

**PAYOUT 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**

- Reason for Distribution :(Select one)
- Retirement
  - Death
  - Termination of Employment
  - Disability
  - Age 70 ½
  - Qualified Domestic Relations Order (QDRO)  
(only available for an Alternate Payee under a QDRO)

Participant Name:

\_\_\_\_\_  
Last First Initial

Participant Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Marital Status:

Single  Married

If the Participant is deceased then the beneficiary should complete this form and also attach a page disclosing his/her name, address and social security number. The Plan Administrator will provide Fidelity with the Participant's Designation of Beneficiary Form and death certificate.

**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).

Eligible Rollover Distribution - This will be the remaining vested balance in your account. (Complete the Eligible Rollover Distribution Information Section).

4.  **Installments** - Complete the information below. Federal Income Tax withholding may not apply under certain situations unless you elect withholding on IRS Form W-4P. (This option is only available if your account balance is greater than \$5,000).

- a. Date of First Payment \_\_\_\_\_ b. Frequency of Installments \_\_\_\_\_  
c. Number or Amount of Installment Payments \_\_\_\_\_

Note: 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.

### 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, or, if applicable, to a spouse who is an Alternate Payee under a QDRO, 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** \_\_\_\_\_

\*This also must be signed by an Alternate Payee under a QDRO or Beneficiary of a deceased participant.

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** \_\_\_\_\_

### For Plan Administrator Use Only

Date of Hire: \_\_\_\_\_ Vesting Percentage: \_\_\_\_\_ Termination Date: \_\_\_\_\_