

**NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN
REQUEST FOR IN-SERVICE WITHDRAWAL
NON-FISHERIES**

Participant Information

Name: _____ SSN: _____

Mailing Address: _____ DOB: _____

City, State, Zip Code: _____

Which divisions have you worked for? *Please check ALL divisions that have ever applied since you began employment with the Nez Perce Tribe.*

- Nez Perce Tribe Nez Perce Tribal Enterprises Nez Perce Tribe Housing Authority Nimiipuu Health

Lump Sum In-Service Withdrawal Request Information

Explanation of an In-Service Withdrawal

Nez Perce Tribe Employees' Retirement Plan (the "Plan") provides that amounts may be withdrawn from your Salary Deferrals and Employer Matching Contributions, once you attain age 59½. Additionally, the Plan provides that you may withdraw amounts from your Rollover Account at any time.

As a Participant in the Plan, I hereby elect to withdraw the amounts indicated below from my accounts attributable to:

- \$ _____ Salary Deferrals \$ _____ Rollovers \$ _____ Employer Matching Contributions

\$ _____ **Total Amount Requested** Date of Request: _____

Tax Withholding Election

I elect to have an additional amount for Federal Income Tax (**above the mandatory 20%**) withheld from the amount requested above: \$ _____ or _____ %.

I elect to have State Income Tax withheld from the amount requested above in the following amount: \$ _____ or _____ %.

Direct Rollover Option – No Taxes Withheld

I elect to transfer 100% of my account directly to the IRA or qualified plan designated below.

Make Check Payable to: _____

Send Check to: _____

City _____ State _____ Account Number: _____

Consent to In-Service Withdrawal

I understand that:

- (1) My election is irrevocable.
- (2) The Plan will hold the portion of my account balance that I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan, generally upon my termination of employment.
- (3) I should consult my own tax advisor with respect to the proper method of reporting any distribution I receive from the Plan.
- (4) I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice during which I may consent to a distribution from the Plan, and I have read the *Special Tax Notice Regarding Plan Payments* explaining the tax consequences of my withdrawal.
- (5) I acknowledge a distribution fee in the amount of \$50 will be paid from my account and an additional fee will apply depending on the payment option chosen. Use Cash Transaction Detail provided by Human Resource Department if using ACH or Wire option(s).

Check (\$10) (mailed to your address) ACH (\$3) (sent to financial institution) Wire (\$10) (sent to financial institution)

Participant Signature: _____ Date: _____

Where to Submit Completed Form

Nez Perce Tribe
Human Resources Department
P O Box 365
Lapwai, ID 83540

Nez Perce Tribal Enterprises
Human Resources Department
17500 Nez Perce Road
Lewiston, ID 83501

Nez Perce Tribal Housing Authority
Human Resources Department
P O Box 188
Lapwai, ID 83540

Nimiipuu Health
Human Resources Department
P O Box 367
Lapwai, ID 83540

FOR OFFICE USE ONLY: ADMINISTRATIVE APPROVAL

Division: _____

- Approved
 Not Approved

Date Of Review: _____

Instructions:

The administrator should verify:
(1) current employment status; (2) date of birth; (3) vesting

Signature: _____

Print Name: _____

