

Distribution Form

Ram Country 401(k) Plan (#635561)



Section 1: Participant Information

Name (Last, First, Middle Initial)

Social Security Number

Street address

City, State & Zip Code

Phone Number

Birth Date

Term Date

Section 2: Distribution Election

I have received, read and understand the "Special Tax Notice Regarding Plan Payments" containing general information on the rules regarding the lump-sum distributions, rollovers, and tax withholding.

Select one of the distribution options below:

- I instruct TCA to distribute 100% of my account balance directly to me. I understand the amount distributed will be subject to 20% federal tax withholding along with state tax withholding, if required by my state.
- I instruct TCA to directly rollover \$_____ or _____% of my account to the eligible employer plan or Individual Retirement Account (IRA) named in the **Direct Rollover** section below. I instruct TCA to distribute to me the remaining balance of my account. I understand that federal and state income taxes will **not** be withheld from the amount directly rolled over. The taxable portion of the amount distributed directly to me will be subject to 20% mandatory federal tax withholding and state tax will be withheld, if required by my state.
- I instruct TCA to directly rollover 100% of my account to the eligible employer plan or Individual Retirement Account (IRA) named in the **Direct Rollover** section below. I understand that federal and state taxes will **not** be withheld as a result of this direct rollover.

Direct Rollover information:

IRA Rollover

Trustee or IRA Custodian Name: _____

IRA Account Number: _____

Street Address: _____

City, State & Zip: _____

Qualified Plan

Trustee or Custodian Name: _____

Name of Plan: _____

Account Number (if available): _____

Street Address: _____

City, State & Zip: _____

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Additional Direct Rollover information for Roth (after-tax) rollovers:

Roth IRA Rollover

Trustee or IRA Custodian Name: _____

IRA Account Number: _____

Street Address: _____

City, State & Zip: _____

Section 3: Participant Signature

My signature below certifies that I have read the "Special Tax Notice Regarding Plan Payments" and I understand that I have a right to a period of at least 30 days after receiving these documents to consider the decision of whether to make a direct rollover to an individual retirement account or another eligible employer plan, and I hereby waive my right to the 30 day period to make my election.

Participant Signature: _____ **Date:** _____

Additional Distribution Information

Payment of Accounts of \$1,000 or Less: If your vested account balance is \$1,000 or less, your account may automatically be distributed directly to you as a lump-sum if this form is not returned within 30 days after issuance. Federal tax of 20% will be withheld on the taxable portion of the distribution and state tax will be withheld, if required by your state. You may also be subject to a 10% excise penalty if you are under age 59 ½ and opt not to rollover the taxable portion of the distribution within 60 days.

Payment of Accounts over \$1,000: If your vested account balance is over \$1,000 you may defer payment of your account until the 60th day after the year in which you reach age 65 or retire, whichever is later. You may further defer your payment until April 1st of the year after which you reach age 70 ½.

Outstanding Loan Balance Information: Any loan will be in default upon termination from employment. Since loan payments under the plan can only be made by salary deduction, unless you provide a payment for the total outstanding balance of the loan, the loan will be deemed to be in default. The outstanding loan balance will be considered taxable and reported on a Form 1099R.

Section 4: Plan Sponsor Authorization

As the designated representative of the Plan Sponsor, I hereby authorize payment of this distribution as directed by this form. I certify that the participant is _____% vested.

Plan Sponsor Signature: _____ **Date:** _____

Please send this form to your employer for Plan Sponsor approval.

For more information about this distribution option, please refer to the governing plan documents, including the Summary Plan Description. If you have any questions, please call (800) 955-9072 or send an email to 401k@trustamerica.com.

Please make a copy of the completed form for your records.