

**PARTICIPANT**  
**REQUEST FOR IN-SERVICE**  
**WITHDRAWAL**  
**(CURRENT EMPLOYEES)**



**IMPORTANT:** You may initiate withdrawals directly from your Participant portal. Withdrawals initiated online have a shorter turnaround time, fewer steps, lower fees, and fewer supporting documentation requirements. For withdrawals initiated online, there is no identity verification phone call, no requirement for a notarized signature, no requirement to submit a copy of a valid photo ID, no requirement to submit supporting documentation for rollovers under \$25,000, and as a result, requests initiated online are processed in a shorter overall timeframe and are not subject to the additional \$25 manual processing fee. To initiate a withdrawal online, login to your Participant portal and visit the Loans & Withdrawals page. Any withdrawal options available to you in accordance with Plan provisions will be available on your portal.

**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 your desired distribution elections: 1) Direct Distribution paid to you (taxes & penalties may apply), 2) Rollover to an IRA held in your name, or 3) Rollover to a Qualified Retirement Plan (QRP) account held in your name.

**Section C** – Indicate which Money Type(s) or Source(s) you would like distributed. Please complete a separate in-service withdrawal form for each unique Money Type/ Source indicated in this section.

**Section D** – A total withdrawal may be split into multiple disbursements. For example, a portion can be directly distributed to you or your bank, and the remainder rolled over to an IRA or a QRP. Additional fees may apply for split withdrawals.

**Section E** – 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 F** – Indicate your tax withholding elections. For direct distributions, a federal income tax withholding of 20% is mandated. In addition, State taxes will be withheld for States that mandate state income tax withholdings. For individuals under 59½ years of age, a 10% penalty will apply unless an exception applies. The 10% penalty will not be withheld unless requested. You have the option to have additional amounts withheld for Federal and/or State income taxes.

Please print your name, sign and date the form. Do not submit your completed application form to your 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 Employer. Our office will obtain your 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](http://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.

**Files Sent, Thank you!**

**Important Information:** Our processing timeline is 5 to 15 business days. Processing fees apply. Depending on your distribution elections and age, Federal and/or State tax withholdings as well as an additional 10% early-distribution penalty may apply. For more details, please visit <http://specialtaxnotice.rpgconsultants.com>. A Form 1099-R tax document will be issued and mailed to you at the end of January of the following year. If you are 73 years of age or older by year-end and requesting a total rollover of your account balance but have yet to fulfill your minimum distribution requirement, please be sure to also submit a completed Required Minimum Distribution (RMD) form, available at <http://forms.rpgconsultants.com>.



## REQUEST FOR IN-SERVICE WITHDRAWAL (FOR CURRENT EMPLOYEES)

### SECTION A - PERSONAL INFORMATION

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

(\*) Enter the exact account balance as of the date of your signature at the bottom of this form. Please call RPG Support if you require assistance.

### SECTION B - WITHDRAWAL ELECTIONS

|                                                                              |
|------------------------------------------------------------------------------|
| <input type="checkbox"/> Direct Distribution (paid to me or my bank account) |
| <input type="checkbox"/> Rollover to an Individual Retirement Account (IRA)  |
| <input type="checkbox"/> Rollover to a Qualified Retirement Plan (QRP)       |

### SECTION C - SOURCE/MONEY TYPE | see (+) below

|                                                  |                                             |
|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Tax-Deferred Assets     |                                             |
| <input type="checkbox"/> Roth Assets             |                                             |
| <input type="checkbox"/> After-Tax Contributions | <input type="checkbox"/> After-Tax Earnings |

(+) Please complete a separate In-Service Withdrawal Form for each unique Source/ Money Type indicated in section C above.

### SECTION D - WITHDRAWAL AMOUNT

|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Entire account balance                                                                                         |
| <input type="checkbox"/> Partial withdrawal in the amount/percent of _____                                                              |
| <input type="checkbox"/> Split withdrawal: Pay the amount/percent of _____ directly to me; and rollover remaining balance to my IRA/QRP |

### SECTION E - PAYMENT ELECTIONS

|                                            |                                                                                                    |
|--------------------------------------------|----------------------------------------------------------------------------------------------------|
| Make my check payable to:                  |                                                                                                    |
| Account number - see (‡) below:            |                                                                                                    |
| Mail my check to the following address:    |                                                                                                    |
| Optional Service (additional fee applies): | <input type="checkbox"/> Send check via UPS/FedEx/Overnight (not available for P.O. box addresses) |

(‡) If making your check payable to a financial account; like a checking, saving, or brokerage account; IRA, or other QRP; please enter your destination account number in the designated field in section E above. If your distribution amount is \$25,000 or more, please also 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 F – TAX WITHHOLDINGS - (APPLICABLE TO DIRECT DISTRIBUTIONS ONLY)

|                                                                                                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| This section is not applicable for rollovers. A 20% federal income tax withholding is mandatory. State taxes will be withheld for States that mandate state income tax withholdings. You may elect (below) to withhold more than the mandatory amounts. |  |
| <input type="checkbox"/> Optional - Withhold additional Federal Income taxes: \$ _____ or _____ %                                                                                                                                                       |  |
| <input type="checkbox"/> Optional - Withhold additional State Income taxes: \$ _____ or _____ %                                                                                                                                                         |  |

**SECTION G – SIGNATURE (NOTARY SIGNATURE & SEAL REQUIRED)**

By signing below (notarized signature required), I agree to the following declarations: a) I have read the Plan's "Special Tax Notice" at <http://specialtaxnotice.rpgconsultants.com>; b) I understand that processing fees apply; c) I understand that processing will be completed within 30 days of receipt of a complete election form (and, if applicable, the necessary supporting documentation); d) I understand that accounts are liquidated pro-rata from the above-requested sources and all investments; e) I understand that 20% will be withheld in federal income taxes for direct distributions as mandated by the IRS and that state income taxes will be withheld for states that mandate such; f) I understand that additional taxes and/or penalties may apply, such as the 10% tax on early distributions (I will consult a tax professional if I have any questions about the amount of tax I may owe); g) I understand that the Plan will rely solely on the information provided by me on this form and is not responsible for errors in my instructions; h) I certify that the information I provided in this withdrawal request is true and accurate.

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Date

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Name (Please Print)

Signature \_\_\_\_\_

(Notary Only) State of \_\_\_\_\_, in the County of \_\_\_\_\_, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his or her own free act and deed, on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_.

| Notary Signature | Print Notary Name | Date (MM/DD/YYYY) |
|------------------|-------------------|-------------------|
|                  |                   | ____/____/____    |

| Notary Seal/ Stamp |
|--------------------|
|                    |