

d. Diversified Services, LTD 401(k) Profit Sharing Plan

FSD

PARTICIPANT WITHDRAWAL FORM

(Please Print or Type)

Participant Name (Last, First) _____ Social Security No. _____

Mailing Address _____

City _____ State _____ ZIP _____ Daytime Phone (____) _____

- | | | |
|--|-------------------------------|--|
| <input type="checkbox"/> Termination | <input type="checkbox"/> QDRO | <input type="checkbox"/> Death - Date of Death _____ |
| <input type="checkbox"/> Normal Retirement | Supply copy of QDRO | Supply Beneficiary Election Form and Copy of Death Certificate |
| <input type="checkbox"/> Disability | | |

SECTION I – DISTRIBUTION ELECTION

Participant **MUST** elect one option below or request can not be processed.

- A. **Taxable Distribution in a lump sum** of entire vested account (less income tax withholding).
- B. **Taxable Distribution** of \$ _____ (less income tax withholding) with the remainder of my vested account balance paid as a Direct Rollover (complete below). Note: There may be an additional fee for this type of distribution.
- C. **Direct Rollover** of my vested interest to:
- IRA** Financial Institution: _____
Make Check Payable to: _____
Account Number: _____
 - Another employer's qualified retirement plan:**
Plan name: _____
Make Check Payable to: _____

The taxable portion of the distribution (other than annuity or installment payments) you receive from the plan is subject to automatic 20 percent federal income tax withholding and may be subject to mandatory state tax withholding. You may elect additional withholding by completing the following:

- I elect an additional Federal withholding of \$ _____ or _____%. (This amount is in addition to the automatic 20 percent that will be withheld.)
- I elect an additional State withholding of \$ _____ or _____%. (This amount is in addition to the automatic mandatory percent that is required by some states to be withheld.)

All Distribution/Direct Rollover Checks will be mailed to the participant's address listed above.

I understand that if I have an outstanding loan balance that my distribution will be reduced by the outstanding balance of my loan and that my outstanding loan balance and accrued interest will be taxable to me (with applicable state and federal penalties) at the time the loan is defaulted. I acknowledge that I have received and understand the Participant Distribution Notice, that I have the right to a period of at least 30 days to change my election and hereby waive that right and request my distribution as soon as administratively possible and that I understand the consequences of the type of distribution chosen. I also understand that my distribution will be reduced by a \$75 fee associated with taking this distribution.

Participant's Signature _____ / _____ / _____ Date

SECTION II– PLAN ADMINISTRATOR AUTHORIZATION

Authorized Plan Representative **MUST** complete and sign below prior to submitting to Ceridian for processing.

Date of Hire: _____ Date of Termination: _____ Date of Birth _____

- The participant was credited with at least 1000 hours in all plan years in which they were employed.
- The participant was credited with at least 1000 hours in all plan years in which they were employed except for the following years (i.e. the first year of employment or last year of employment): _____

If 401(k) plan, date of paycheck covering final salary deferral contribution: _____ Please do not submit this form until the final contribution for the participant has been processed.

Authorized Signature _____ / _____ / _____ Date