

DISTRIBUTION REQUEST FORM

A 1099R WILL BE ISSUED BY JANUARY 31ST FOLLOWING THE CALENDAR YEAR OF DISTRIBUTION

SECTION 1 - PARTICIPANT INFORMATION

Participant Name _____ SSN _____ DOB _____

Beneficiary Name _____ SSN _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Plan _____

SECTION 2 - PARTICIPANT IDENTIFICATION

Please attach a copy of your photo I.D.

SECTION 3 - ELECTION [a \$30 Withdrawal fee will be assessed for all Rollovers and Cash Distributions]

After reading the **Special Tax Notice** that is available on keatinginc.com. **Regarding Plan Payments**, I, the undersigned Participant, make the following distribution election: Choose (A), (B), or (C)

- (A)** **1)** A Direct Rollover of my total **PRE-TAX** Vested Account Balance to the IRA or to the plan designated in Section 4.
- Convert my **PRE-TAX** Account Balance to my ROTH IRA designated in Section 4.
- NOTE: The full conversion amount will be considered income for tax purposes for the calendar year of distribution.
- Withhold Income taxes from my **PRE-TAX** Account as follows:
- \$ _____ Federal Taxes
 - \$ _____ State Taxes
- Do Not Withhold any taxes from my **PRE-TAX** Account.
- 2)** A direct rollover of my total **ROTH** Account Balance to the Roth IRA or to the plan designated in Section 4.
- (B)** **1)** Pay \$ _____ to the rollover account designated in Section 4, and pay the remaining balance in cash after mandatory income taxes via the payment method designated in Section 5.
- 2)** Pay \$ _____ **BEFORE** mandatory income taxes via the payment method designated in Section 5, and pay the remaining balance to the rollover account designated in Section 4.
- 3)** Pay \$ _____ **AFTER** mandatory income taxes via the payment method designated in Section 5, and pay the remaining balance to the rollover account designated in Section 4.
- (C)** A Lump Sum Cash Payment of my total Vested Account Balance, less any income tax withholding via the payment method indicated in Section 5.

SECTION 4 - INFORMATION FOR DIRECT ROLLOVER [Complete if you checked (A) or (B) in Section 3]

Please make sure to:

- Attach a transfer form and/or letter of acceptance (with account numbers) for each rollover request.
- Include separate account information for Pre-Tax (including any Employer Contributions) and Roth sources.

PRE-TAX Choose (A) or (B):

A. Please send a check to the following: (Only allowed for distribution amounts less than \$50,000) (additional \$10 fee)

Name of IRA or Plan: _____

Make check payable to: _____ Account Number: _____

Address Rollover: _____

Please expedite my Rollover Check (additional \$25 fee)

B. Electronic Funds Transfer: (Mandatory for distributions amounts over \$50,000)

Direct Deposit (ACH) Wire (Verify with receiving bank if they accept wires and/or charge a fee)(additional \$15 fee)

Check one: Checking Account Savings Account

Bank Name: _____ City/State: _____

Routing Number: _____ Account Number (Bank): _____

Name on Account: _____ Rollover Account Number: _____

ROTH (AFTER-TAX) Choose (A) or (B):

A. Please send a check to the following: (Only allowed for distribution amounts less than \$50,000) (additional \$10 fee)

Name of IRA or Plan: _____

Make check payable to: _____ Account Number: _____

Address Rollover: _____

Please expedite my Rollover Check (additional \$25 fee)

B. Electronic Funds Transfer: (Mandatory for distributions amounts over \$50,000)

Direct Deposit (ACH) Wire (Verify with receiving bank if they accept wires and/or charge a fee)(additional \$15 fee)

Check one: Checking Account Savings Account

Bank Name: _____ City/State: _____

Routing Number: _____ Account Number (Bank): _____

Name on Account: _____ Rollover Account Number: _____

SECTION 5 - INFORMATION FOR NON-ROLLOVER [Complete if you checked (B2, B3 or C) in Section 3]

- Send a check to my home address. (Only available for distribution amounts less than \$50,000)(additional \$10 fee)
- Please expedite my Rollover Check (additional \$25 fee)
- Electronic Funds Transfer: (Mandatory for distributions amounts over \$50,000)
- Direct Deposit (ACH) Wire (Verify with receiving bank if they accept wires and/or charge a fee)(additional \$15 fee)
- Check one: Checking Account Savings Account
- Bank Name: _____ City/State: _____
- Routing Number: _____ Account Number: _____
- Name on Account: _____

SECTION 6 - INCOME TAX WITHHOLDING [Complete if you checked (B) or (C) in Section 3]

The minimum income tax automatically withheld from cash distributions is:

- 20% Federal
- 5% State (if your state requires income tax to be withheld)

ADDITIONAL WITHHOLDING ONLY (only indicate withholdings *in addition* to the indicated minimums):

- Withhold an additional _____ % for Federal Income Taxes.
- Withhold an additional _____ % for State Income Taxes.

SECTION 7 - WAIVER OF MINIMUM NOTICE PERIOD

I consent to an immediate distribution of my Vested Account Balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

SECTION 8 - PARTICIPANT SIGNATURE

I acknowledge that I have either consulted my personal tax advisor or elected to proceed without consultation. I do hereby release the Trustees, the plan and employer of, from and against any and all claims the undersigned may have hereafter claim to have against said Trustees and said employer with respect to the undersigned's interest in said Trust. Nothing contained in this release is intended to relieve any fiduciary of any obligation or duty under ERISA, or to violate the provisions of Section 410 of ERISA.

Participant Signature _____ Date _____

Mail or Fax form to:

KEATING | 1011 Poyntz Avenue | Manhattan, KS 66502

Fax: 785-537-9849 Questions: 785-537-0366

TPA DEPARTMENT

KEATING