

IN-SERVICE WITHDRAWAL REQUEST FORM

Social Security Number

--

Plan Number:

40461

Plan Name: I/N Tek and I/N Kote 401(k) Savings Plan for Employees Represented by USWA Locals 9231 and 9231-01

Participant Information

Participant Name: _____
Last First Initial

Participant Address: _____
Street

_____ City State Zip

Marital Status: Single Married

Withdrawal Information

You should consult with your tax advisor before completing this form to determine all of the income tax consequences to you for any election you make.

Type of Withdrawal: (Select one)

Before Normal Retirement Age

- Vested Employer Contributions*
 Age 59 ½

After Normal Retirement Age

- Normal Retirement Age
 Age 70 ½**

Minimum Required Distribution: \$ _____
Distribution in Excess of the
Minimum Required Distribution : \$ _____

Total Amount of Requested Withdrawal: \$ _____

* Only available if this provision was in Employer's plan document prior to converting to Fidelity.

** Only taxable amounts in excess of the minimum required distributions for participants older than 70 1/2 will qualify as an eligible rollover distribution. A participant older than 70 1/2 may elect Federal Income Tax withholding on his/her minimum required distribution by completing IRS Form W-4P.

Payment Method

You should consult with your tax advisor before completing this form to determine all of the income tax consequences to you for any election you make. Select the method that you want to receive your vested account balance from the Plan.

1. Cash Distribution - This distribution will be paid directly to you. Twenty percent (20%) Federal Income Tax will automatically be withheld from the taxable portion of your distribution in accordance with the Unemployment Compensation Amendments Act of 1992. (Withholding will not apply to taxable distributions under \$200 or distributions of voluntary after-tax employee contributions.)
2. Eligible Rollover Distribution - This is a distribution directly to one of the following:
 - a. Fidelity Traditional Individual Retirement Account** (Send rollover IRA application directly to Fidelity using the envelope provided in the Fidelity IRA Rollover Kit).

- b. Other Traditional Individual Retirement Account** (Complete the Eligible Rollover Distribution Information Section).

** A traditional IRA does not include a Roth IRA, SIMPLE IRA, or education IRA

- c. New Employer's Qualified Retirement Plan or Section 403(a) Annuity (Complete the Eligible Rollover Distribution Information Section).

3. Combination: Cash Distribution and Eligible Rollover Distribution

- a. Cash Distribution \$ _____ (specify amount). (This distribution will be subject to the 20% Federal Income Tax withholding specified in number One above).
- b. Eligible Rollover Distribution - This will be the remaining vested balance in your account. (Complete the Eligible Rollover Distribution Information Section).

Note: Only amounts in excess of the minimum required distributions for participants older than 70 1/2 may qualify as an eligible rollover distribution. Only the taxable portion of a withdrawal will qualify as an eligible rollover distribution.

State Income Tax Withholding (If applicable)

1. Fidelity will withhold State Income Tax if elected below. (This only applies to the states that **require** a withholding election to be offered. Please check with the Plan Administrator.)

- a. I want State Income Tax to be withheld from my distribution. Specify State _____
- b. I do not want State Income Tax to be withheld from my distribution.

Eligible Rollover Distribution Information

Complete this section if either option 2(b), (c) or 3 under the Payment Method Section was selected.

A check will be issued payable to the custodian or trustee, as appropriate, based upon the information listed below. (A qualified Plan or 403(a) Annuity may refuse to accept an eligible rollover distribution. Please check with your new Employer to determine if their plan will accept your distribution.) The check will be mailed directly to you as the participant, and will contain the notation "Direct Rollover."

Custodian/Trustee Name _____

Plan Name _____

Account Number _____

Signatures

I acknowledge that I have received from the Plan Administrator the notice entitled "Special Tax Notice Regarding the Plan Payments". I affirmatively elect the payment option in the Payment Method section of this form. I hereby certify that the information on this form is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I authorize the participant's payout distribution. If the participant elects option 2 or 3 under the Payment Method Section, then the Plan Administrator certifies he/she/they has/have obtained adequate information from the participant (as indicated in the Eligible Rollover Distribution Information Section) that the eligible rollover distribution is being distributed to an eligible retirement plan, either an IRA or a qualified retirement plan.

PLAN ADMINISTRATOR _____ **DATE** _____