

Participant Request for Distribution

Please print legibly and use blue or black ink for clarity when completing this form.

Please note that this request must be completed and returned to your Employer/Plan Sponsor before it can be processed.

If the form is incomplete or inaccurate when submitted you may be asked to provide additional information before the request can be processed. In addition, if any election is crossed out/changed, please initial the change or the request may be returned for verification.

To Know Your Distribution Status.....

You can check the status of the distribution request at www.myretirementfuture.com. Click on Participant Toolbox in the main menu across the top and then from the drop down menu choose Distribution/Loan Status.

Plan Information

Plan Name **Plan Ref. #** 7512
 Favorite Healthcare Staffing 401(k) Retirement Plan

Location Name (if applicable): _____

Participant Information	Beneficiary Information
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Please print and avoid abbreviations

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Social Security Number of Participant

Social Security Number of Beneficiary
(if Distribution due to Death of Participant)

Name of Participant

Name of Beneficiary

Date of Termination/Death: ____/____/____

(If the Beneficiary(ies) is(are) a minor, please also provide guardian's name.)

Address

Address

Address

Address

City State Zip

City State Zip

Phone No. Daytime Evening

Phone No. Daytime Evening

Current Plan Year Hours: _____

(Required in order to make an accurate determination of vested amounts available for distribution.)

Date of final paycheck from which deferrals and/or loan payments were/will be withheld. _____

Distribution Information**Select Payment Type/Amount:** **Separation from Service****Reason: (choose one)**

- Termination of Employment
 Termination Due to Disability – Date determined to be disabled: ____________
 Termination Due to Retirement

Type: (choose one)

- Full Distribution
 Partial Distribution*

*If Partial, enter dollar amount below: (any income tax withholding will be deducted from this amount)

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 Death of Participant - Beneficiary Distribution

(Attach copy of Notification to CPI of Deceased Participant if it has not already been provided.)

Type: (choose one)

- Full Beneficiary Distribution
 Partial Beneficiary Distribution*

*If Partial, enter dollar amount below: (any income tax withholding will be deducted from this amount)

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Taxation on a Beneficiary Distribution: If you are a spouse and taking a cash distribution it is subject to 20% mandatory withholding. If you are a non-spouse you will be subject to 10% withholding unless you elect no withholding by checking the box below:

- DO NOT withhold Federal Income Tax

 Qualified Domestic Relations Order - Alternate Payee Distribution

Please Note: If you are a Spouse/Former Spouse of the Plan Participant, a form 1099R reflecting the taxation of the distribution will be prepared in your name and distributed to you in January next year. Otherwise, the tax burden is to the Plan Participant.

➤ Type: (choose one)

- Full Alternate Payee Distribution
 Partial Alternate Payee Distribution*

*If Partial, enter dollar amount below: (any income tax withholding will be deducted from this amount)

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➤ Mark your relationship to the Plan Participant:

- Spouse/Former Spouse

OR

- Other: child or other dependent as recognized by QDRO

If Other is marked above, complete below the name of the Plan Participant in the QDRO. Also complete the address, social security number and date of birth (DOB) of the Plan Participant:

Social Security #: --

Name

Street Address

City

State

ZIP

Participant DOB: ___/___/___

If Other is marked above and the child is a minor provide the name of the guardian. _____

Statutory Hardship Withdrawal of Salary Deferral

(Any income tax withholding will be deducted from this amount. Attach a copy of the Statutory Hardship Withdrawal of Salary Deferral Attachment.)

(Choose one)

Enter specific dollar amount \$,,.

OR

Maximum amount available

If the amount requested exceeds the maximum amount available under the Plan, then the amount of the hardship will be the maximum amount available.

Taxation on Statutory Hardship Withdrawal of Salary Deferral: Federal Income Tax Withholding will be withheld at the rate of 10% **unless** you elect no withholding by checking this box.

DO NOT withhold Federal Income Tax

In-Service Withdrawal - i.e. A distribution while a participant is still employed. There are different types/conditions that must be met to take an In-Service Withdrawal. These types/conditions are listed below. Please choose the one under which you are requesting the In-Service Withdrawal and indicate the amount to be distributed.

Any applicable income tax withholding will be deducted from the amounts requested.

Rollover source - Select this option when you wish to withdraw all or a portion of the money you previously rolled into this Plan.

Choose one option:

Enter specific dollar amount below **OR** Maximum amount available.

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- Age Qualified** - Select this option when you have met the age requirement for an in-service distribution and wish to withdraw all or a portion of your vested account balance.

Choose one option:

- Enter specific dollar amount below **OR** Maximum amount available.

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* If the amount requested exceeds the amount available under the plan, then the amount of the distribution will be the maximum available amount.

** Due to the possibility of the liquidation being placed in shares and/or dollars, the exact amount requested cannot be guaranteed. The results of the trade will be as close as possible to the amount requested.

Income Tax Information

The taxable portion of your distribution is subject to 20% federal withholding unless you directly rollover the distribution to another retirement plan or an Individual Retirement Account (IRA). You should read the **Special Tax Notice Regarding Plan Payments** that accompanies this form for details.

The Plan gives you a minimum period of 30 days from the date that you receive this packet to make a decision concerning how you want your payment to be made. You may wish to use this time to discuss the payment with your tax advisor. However, if you do not need 30 days to make a decision, you may return the completed election form earlier. If you have elected an immediate payment, that payment will be made as soon as administratively feasible after your election is received, but no sooner than 7 days after you received the **Special Tax Notice Regarding Plan Payments**. **By returning your election form before 30 days, you waive your right to consider your election for the minimum election period of 30 days.**

You are liable for the payment of federal and state income tax on the taxable portion of your distribution. You may also be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

It is your responsibility to let us know if you are a non-resident alien since your payment will be subject to federal income tax withholding at the rate of 30%. If so and you wish to elect a reduced rate of withholding because your country of citizenship has entered into a tax treaty with the U.S., you may do so on Form W-8BEN and attach to this request.

Consequences of Failure to Defer Receipt of Distribution

By completing this form you are electing to take a complete or partial distribution of your account balance. You should be aware that you are not required to take a distribution of your account if it is in excess of \$5,000 and can leave your investments in the plan so they can continue to accumulate earnings on a tax-free basis. By electing to take a distribution from the plan, you will be losing the tax-free accumulation of earnings available within the plan unless you roll the distribution over to another retirement plan or IRA. If you do not roll the distribution over, you will be subject to income tax on the amount you receive (excluding any after-tax contributions). In addition, if you are below age 59 ½, you will be subject to a 10% additional income tax. More information on the income tax consequences can be found in the **Special Tax Notice Regarding Plan Payments** that accompanies this form.

Another advantage to leaving your investments in the plan is that the investments available to you inside the plan may not be available to you outside of it. In addition, the fund options in which you are currently invested through the plan may be closed to new participants or new contributions and therefore, would not be available to you at a later date should you become a participant in the plan again.

You may view a listing of the current investment options of the Plan by accessing the Fund Information screen at www.myretirementfuture.com. There is a link to the fund prospectus and fund fact sheet information available for each investment option that will give you more information regarding the fund and any fees associated with it. This information can be printed from the website, or if you prefer a hard copy, contact your Plan Sponsor.

Payment Option Instructions

Failure to provide all of the necessary information and signatures as requested will delay processing of your distribution.

- Select one of the **Payment Options** by marking the box next to your selection.
- Provide all of the information requested in the option you select.
- Sign and date as indicated in the **Signatures** section of this form.
- Return the completed forms to Favorite Healthcare Staffing, Inc..

Payment Options - to be completed by Participant/Beneficiary

Check here if you are working with the Investment Professional listed below on your distribution.

Please be aware you may have the right to defer distribution until a later date, check your Summary Plan Description for additional information on deferral of benefits.

If you wish to receive your distribution now, select the Payment Form below.

1. All Paid to me in Cash – This is when you want the requested distribution less applicable taxes distributed to you. *(A check will be issued to you unless you request a direct deposit to your bank account by completing the direct deposit box shown later.)*
2. All Paid as a Direct Rollover of Cash – This is when you are rolling the requested distribution over to an IRA or another Plan. It is your responsibility to establish the IRA account if you are rolling to an IRA. If rolling to an Employer Plan it is your responsibility to verify the assets will be accepted. *(A check will be issued for this distribution.)*

If you need assistance in establishing an IRA rollover account, you may contact the Investment Professional below.

Investment Professional Name: Brian J. Tamasi
 Firm Name: BTA Financial Group, Inc.
 Address: 6701 W 64th St Suite 220, Overland Park, KS 66202
 Telephone Number: (913) 831-1551
 Email Address: btamasi@ssnrep.com
 Rep. Number: J76

3. Part Paid in Cash and Part Paid as a Direct Rollover of Cash – Fill in the amount of cash you are wanting in the blank provided below. Then the remainder of your distribution will be rolled over to an IRA or another Plan. It is your responsibility to establish the IRA account if you are rolling to an IRA. If rolling to an Employer Plan it is your responsibility to verify the assets will be accepted.

Pay \$ _____ in cash. The remainder to be Paid as a Direct Rollover.
(The cash amount will be reduced by applicable taxes and checks sent to you. A check will be issued to you unless you request a direct deposit to your bank account by completing the direct deposit box shown later.)

If you need assistance in establishing an IRA rollover account, you may contact the Investment Professional below.

Investment Professional Name: Brian J. Tamasi
 Firm Name: BTA Financial Group, Inc.
 Address: 6701 W 64th St Suite 220, Overland Park, KS 66202
 Telephone Number: (913) 831-1551
 Email Address: btamasi@ssnrep.com
 Rep. Number: J76

Signatures (required regardless of options chosen)

I certify that I received the **Special Tax Notice Regarding Plan Payments**, and I have read and understand this document. I confirm that all information that has been provided is true and accurate. In the case of separation from service, I understand that the distribution CAN NOT be processed until the contributions and/or loan payments from my last paycheck have been processed and deposited to the plan. Therefore, my distribution may not be processed until as late as the end of the month following the month in which I receive my last paycheck.

Domestic Relations Order (DRO) Requirements

Have you been party to a judgment, decree or order from a court issued under a state's domestic relations law i.e. divorce (including community property law) that recognizes or assigns a spouse, former spouse, child or other dependant the right to receive all or a portion of your account balance? No Yes If yes, attach copy of the DRO.

Date

Signature of Participant/Beneficiary
(**Failure** to answer the Yes/No question above will delay your distribution.)

Return this form to the Employer/Plan Sponsor.

The Plan Representative must validate the signature(s) on this form.

As Plan Representative I have reviewed the **Participant Request for Distribution** form and approve and authorize the processing of this request. Furthermore, I understand that if the Participant has indicated on this form or in any other manner that a **Domestic Relations Order (DRO)** could be applicable to this distribution, it is my responsibility to send a copy of the DRO along with the Domestic Relations Order Transmittal and Engagement Agreement, even if it has been previously provided, with this request to ensure that the distribution properly takes into account any existing DRO.

Date

Signature of Plan Representative for Favorite Healthcare
Staffing 401(k) Retirement Plan

The Plan Representative must validate the signature(s) on this form.

Include the following forms:

In Case of Distribution due to the Participant's Death:

- Notification to CPI of Deceased Participant
(if it has not already been provided)

In Case of the Participant Requesting a Statutory Hardship Distribution of Salary Deferral:

- Statutory Hardship Withdrawal of Salary Deferral Attachment