



**Instructions**

To request an in-service withdrawal (other than a hardship withdrawal), complete this form and return it to Diversified at the above address. To request a direct rollover to an eligible retirement plan or non-Diversified IRA, do not use this form; instead complete a Direct Rollover Request (Form No. 3011-OS). To request a direct rollover to a Diversified IRA, do not use this form; instead complete a Distribution Request (Form No. 3121-OS) and a Traditional IRA Enrollment Application and Adoption Agreement (Form No. 3025-TN).

**SECTION A. Employer Information**

Company/Employer Name \_\_\_\_\_

Contract/Account No. \_\_\_\_\_

TT069066  
 Affiliate No. [ ][ ][ ][ ][ ] Division No. [ ][ ][ ][ ]

**SECTION B. Participant Information**

Social Security No. [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ][ ]

Date of Birth [ M ] [ M ] - [ D ] [ D ] - [ Y ] [ Y ] [ Y ] [ Y ]

Last Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

First Name/Middle Initial \_\_\_\_\_

Street Address/Apt. No. \_\_\_\_\_

Phone No. [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ]

Ext. (if any) [ ][ ][ ][ ]

City \_\_\_\_\_

State [ ][ ] Zip Code [ ][ ][ ][ ][ ][ ]

Marital Status  Married  Single/Divorced

**SECTION C. In-Service Withdrawal**

**After-tax** - Withdraw \$ \_\_\_\_\_ from the portion of my account that is available without restriction. I understand that any earnings portion of this withdrawal will be subject to federal and state taxes as described below in Section D.

**SECTION D. Tax Withholding**

**Federal Income Tax Withholding** - The earnings portion of this distribution, if any, is subject to 20% mandatory federal income tax withholding.

**State Income Tax Withholding** - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld from the earnings portion of your distribution, if applicable, unless you elect otherwise.

Do not withhold state income tax (if independent election is permitted) on the taxable portion of my distribution.

**SECTION E. Participant Signature**

I understand that I may have to report this withdrawal and pay appropriate federal and state income taxes on any earnings portion. I have received and read the Special Tax Notice Regarding Plan Payments.

X

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION F. Approval**

This withdrawal request is subject to approval by Diversified Investment Advisors, acting as Plan Administrator.

You may take up to two distributions each quarter for any reason. The amount you withdraw must be at least \$100, or your full account balance if less than \$100.