

**Charlotte Behavioral Health Care, Inc. Retirement Plan
In-Service Distribution Form**

Please Print. Complete all applicable areas

Part I. Employee Information:

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

Part II. In-Service Distribution:

Deferral Account Employer Account

Amount of the Distribution:

the maximum amount available \$ _____ _____ %

Reason for the Distribution:

Certified Disability Age 59.5

Method of Payment: Check ACH Express Delivery Electronic Fund / Wire Transfer

If ACH, Electronic Fund Transfer/Wirer Transfer to a designated account, please complete and attach a voided check or deposit slip:

Checking Account Saving Account

ABA-Routing # _____ Account # _____

Wire Transfer Routing # _____ Account # _____

Name of Financial Institution: _____

Address: _____

City: _____ State _____ ZIP Code _____

Express Delivery: I elect to have my payment delivered by Express Mail. I agree to pay the non-refundable delivery fee and understand that Express Mail terms.

Part III. Direct Rollover: Qualified Plan IRA Inherited 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 Distribution: You can find more details on these requirements in the Section 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 distributions" 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 one of the Direct Rollover options, 20% of this amount will be withheld for federal income tax.

Part V. Participant's Authorization: I hereby request a distribution from my vested interest in the Plan. I understand my benefit payment will be subject to my federal income tax, to the extent the distribution constitutes an eligible rollover distribution, and to the extent that I elect not to have it paid as a direct rollover to an eligible retirement plan or IRA. I also certify that the money I am requesting is not subject to a qualified domestic relations order.

I wish to receive my distribution as soon as possible and hereby waive any unexpired portion of the 30-day notice period required after receipt of the 402(f) Notice to review my distribution option and hereby make a formal election for the Plan Administrator to release my benefit from the Plan.

Participant Signature

__/__/____
Date