



401(k) Distribution Election Form

Employee Information:

First Name M.I. Last Name

Street Address:

Street Address

City State Zip

Social Security Number

Social Security Number

Daytime Phone

Daytime Phone

Email:

Email

Employer Information:

Name of Business

Plan Administrator / Contact Person

Telephone

Telephone

Reason for Distribution: If you are unable to check one of the following options, please refer to the Loan Application or Hardship Request Form

- Termination of Employment, Retirement, Total Disability, In Service, Death, QDRO, Required Minimum Distribution

Distribution Election: Please see the Special Tax Notice Regarding Plan Payments.

- Direct Trustee to Trustee Rollover, Please pay Regular 401(k) to me, Please pay Roth 401(k) to me, Please pay my entire vested account balance to me, In Service Distribution - I have reached age 59 1/2

Please begin Required Minimum Distributions.

- Frequency: Monthly, Quarterly, Semi-Annually, Annually; By Check; By ACH (You MUST attach a voided check imprinted with your name & address - cannot be processed without a voided check)

Bank Name, Account Number, Routing Number



401(k) Distribution Election Form

Employee Information:

_____|_|_____|_____

First Name M.I. Last Name

Social Security Number

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Employer Information:

Name of Business

Transfer/Rollover Information: *(Complete only for Trustee to Trustee transfers)*

Name of New Trustee/Custodian Firm:

Account Number:

Trustee/Custodian Firm's Address:

Type of transfer:

Direct Rollover to another Employer Plan

Direct Rollover to an IRA

Trustee/Custodian Firm's Phone:

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Loan Information:

- N/A - I do not have an outstanding loan.
- I will NOT be paying off my loan. I understand the outstanding balance will be considered a distribution and that I will be responsible for associated taxes and penalties.
- I would like to PAY OFF my loan. I have enclosed a check for the outstanding balance. (To obtain loan payoff information, please contact Saturna Capital at 800/SATURNA. Your funds will not be distributed until the loan payoff is complete.)

Certification:

I understand the terms and conditions relating to the payment of taxable benefits from the Plan as explained in the Special Tax Notice Regarding Plan Payments. I also understand that any securities holdings that I have in my account will be sold once I submit this form and I agree to this liquidation in order to process my distribution. I certify that the above information is true and correct to the best of my knowledge and that the Direct Trustee to Trustee Rollover or Employer Qualified Plan named in the Transfer section of this form is an "Eligible Rollover Distribution" as defined in Internal Revenue Code 401(a)(31)(D). I understand the Plan Administrator will rely on this information in making the distribution that I have requested. I hereby consent to the payment of my vested account balance. Furthermore, I elect to waive my 30-Day Election Period (see Special Tax Notice Regarding Plan Payments).

Employee Signature: _____

Date: _____

I certify the information given above is true and complete to the best of my knowledge. I understand the Employee's funds will be forwarded per the instructions directed by the Employee. In addition, I authorize the withdrawal and disbursement of this benefit according to the terms of this contract and The Plan. Please distribute the funds according to the instructions on this form.

Administrator Signature: _____

Date: _____