit Sharing Balance

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

Signature of Plan Authorized Signer, Date

Printed Name of Plan Authorized Signer