

RETIREMENT PLAN DISTRIBUTION FORM

Use this **Plan Distribution Form** to request an account distribution if the reason for the distribution is:

1. Termination of Employment
2. Retirement
3. Permanent Disability
4. Death Benefit

A separate form is required to request for hardship distributions of loans.

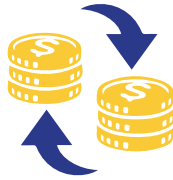
If you are transferring to another employer that is part of the same controlled group of companies, you may not be eligible to withdraw from your account. Please contact ASC for more information.

Additional information can be found in the Summary Plan Description or call ASC at (691) 320-7470.

Information contained herein has been obtained from sources believed reliable, but it is not necessarily complete and cannot be guaranteed. For specifics about the Plan, please refer to the governing Plan Document.

You are about to make a decision that could greatly affect your plans for retirement. Please read very carefully before completing the attached distribution request form.

When terminating from your company, you really have three options for your retirement account balance:



- 1 Rollover to your new employer
- 2 Rollover to an IRA
- 3 Lump sum distribution

If you are like most plan participants, you might think that there is little harm in taking the balance of your distribution in cash. **Think again!**

Did you know for every **\$1,000** you take out of your account, you could be costing yourself thousands of dollars of retirement income.

That's right!



For an idea on how much your current balance could grow to by the time you retire, please see the following chart below:

THE POTENTIAL GROWTH OF \$1,000

Years to Retirement	Conservative Investor 5.03%	Moderate investor 7.44%	Aggressive Investor 9.74%
5	\$1,278	\$1,431	\$1,591
10	\$1,633	\$2,049	\$2,533
15	\$2,088	\$2,934	\$4,032
20	\$2,669	\$4,200	\$6,416
25	\$3,410	\$6,014	\$10,212
30	\$4,359	\$8,609	\$16,253
35	\$5,571	\$12,325	\$25,868
40	\$7,120	\$17,645	\$41,172

IMPORTANT: The projections or other information generated regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. Your results may vary with each use and over time. The illustration is calculated as a Geometric Return; the expected compound annualized return of the assets mix and is open to change as market conditions and inflationary expectations change.

With this in mind, be very careful before you take your money in cash. If you are considering taking your balance in cash, ask yourself the following two questions:



1

What is the reason you are considering taking this money in cash?

2

Is this reason going to be important to you in 10 years?

If it is, take the money in cash. If not, roll your money over to your next employer or to an IRA and **keep your retirement savings work for you.**

General Information

A valid **photo ID** must be attached to this request.

Employer / Plan Name

 - - -

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

Mailing Address

City

State

ZIP

Email Address

Home Phone

Cell Phone

Work Phone

Other Phone

Date of Birth (mm/dd/yyyy)

Date of Hire (mm/dd/yyyy)

Marital Status:

☐ Not Married

☐ Married* - Spouse Name: _____

*(Common Law is NOT recognized as legal marriage)

If resigned from your prior employer (above), please indicate new employer, if any: _____

Reason for Distribution

Please select **one** of the reasons below:

☐ **Disability**
(Additional certification required)

☐ **In-Service Distribution**
(as permitted by the plan document)

☐ **Death Benefit Payout**
(Please provide death certificate)

☐ **Termination of the Plan**

Retirement/Separation of Employment

(From current employer or any controlled group of companies that your employer is a part of.)

Date of Hire (mm/dd/yyyy)

Date of Termination (mm/dd/yyyy)

Hours Worked this Plan Year

Employer Verification for Date of Termination:

Signature

Date

A. Request for a Rollover to Your Next Employer

☐ I would like to rollover \$ _____ or _____ % of my vested balance to another qualified retirement plan¹.

☐ My new employer has a plan maintained by ASC, **please waive all fees associated with this distribution.**

☐ My new employer's plan is not maintained by ASC, **please debit my account \$50.00 for processing.**

Check Payable: Trustee / Financial Institution / Plan Name

Plan Account Number

Check Mailed To: Mailing Address

City

State/Territory

ZIP

B. Request for a Rollover to an IRA

☐ I would like to rollover \$ _____ _____ % of my vested balance to an IRA¹.

☐ **Please waive all fees.** I would like to rollover my balance to the ASC Trust IRA Rollover Program. I have attached the **ASC IRA Enrollment Form as required for this transaction.**

☐ I would like to transfer my account balance to the following IRA, **please debit my account \$50.00 for processing.**

Check Payable: Trustee / Financial Institution / IRA Account Name

Plan Account Number

Check Mailed To: Mailing Address

City

State/Territory

ZIP

A valid photo ID must be attached to this request.

Employer / Plan Name

Your Name (Last Name, First Name, Middle Initial)

Social Security Number

C. Request for a Direct Payment to You

☐ Please issue a distribution paid directly to me equal to \$ _____ ☐ Gross Amount or _____ % of my vested balance.
I understand that there is a \$50.00 processing fee for distributions. ☐ Net Amount

☐ I would like a check issued to me.

☐ I would like like a deposit (ACH) to my bank account. ***I have attached a voided check or bank statement that contains the valid routing number and bank account number. I have also provided my physical address as required by the bank.***

YOUR PHYSICAL ADDRESS: _____

BANK NAME: _____

☐ Savings Account Number: _____ Routing Number: _____

☐ Checking Account Number: _____ Routing Number: _____

By electing a Direct Deposit (ACH) and by signing below, I hereby authorize ASC TRUST LLC 1.) to initiate credit entries to the depository financial institution named above 2.) to initiate debit entries to adjust for processing errors. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Attach VOIDED Check Here

D. Death Benefit Payout

Death of Account Owner - Death Benefit payment will be made to (select one):

☐ Beneficiary - Spouse

☐ Beneficiary - Non Spouse

☐ Alternate Payee (resulting from court order)

Beneficiary / Payee Name (Last Name, First Name)

Social Security Number

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State/Territory

ZIP

Contact Number(s)

Email Address

Certification: I have read this payment request and affirm that the above information and elections made are accurate and any payments made by the Trustee pursuant to the above (subject to terms of the Plan) will relieve the Trustee of any liability. I certify that the above information is true and correct to the best of my knowledge.

Signature of Participant

Date

Authorized Plan Administrator

Date

FOR ASC USE ONLY: Based on the information above and prior census information provided to ASC, our records reflect that this participant is

Employer Match: VESTED at _____ %

Employer Base Contribution: VESTED at _____ %