



Slavic Integrated Administration
1075 Broken Sound Parkway NW, Suite 100
Boca Raton, FL 33487-3540
PH: 800-356-3009 FAX: 561-241-1070

PLEASE ALLOW 60 DAYS FOR PROCESSING

Dear Participant:

Our office has been contacted regarding your termination, in-service distribution, retirement with your organization, or the termination of the 401(k) Retirement Plan. Your account balance will be distributed to you in compliance with the provisions and precedents set forth by the Plan and all applicable laws. Please refer to your most recent benefit statement to determine the approximate value of your vested interest.

If the amount due is \$5,000 or less, it will be distributed to you as soon as administratively practicable per your elected form of payment. If the amount is over \$5,000, payment can be deferred, if you elect, until you attain your normal retirement age under the Plan. You have the right to elect an earlier distribution date and if the plan allows, an alternate form of payment, such as a single lump sum, IRA rollover or qualified plan. Please refer to the enclosed "Plan Distribution Request" form to elect your form of payment.

Any distribution that you receive will be subject to Income Taxes in the year in which it is received if you do not transfer the payment to a traditional IRA or other qualified plan within 60 days of receipt. By the date of distribution, if you have not attained age 59 1/2 or the Plan's earliest retirement age, it may also be the subject to a 10% Federal excise tax and possible state taxes. The Plan Trustee is required to withhold taxes from your distribution unless you are to be paid less than \$200. However, you can avoid any withholding if you transfer directly from your fund company to another qualified plan or an IRA. Please review the "Special Tax Notice Regarding Plan Payments" enclosure in order to familiarize yourself with these tax issues.

In order for the Plan Trustee to distribute your balance, you must complete and sign the enclosed forms to indicate your desired payment option and tax withholding preference, if applicable. **If you are still making deferrals, please wait 30 business days AFTER your date of termination to submit your request.**

If you should have any questions, please do not hesitate to contact us at (800) 356-3009 ext. 1.

Thank you,

Customer Service
Slavic Integrated Administration

Enclosures



1075 Broken Sound Parkway NW, Suite 100
 Boca Raton, Florida 33487-3540
 800-356-3009 or 561-241-9244
 FAX 561-241-1070

PLAN DISTRIBUTION REQUEST FORM
ALLOW 60 DAYS FOR PROCESSING
 Please fax or mail form to Slavic

- CHECK IF ADDRESS HAS CHANGED
 - CHECK FOR OVERNIGHT MAIL SERVICE
- 60 days to process, then check will be sent overnight
 (\$20.00 fee will be deducted from your account)

Participant Name _____ Social Security Number _____

Participant Address _____
 (street address required for overnight service)

 City State Zip

Daytime Telephone (____) _____

Date of Birth _____ Date of Termination/Retirement _____ E-mail _____

Payroll Company _____ Worksite Employer _____

Please accept this document as my request for my account balance to be distributed as a result of the following event: (Check one)

No longer employed by work-site employer Disability Required Distribution (70½ or older)

In-service full distribution (59½ or older): _____
 (Only allowed once every 12 months) Death

In-service partial distribution gross amount (59½ or older): _____
 (Only allowed once every 12 months)

Do you have an outstanding 401(k) loan? ____ Yes ____ No (unpaid loan is subject to tax and withholding and possible penalty)

IRC 404(c) distribution/rollover closing fee of \$40 will be deducted from your account.

Distribution type (circle one):

- Disbursed to myself Rolled to an IRA account Rolled to a Qualified 401(k) Plan
 (Subject to 20% tax withholding and possible penalty)

If rolling into an IRA or 401(k) plan

Check Payable _____

Contact Person _____ Telephone (____) _____

Financial Institution Name _____

 Mailing Address Suite Number

 City State Zip Acct. Number _____

I have received the Special Tax Notice Regarding Plan Payments, which explains the tax consequences of, and the direct rollover option available with respect to my distribution from my **PEO 401(k) Retirement Savings Plan**. I understand that I have the right to consider the information provided in the Special Tax Notice Regarding Plan Payments for at least 30 days. To the extent that my distribution from the Plan can be made, or begin to be made, before the close of the 30-day period beginning with the date I received the Special Tax Notice. I hereby waive my right to consider the content of that notice for the full 30-day period and I hereby consent to the making of my distribution from the Plan as soon as administratively feasible. Slavic Integrated Administration will start the liquidation process for marketable assets 30 days after requests for termination are submitted. This acknowledges that you have received the form 402(f) tax notification by the IRS Published Notice 92-45.

 Signature (required) Date Print Name

60 days to process including overnight service
 revised 4/13/2009