

(Please use black ink only.)

PARTICIPANT INFORMATION

Social Security No: _____ Employee ID No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Hire Date: _____ Rehire Date: _____ Marital Status: _____

Phone Number: _____ Branch/Division: _____

Participant's Self-Directed Account Number: _____

INSTRUCTIONS FOR SELF-DIRECTED ACCOUNTS

- Liquidation
All assets will need to be liquidated in the Self-Directed Account in order for cash to be distributed per instructions on the Application for Benefits Form. If you have designated a Financial Advisor for the Self-Directed Account, please contact your Financial Advisor to liquidate the account.

OR

- In-Kind Transfer (Include transfer instructions and information below.)

▶ **Pre-tax (grand-fathered after-tax) sources rollover instructions:**

Type of IRA: Traditional OR Roth

Name of new Trustee or Custodian
where funds will be held: _____

IRA/Qualified Plan Account Number: _____

Mailing Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

DTC Number (For SDO In-kind Transfers): _____

PARTICIPANT'S SIGNATURE

DATE