

(Company Name)

## ELECTION OF DIRECT ROLLOVER OR QUALIFYING DISTRIBUTION FORM

I have read the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and hereby make the following election:

- Would you like for our plan's Investment Advisor to contact you?
- I elect to have a direct rollover of the amount set forth below, to be made to the following plan or IRA:

Name of Plan or IRA: \_\_\_\_\_

Name and address of trustee, custodian, or insurer, whichever applies:

\_\_\_\_\_  
\_\_\_\_\_

The amount of the direct rollover is:

- The entire distribution
- \$\_\_\_\_\_ and the remainder of the distribution will be paid to me.  
(This option may only be selected if the amount to be directly transferred is a least \$500).
- I elect to receive the distribution. I understand that if I elect to receive the distribution, 20% will be withheld for federal income taxes. If you are a North Carolina resident 4% will be withheld for state income taxes. I understand I may also be subject to a 10% penalty tax on a withdrawal prior to retirement.

I also understand that in order to qualify for a direct rollover, I must provide the Administrator with a statement, from the trustee, custodian, or insurer, as applicable, of the IRA or retirement plan that will receive the rollover; that such plan is intended to be a qualified IRA or retirement plan and that it will accept the direct rollover.

I further understand that if I fail to return this form to the Administrator, I will be deemed NOT to have elected a direct rollover and the distribution amount will be paid to me after it is reduced for income tax withholding. In addition, if I will be receiving a series of periodic payments over a period of less than 10 years, my election (or deemed election) will apply to all subsequent distributions of that series unless I make a new election with respect to the subsequent payments.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address: \_\_\_\_\_ Termination Date: \_\_\_\_\_

\_\_\_\_\_

**Return form to:**  
Qualified Plan Administrators, Inc.  
3707-B West Market Street  
Greensboro, NC 27403  
Fax #: 336-315-0240