

PARTICIPANT PAYOUT REQUEST FORM

Social Security Number

--

Plan Number:

47130

Plan Name: **TTT West Coast, Inc. 401(k) Retirement Savings Plan**

Form Completion Checklist

Before submitting this form, please verify that you have included the following information:

- Participant's social security number
- Participant signature
- Plan Administrator signature
- Participant vesting percentage
- Complete custodian/trustee information (if distribution is a rollover out of Fidelity)

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City

State

Zip

Marital Status:

Single Married

Reason for Payout:(Select one)

- Disability
- Retirement
- Termination of employment from the Employer*

* You are not considered to have terminated your employment from your Employer if you are working for a Related Employer.

Form of Payment

You should consult with your tax advisor before completing this form to determine all of the income tax consequences to you for any election you make. Select the form of payment in which you want to receive your vested Account balance from the Plan.

1. **Lump Sum Distribution** - This distribution will be paid directly to you. Twenty percent (20%) Federal Income Tax will automatically be withheld from the taxable portion of your distribution. (Withholding will not apply to taxable distributions under \$200 or distributions of after-tax Employee Contributions.)
2. **Eligible Rollover Distribution** - This is a distribution directly to one of the following:
 - Include my after-tax money in this rollover. Note: If this box is not checked then you will receive a check for the after-tax portion of your account.**
 - a. **Fidelity Traditional Individual Retirement Account**** (Check one):

5VECMPPAY017
5VECMPPAY017

- i. New **Fidelity** IRA (Send rollover IRA application directly to Fidelity using the envelope provided in the Fidelity IRA Rollover Kit).
 - ii. Existing **Fidelity** IRA
- b. Other Traditional Individual Retirement Account** (Complete the Eligible Rollover Distribution Information Section).
- ** A traditional IRA does not include a Roth IRA, SIMPLE IRA, or education IRA
- c. New Employer's Retirement Plan, 401(a), governmental 457, 403(b) or Section 403(a) Annuity (Complete the Eligible Rollover Distribution Information Section).
3. Combination: Lump Sum and Eligible Rollover Distribution
- a. Lump Sum Distribution _____ % (specify percentage of the distribution amount).
(This distribution will be subject to the 20% Federal Income Tax withholding specified in number one above.)
 - b. Eligible Rollover Distribution - This will be the remaining amount of the distribution amount.
(Complete the Eligible Rollover Distribution Information Section.)
4. Installments Over A Period of Time - Complete the information below.
Federal Income Tax withholding may not apply under certain situations unless you elect withholding on IRS Form W-4P.
- a. Date of First Payment: _____
 - b. The term of the installments shall be based on:
 - i. My life expectancy*
 - ii. My life expectancy* and my spouse or Beneficiary's life expectancy*
 - iii. \$_____ per installment
 - c. Frequency of installments in option b. _____
- * The life expectancy as determined in IRS Regulations.

State Tax Withholding

Check one:

- I want state income tax to be withheld from my distribution.
- I do not want state income tax to be withheld from my distribution.

State tax withholding follows particular state guidelines (e.g., no income tax withholding on this type of distribution, withhold a percentage of the distribution, or withhold a percentage of the federal tax withholding). Notwithstanding the above election, state income tax will be withheld if required.

Eligible Rollover Distribution Information

Complete this section if either option 2(b), 2(c) or 3 under the Form of Payment Section was selected.

A check will be issued payable to the custodian or trustee based upon the information listed below. (A qualified 401(a) plan, governmental 457, 403(b) or 403(a) annuity may refuse to accept an eligible rollover distribution. Please check with your new employer to determine if its plan will accept your distribution.) The check will be mailed directly to you as the Participant and will contain the notation "direct rollover."

Custodian/Trustee Name _____

Plan Name _____

Account Number _____

Signatures

I acknowledge that I have received from the Plan Administrator the Participant Payout Notice and the Special Tax Notice Regarding Plan Payments. I affirmatively elect the payment option in the Form of Payment section of this form and waive the unexpired portion of the minimum thirty-day notice period during which I may consent to a withdrawal from the Plan. I hereby certify that the information on this form is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I authorize the Participant's payout distribution. If the Participant elects option 2 or 3 under the Form of Payment Section, then I certify that I have obtained adequate information from the Participant (as indicated in the Eligible Rollover Distribution Information Section) that the eligible rollover distribution is being distributed to either an eligible retirement plan or an IRA.

PLAN ADMINISTRATOR _____ **DATE** _____

For Plan Administrator Use Only

Date of Hire: _____ Vesting Percentage: _____ Termination Date: _____