

Distribution Form

**Administrative Retirement
Services, Inc.**

You must read the attached SPECIAL TAX NOTICE prior to completing this form.

Plan and Participant Information	Plan Name / Company Name		Client No. / Billing Group No.	
	Participant's Full Name (First, MI, Last)	Social Security No.	Contract No.	Daytime Phone No.
	Participant's Address	City & State		ZIP Code

Withdrawal Information	Check amount: <input type="checkbox"/> Net of any applicable taxes and charges <input type="checkbox"/> Gross	Participant Cost Basis: <i>(after-tax contributions)</i> \$ _____ Life Insurance Surrender Value: _____% or \$ _____ Total PS 58 costs \$ _____
	Use percent/dollar amounts to indicate how money is to be withdrawn from the Employee and Employer accounts applicable to your plan: Employer _____ % or \$ _____ Employee _____ % or \$ _____ Special instructions: <i>(if applicable)</i> :	

Tax Reporting Information	Check only if applicable: <input type="checkbox"/> Qualifying Total Distribution <input type="checkbox"/> Lump Sum <input type="checkbox"/> \$5,000 Death Benefit Exclusion	Check at least one of the following IRS distribution reasons: <input type="checkbox"/> Normal distribution (after age 59½) <input type="checkbox"/> Premature distribution <input type="checkbox"/> Minimum distribution (after age 70½) <input type="checkbox"/> Premature distribution (exception applies) <input type="checkbox"/> Direct rollover to an IRA <input type="checkbox"/> Prohibited Transaction <input type="checkbox"/> Direct rollover to qualified plan <input type="checkbox"/> PS 58 Costs
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Reason for Withdrawal	Check only if applicable: <input type="checkbox"/> Employment termination – Date: _____ <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Transfer within plan <input type="checkbox"/> Plan termination <input type="checkbox"/> Other <i>(explain)</i> :
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Payment Information	Make check payable to: (Check one) <input type="checkbox"/> Direct Rollover Company <input type="checkbox"/> Plan Trustee <input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary	Mail check to: (Check one) <input type="checkbox"/> Direct Rollover Company <input type="checkbox"/> Plan Trustee (address on file) <input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary Address
	Payee / Beneficiary Name (please print)	
	Payee Address	City & State ZIP Code
	Beneficiary Social Security No. <i>(if applicable)</i>	Direct Transfer Account No. <i>(if applicable)</i>

Authorized Signatures	<i>I certify that I have received from the Trustee/Named Fiduciary (or a party designated by him) and understand the terms of the special tax notice regarding the application of the 20% Federal Income Tax withholding to certain plan payments, and, if applicable, waive the 30-day notice requirement.</i>	
	Participant Signature	Date
	<i>I certify that (a) I am a Trustee/Named Fiduciary of the Plan identified above; (b) the requested benefits are permitted by the Plan; (c) for withdrawals made to pay Plan expenses I have determined in my fiduciary capacity that the service requested was necessary and provided at a reasonable expense to the Plan; (d) if the Plan requires spousal consent for the withdrawal, it has been secured in a separate document; (e) if the participant's signature has been obtained in a separate document, the participant has received from the Trustee/Named Fiduciary (or a party designated by him) and understood the terms of the tax notice regarding application of the 20% federal income tax withholding to certain plan payments; the participant's withholding elections for state and federal income tax purposes, where applicable, have been obtained in a separate document; and, (f) I have read and agree to the terms and conditions and certify that the information stated above is true and complete. I further understand that ARS, Inc. may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, ARS, Inc. is entitled to rely exclusively on the information contained on this ARS, Inc. Distribution Form.</i>	
	Trustee/Named Fiduciary Name (please print)	Date
Trustee/Named Fiduciary Signature	Daytime Phone No.	