



Trust Company of America

Distribution Form
Huntley & Huntley, Inc. 401(k) Plan

Section 1

Participant Information

Name (Last, First, Middle Initial)

Social Security Number

Street Address

City

State

Zip Code

(____) _____
Home Phone

Date of Birth

Last Day of Employment

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 rollover, direct rollover, and income tax withholding.

Select one of the distribution options below

- ☐ I instruct you to directly rollover 100% of the amount eligible to rollover to the eligible employer plan or Individual Retirement Account 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.
- ☐ I instruct you to directly rollover \$_____ or _____% of the amount eligible for rollover to the eligible employer plan or Individual Retirement Account named in the Direct Rollover section below. I instruct you to distribute to me the remaining balance of the distribution. I understand that Federal and State income taxes will **not** be withheld from the amount directly rolled over to the eligible employer plan or IRA named. The taxable portion of the amount distributed to me is subject to mandatory Federal income tax withholding at a rate of 20%, as required under current law and State income taxes will be withheld, if required by my state.
- ☐ I instruct you to distribute to me the total distribution requested on this form. I understand that Federal income taxes will be withheld on the taxable amount of the distribution at a rate of 20%, as required under the current law and State income taxes will be withheld, if required by my state.

Direct Rollover information (Complete only if one of the first two boxes are selected)

IRA Rollover

Trustee or IRA Custodian Name _____

IRA Account Number _____

Street Address _____

City, State & Zip _____

Rollover to another Qualified Plan

Trustee or IRA Custodian Name _____

Name of Plan _____

Account Number (if available) _____

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 (check one)

- ☐ I have at least 30 days to consider this election following receipt of these documents. **(Please note:** If this option is marked, Trust Company of America is required to hold this form for 30 days from the date signed, before processing).
- ☐ 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.

Participants Signature _____ **Date** _____

Additional Distribution Information**Payment of Accounts of \$1,000 or Less**

If your vested account balance in the plan is \$1,000 or less, your account may automatically be distributed to you in a lump sum check if this form is not returned within 30 days after issuance. Federal income taxes will be withheld on the taxable portion of the distribution at a rate of 20% as required under current law and state income taxes will be withheld if required by your state. You may also be subject to a 10% tax penalty if you are under the age of 59 1/2 and you do not roll over the taxable portion of the distribution within 60 days of your receipt of payment.

Payment of Accounts over \$1,000

If your vested account balance exceeds \$1,000 you may defer payment of your account until the 60th day after the year in which age 65 or retire, whichever is later. You may further defer your payment until April 1st of the year after which you reach the age 70 1/2.

PLEASE RETURN THE COMPLETED FORM TO YOUR FORMER EMPLOYER. Trust Company of America cannot process this form without plan sponsor authorization.

Section 4**Plan Sponsor Authorization**

I as the designated individual of the plan do hereby authorize the payment of this distribution as directed by this form.

Plan Sponsor Authorization _____ **Date** _____