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Plan Name & Number	193512 193512	
Participant Name Social Security Number	GODWILL	NGWANAH
Address	2804 ARL	O WAY
Daytime Phone / Cell Phone	AUBRET	TX 76227
Email Address		
Date of Termination	09/16/202	2
Distribi Please Note: Elections se	ution Elec lected on	ctions(s) (select how you would like your distribution paid) this application are irrevocable once the distribution has been processed.
-	No	n-Roth Balances (select only one below):
transfer of your benefit payment.		Plan NOTE It is your responsibility to ensure that the Employer Plan indicated will accept the
Name of Custodian/Trustee of	IRA, or Nar	ne of Qualified Plan
2) If Qualified Plan, Name of Emp	loyer:	
3) Check Payable To (Complete of	only if not th	ne same as line 1)
Cash payment directly to me	20%	Federal Withholding Required:
	%	Amount in addition to 20% Federal Withholding
	%	Total Federal Withholding (total of both numbers above)
ent. (Lambrille Lambergerichte der Stellen der Stelle Lambergerichte Stelle Stelle Stelle Stelle Stelle Stelle	mandembergane is a second	Roth Amounts (select only one below):
Rollover To My IRA or Other transfer of your benefit payment.	Qualified	Plan NOTE: It is your responsibility to ensure that the Employer Plan indicated will accept the
	IRA, or Na	me of Qualified Plan
2) If Qualified Plan, Name of Emp	loyer:	
3) Check Payable To (Complete of	only if not th	ne same as line 1)
Cash payment directly to me	. 20%	Federal Withholding Required:
	%	Amount in addition to 20% Federal Withholding
	%	Total Federal Withholding (total of both numbers above)
You acknowledge that 20% Federal Incom taxable amounts withdrawn. If you wish t	e Tax Withho o have addit	olding is required based on the taxable portion of your distribution and will be withheld from any ional Federal Withholding, please complete the above information.
also be applied to your cash distribution. A	rkansas (AF	butions not rolled over. If you reside in one of these states, the required State Withholding will R), Connecticut (CT), Delaware(DE), Iowa(IA), Kansas(KS), Maine (ME), Maryland(MD), Iorth Carolina(NC), Oklahoma(OK), Vermont(VT), Virginia(VA).
California and Oregon allow a particip to opt out of state withholding.	ant to elect	out of State Withholding. Check here if you are a resident of California or Oregon and would like
Minnesota - Review and complete form V	V-4MNP and	d return with this application.
ote: A \$75.00 distribution fee applies t	o all Lump	Sum distributions
ote: Pursuant to the terms of the Plan	Document	(See SPD), failure to elect a distribution by 05/04/2023 will result in your distribution be

Note: Pursuant to the terms of the Plan Document (See SPD), failure to elect a distribution by 05/04/2023 will result in your distribution being processed as a direct rollover into an AutoRollovers IRA account at Hand Benefits & Trust Co. Your IRA will be invested in an investment vehicle selected to preserve your initial investment. An annual fee will be assessed, up to \$54 per annum. IRA account information is available at www.autorollovers.com or by calling 1–866–401–5272.

Participant Acknowledgement

The Participant hereby acknowledges that he/she has received a complete description of the optional forms of payment available under the terms of the Plan; that he/she understands that he/she has at least 30 days to consider the forms of payment, and that he/she has received the "Special Tax Notice Regarding Plan Payments." The Participant hereby directs the Plan Administrator (or its designee) to make or commence distributions to the Participant in the form and manner elected or designated in the applicable Sections above.

Participant Signature:

ev.20210512 193512 xxx-xx-5634 NGWANAH 20230317

Date 4/5/2023

Page 1 of 1

Application For Benefits Upon Termination (<\$5,000 excluding rollover amounts)

Return the completed form to:

BPAS 6 Rhoads Drive, Suite 7 Utica, NY 13502–6374 or Fax for Completed Forms Only: 1–315–292–6450

Note: If you do not complete and return the enclosed forms by **05/04/2023** your payment will be processed as a direct rollover into an AutoRollovers IRA account at Hand Benefits & Trust Co. Your rolled over balance will be invested in an investment vehicle selected to preserve your initial investment.