

Distribution Request

The Distribution Form is used for requesting distributions from your retirement plan. The Distribution Form must be returned to your Plan Administrator, who will verify that all information is accurate and complete and forward your request for processing. **If you have any questions regarding this form, please contact the Retirement Service Center at _____.**

Participant Instructions

- Section I** Complete all applicable information. If the distribution is for a beneficiary, be sure to complete the appropriate line items and a certified copy of the death certificate.
- Section II** Place a check in the box next to the reason for distribution. For Termination or Retirement, complete the date section.
- Section III** Place a check in the box indicating either the amount of funds you are requesting or the maximum amount available. If you are requesting a specific dollar amount, please indicate the amount. Place a check in the box that indicates how you would like the distribution to be disbursed.
- Section IV** If a rollover of all or part of your account is selected in Section III, complete the information requested in this section.
- Section V** If a distribution of company stock will be taken, indicate method of payment. If this section isn't completed, your company stock will be liquidated in cash and processed as requested in Section III. Note: Please refer to the Summary Plan Description or call the Retirement Service Center to determine if your selected method of payment is allowed by the plan.
- Section VI** If applicable, attach or note any additional instructions that may be required to facilitate the processing of your distribution.
- Section VII** Indicate your Federal and State Income Tax withholding elections.
- Section VIII** You must sign this section as authorization of the distribution requested to facilitate the processing of your distribution. You must also certify that the appropriate Distribution Election Notice and Special Tax Notice have been provided and are understood.

Section IX Plan Administrator Instructions

The Plan Administrator must sign the form as authorization that the request is accurate and complete. Note: Instructions are subject to change based on plan rules.

Please forward completed form to your Plan Administrator.

*If this form is not complete, this will cause a delay in processing. Please print clearly.

Call _____ with questions on completing this form.

Section I – Participant Information

Plan Name		Plan Code	
Participant Name (print)		Social Security Number	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Address		City	State ZIP Code
Date of Birth	Date of Hire	Participation Date	Daytime Phone Number Home Phone Number

Section II – Reason for Distribution (Select one of the following options and provide dates.)

- Termination – date: _____ Death (Attach the death certificate.)
 Retirement – date: _____ Alternate Payee under a qualified domestic relations order (QDRO)
 Age 59 ½ Disability Other (Specify): _____

Section III – Payment Elections

Payment Amount: (Select one of the following options.)

- Distribute the total account balance or the maximum available. Distribute this amount: \$ _____.

Cash Payment Election: (Select one of the following options. **Unless you request otherwise, cash distributions are paid from after-tax money first and then from pre-tax money.**)

- Cash payment to me Direct Rollover to an IRA or Qualified Plan
 Partial cash payment to me in the amount of \$ _____; direct rollover of the remaining distribution balance
 Partial Direct Rollover in the amount of \$ _____; cash payment to me of the remaining distribution balance

Note: Complete the Direct Rollover Information section below for all elections that include a rollover request.

Section IV – Direct Rollover Information

- ♦ Call 1-800-690-0531 to open a Wells Fargo IRA.
- ♦ If you are age 70½ or older and have terminated employment (for non 5% owners), the required minimum distribution portion of your distribution will be paid directly to you (less 10% withheld for federal income tax) and will not be rolled over.

Pre-Tax Amounts Eligible for Rollover (Select one of the following options.)

- Wells Fargo Advisors Brokerage IRA Account Number: _____
 Rollover to another financial institution:

Name of Financial Institution, Trustee or Custodian	Name of Qualified Plan (if applicable)		
For the Benefit of (FBO)	Account Number	DTC Number (if applicable)	
Rollover Address	City	State	ZIP Code

Roth Amounts Eligible for Rollover (If applicable, select one of the following options.)

Note: If there are Roth funds in your account and you leave this section blank, the Roth funds will be processed using the instructions provided in the pre-tax rollover section above.

- Wells Fargo Advisors Brokerage IRA Account Number: _____
 Rollover to another financial institution:

Name of Financial Institution, Trustee or Custodian	Name of Qualified Plan (if applicable)		
For the Benefit of (FBO)	Account Number	DTC Number (if applicable)	
Rollover Address	City	State	ZIP Code

After-Tax Contributions Eligible for Rollover (If applicable, select one of the following options.)

Note: If you leave this section blank, the after-tax funds will be processed using the instructions provided in the Pre-Tax Rollover section. Always verify that the receiving IRA, Qualified Plan, Section 403(b) Plan, or Governmental 457 Plan will accept the rollover of your after-tax contributions.

- Cash payment to me Rollover my after-tax contributions to the same account as my pre-tax amounts.
- Convert my after-tax contributions to a Roth IRA. Use the same information as in the Roth Amounts section.

Section V – Company Stock (If applicable, complete this section if you own company stock.)

If you have company stock and do not complete this section, your company stock will be sold and distributed as cash per your selection in the Payment Elections section. Call the Retirement Service Center to make sure your selection is allowed by your plan.

- Sell company stock and distribute the cash as selected in the Payment Elections section.
- Distribute as shares and rollover to my brokerage IRA account.
Brokerage Institution: _____ Acct #: _____ DTC#: _____ (if applicable)
- Distribute as **taxable** shares payable to me or my brokerage account.
Brokerage Institution: _____ Acct #: _____ DTC#: _____ (if applicable)

Section VI – Special Instructions

Section VII – Tax Withholding

Federal

- 20% Federal Income Tax will be imposed on the taxable amount of any monies eligible for rollover to an eligible retirement account.
- You may be liable for an early withdrawal penalty imposed by the IRS.
- Do NOT withhold Federal income taxes.
- Withhold Federal income taxes.
- Withhold \$ _____ for Federal income taxes.
- Withhold _____% for Federal income taxes.

State

- Some states require withholding to cover the State Income Tax and Wells Fargo complies with those laws.
- Do NOT withhold State income taxes.
- Withhold State income taxes. State: _____
- Withhold \$ _____ for State income taxes.
- Withhold _____% for State income taxes.

Section VIII – Participant Authorization

I hereby irrevocably request and consent to a distribution from my account on the terms stated above. I have read and received the Special Tax Notice regarding plan payments.

I realize that a direct rollover of pre-tax amounts to a Roth IRA is taxable to me in the year of distribution.

Under penalties of perjury, I certify that the above information is correct and my social security number shown on this form is my correct taxpayer identification number. I also certify that any eligible retirement plan specified above meets all applicable requirements and will accept the direct rollover indicated.

I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a direct rollover for at least 30 days after the notice has been provided to me.

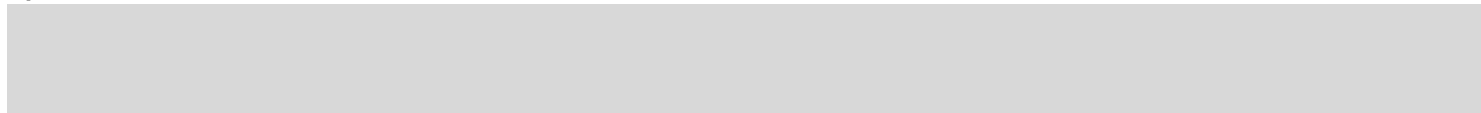
Participant or Beneficiary Signature _____ Date _____

Section IX – For Employer Use Only

Review the form, complete this section and forward the form to Retirement Services.

- Employer match, vested portion: _____% Employer profit sharing, vested portion: _____%
- Other vested portion: _____% Other vested portion: _____%
- Outstanding loan balance? Yes No

Special Instructions:



Plan Administrator's Signature _____ Date _____

Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment advisory and administrative services for Wells Fargo Advantage FundsSM. Other affiliates of Wells Fargo & Company provide sub-advisory and other services for the Funds. The Funds are distributed by Wells Fargo Funds Distributor, LLC, Member NASD/SIPC, an affiliate of Wells Fargo & Company.

Wells Fargo Advisors is the trade name used by two separate registered broker dealers: Wells Fargo Advisors, LLC and Wells Fargo Advisors Financial Network, LLC, Members SIPC, non-bank affiliates of Wells Fargo & Company.

Investment and Insurance Products:

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE