



# IN-SERVICE WITHDRAWAL FORM

Company Name

## 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 \$

## WITHDRAWAL INSTRUCTIONS

100 % Cash 100 % Rollover Split Distribution 20% Federal Taxes will be deducted... Specific Dollar Amount \$ OR %

## ROLLOVER INSTRUCTIONS

Qualified Retirement Plan IRA Name of Financial Institution/Trustee Account Number Address Line 1 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 Spouse Date Signature of Participant Date Signature of Witness 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

Please fax completed form to 601-914-2329 or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. Incomplete forms will be returned to Plan Administrator for completion and discarded after 30 days of receipt if completed form is not received. For assistance with forms, please contact our Customer Service Dept. at 866-651-4222, ext. 400.