

Charlotte Behavioral Health Care, Inc. Retirement Plan Distribution Form

Please print. Complete all applicable areas.

Part I. Participant Information:

Name: _____ Social Security #: ____-____-____
Address: _____ Date of Birth: ____/____/____
City: _____ State ____ ZIP Code: _____
Date of Termination of Employment: _____

Part II. Payment Instructions: Check Express Delivery ACH Electronic Fund / Wire Transfer

If ACH or Electronic Fund / Wire Transfer to a designated account, please complete:

Checking Account Savings Account

Nine digit ABA / Routing # _____ Account # _____

Wire Transfer Routing # _____ Account # _____

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Note: If you elect Express Delivery, a non-refundable delivery fee may apply.

Part III. Direct Rollover Instructions: Qualified Plan Traditional IRA Roth IRA

Name of Plan or IRA: _____
Plan or IRA Name and Account Number

Financial Institution: _____

Trustee/Custodian: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Part IV. Taxation of Distributions: You can find more details about taxation of distributions in the 402(f) Special Tax Notice. In general, any distributions that you receive from an annuity, pension, or retirement plan

may be taxable as ordinary income, and if you have not reached age 59-1/2, you may be subject to a 10% "premature distribution" penalty tax. For any distributions made to an address outside of the United States, a mandatory 30% withholding rate will apply, unless a completed IRS Form W-8BEN is submitted to the Plan Administrator.

Unless you elect a direct rollover, 20% of your distribution will be withheld for federal income tax.

Part VI. Participant's Acknowledgement and Signature: I certify that all information provided herein is true and correct and acknowledge receipt of the 402(f) Special Tax Notice.

- I hereby request a distribution from the Plan based on my elections within this Form.
- I wish to receive my distribution as soon as possible. I hereby waive any unexpired portion of the 30-day notice period, required after receipt of the 402(f) Special Tax Notice to review my distribution options, and hereby make a formal election for the Plan Administrator to release my benefit from the Plan.

Participant's Signature

__/__/____
Date