PARTICIPANT RETURN OF CONTRIBUTIONS (DEFERRALS AND/OR MATCHING) ELECTION FORM

RPG CONSULTANTS

In certain circumstances (listed below), you may elect or be required to have a portion of your contributions (current or prior year deferrals and/or matching, including any allocable gains or losses) returned to you as taxable income:

a) Your Retirement Plan may fail ADP/ACP compliance testing and, in accordance with Plan Provisions, you may be required to have a portion of your prior year contributions returned to you as taxable income.

b) IRC Section 402(g) limits the amount of Retirement Plan elective deferrals you may exclude from taxable income in a tax year. Your 402(g) limit for a given tax year can be found at https://www.rpgconsultants.com/news/annual-plan-limits-chart/. If deferrals in excess of the annual 402(g) limit are not corrected timely, the excess deferrals (including earnings) will be taxable income to you.

c) An Eligible Automatic Contribution Arrangement (EACA) is a type of automatic contribution arrangement that allows employees to withdraw automatic enrollment contributions (adjusted for earnings) within 90 days after the first automatic contribution was withheld from wages.

To facilitate this withdrawal, please complete, sign and return your completed form to RPG Consultants for processing.

Instructions:

1) Complete each section of your application form as follows:

Section A – Please type or print all entries. All fields in this section must be completed in full (no redactions please).

Section B – Indicate the reason for your return of contributions as directed by your Employer/ Third-Party Administrator.

Section C – Indicate your payee and mailing details. All payments will be made by check and sent using USPS First Class Mail. You have the option to have your check sent via UPS/FedEx/Overnight (cannot send to a PO Box) for an additional fee. Electronic fund transfers such as wire, direct deposit, or ACH are not available. The Plan will rely solely on the payee and mailing instructions provided by you and is not responsible for transmittal errors, which may lead to a rejected transmittal by the receiving financial institution or deposits being credited to an incorrect account. Please be sure to verify your payee and mailing details with the receiving financial institution, and if available, attach transmittal instructions supplied to you by the receiving financial institution to your completed election form. Additional fees may apply for rejected, returned, or reissued transmittals. Your distribution and payment elections are irrevocable.

Section D – The default federal income tax withholding is 10% (except for a Return of Excess 402(g) Deferrals, which are not subject to tax withholdings.) You may elect to opt-out of federal tax withholdings altogether for ADP/ACP test failures or EACA withdrawal by making this election in section D of the form. Alternatively, you may elect in section D to have an additional amount of federal income taxes withheld above the 10% standard federal income tax withholding for ADP/ACP test failures or EACA withdrawals. In addition, you may elect in section D to have state income taxes withheld for ADP/ACP test failures or EACA withdrawals.

Please print your name, sign and date the form. Do not submit your completed application form to your (former) Employer. See section 2 and 3 below for instructions for submitting your form for processing.

2) Attach to your application a copy of one of the following forms of photo ID (must be valid or recently expired):
(Cell phone/tablet images that show the entire ID clearly, as well as black and white photocopies, are accepted)

- Driver's license or photo ID card issued by federal, state or local government agency
- U.S. Passport, U.S. Passport Card, or Foreign Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- College/University ID card that contains a photograph
- U.S. Military card or U.S. Coast Guard Merchant Mariner Card
- Native American tribal document that contains a photograph
- Employment Authorization Document that contains a photograph (Form I-766)

3) Return the completed (and signed) application form to RPG Consultants for processing. Do not send your form directly to your (former) Employer. Our office will obtain your (former) Employer's authorization and signature on a separate document. Partially completed forms will be rejected and returned to sender. You may upload your completed application form securely to our website using our secure file transfer portal at https://files.rpgconsultants.com/filedrop/Support or visit www.rpgconsultants.com, click on the "Secure File Upload" link from the Resources > Client Resources menu and select the "Support" department. On the file upload page, enter your email address, Plan name and your full name in the subject line, enter an optional message in the body, and attach your application form and copy of picture ID (see section 2 above). Be sure to click the "Send" button at the bottom of the screen and wait for appearance of the "**Files Sent, Thank you!**" on-screen confirmation message (shown below) before closing the web page.

Important Information: Our processing timeline is 5 to 15 business days. Processing may fees apply. You have the right to elect not to have withholding apply to this payment or distribution and may do so by completing the attached Form W-4P. You have the right to revoke such an election at any time. Your election remains effective until revoked. Be advised that penalties may be incurred under the estimated tax payment rules if the payments of estimated tax are not adequate and sufficient tax is not withheld from the payment or distribution.

RETURN OF CONTRIBUTIONS (DEFERRALS AND/OR MATCHING)

SECTION A - PERSONAL INFORMATION

Plan Name:		Social Security No.:	
Participant Name:		Date of Birth:	
Address:		Date of Hire:	
Apt/Suite:		Date of Termination:	
City, State, Zip:		E-mail Address:	
Current Age:		Phone No.:	
Marital Status:		Account Balance*:	

SECTION B - WITHDRAWAL REASON

Important: The withdrawal amount and the impacted Money Type(s)/ Source(s) will be determined by your Plan's Third-Party Administrator (TPA). Allocable gains or losses (if any) will be calculated at the time of processing.

- □ Failed ADP Test (return of excess prior-year Employee pre-tax/Roth contributions)
- □ Failed ACP Test (return of excess prior-year Employer matching/Employee after-tax contributions)
- □ Return of Excess 402(g) Deferrals (deferrals in excess of annual IRS limits)
- □ Opting out of Employee contributions (within 90 days) under an Eligible Automatic Contribution Arrangement (EACA)

SECTION C - PAYMENT ELECTIONS

Make check payable to:		Account # (‡):	
Mail check to following address:			
Optional (additional fee applies):	□ Send check via UPS/FedEx/Overnight (delivery not possible to a P.O. box address)		

‡ If making your check payable to a financial account (like a taxable brokerage account), please provide your account number and attach documentation demonstrating your ownership of the destination account. Acceptable forms of supporting documentation include recent statements (for a pre-existing account), or a letter of acceptance from the receiving financial institution (for newly established accounts.)

SECTION D - TAX WITHHOLDINGS

By default, 10% will be withheld in federal income taxes. However, because this is not a rollover-eligible withdrawal, you have the option to opt out of federal income tax withholdings. If no election is made below, the default 10% will be withheld for federal income tax. You may instead elect to withhold an amount greater than 10% for federal income taxes and/or elect to have state income taxes withheld.

- □ No federal income tax withholding
- □ Withhold 10% in federal income taxes (default if no election is made)
- □ Withhold 10% in federal income taxes plus the following additional amount: $_____ or _____%
- □ Withhold State Income taxes in the following amount: $_____ or _____%

* Enter your exact total account balance as of the date of your signature below. Please call RPG Support if you require assistance.
+ Please complete a separate distribution election form for each unique Money Type/ Source indicated in section C above.

I have read the "Special Tax Notice" available at http://specialtaxnotice.rpgconsultants.com I acknowledge that a distribution processing fee may apply. I also acknowledge that the liquidation will be done pro-rata across all funds in my account unless other written instructions are provided. I understand that the withdrawal amount and the impacted Money Type(s)/ Source(s) will be determined by the Plan's Third-Party Administrator (Note: allocable gains or losses, if any, will be calculated at the time of processing.) I also understand that processing may take 5 to 15 business days.

Date _____ Participant Name (Please Print) _____ Signature _____