

**BAC SAVE
DISTRIBUTION/WITHDRAWAL APPLICATION - 401(k) PLAN**

**Attn: IPF, Suite 700, 620 F Street, N.W., Washington, DC 20004
Phone (888) 880-8222 Fax (202) 347-7339**

1. PERSONAL DATA:

Name _____ Phone No. _____

Address _____ Date of Birth _____
Street & Number

_____ Local Union _____
City State Zip # State

SSN _____ I.U. No. _____

Participant Signature _____ Date _____

2. FORM OF BENEFIT:

Please choose one of the options listed below: (check A, B, C, D, E, or F)

_____ A. In-service Rollover Withdrawal *

* You must have a Rollover amount available from a before-tax distribution to be eligible to request this withdrawal. The amount available is limited to the total market value of your rollover account up to the most recent valuation.

[] All Available or [] Amount Requested \$ _____

_____ B. In-service 59 ½ Withdrawal *

* You must be age 59 ½ or older, and have an amount available to be eligible to request this withdrawal. The amount available is limited to the total market value of your account up to the most recent valuation.

[] All Available or [] Amount Requested \$ _____

_____ C. Financial Hardship* (Specify type and verify)

- / / - To purchase or construct your primary residence
- / / - To prevent eviction from or foreclosure on your primary residence
- / / - To pay tuition for post-secondary education for you, your spouse or your dep.
- / / - To pay medical expenses for you, your spouse or your dependents not covered by your income
- / / - To pay the funeral expenses of a close relative
- / / - Other extraordinary financial expenses

* You must be less than age 59 ½ with an Active account status and you must provide documentation/proof of the financial hardship to be eligible to request this withdrawal. *An active account status as defined here means that contributions have been submitted to your BAC SAVE investment account within the last 24 months and that you have not retired.* If you have an amount available from a prior rollover, these funds will be exhausted first. By checking and signing for a hardship withdrawal request, you are certifying that you cannot meet your financial obligations by any other means.

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The amount you can request is limited to the lesser of amount of the expense, previous year-end balance, or most recent valuation. As of 1/1/99, tax deferred employee contributions for hardship withdrawals are NOT eligible for rollover. Federal income tax of 10% will be withheld unless you elect not to have federal tax withheld. States taxes are withheld if mandatory.

All Available or Amount Requested \$ _____

Please check one: withhold 10% federal tax, do not withhold tax

_____ D. Lump Sum Distribution *

* You must have an inactive account status for greater than 2 years to be eligible to elect this distribution.

An inactive account status as defined here means that no contributions have been submitted to your BAC SAVE investment account within the last 24 months.

All Available

_____ E. Retirement/ Disability Benefit *

* You must be retired and have an amount available to be eligible to request this withdrawal. The amount available is limited to the total market value of your account up to the most recent valuation.

All Available or Amount Requested \$ _____

Retirement Effective date _____

Is your Retirement a disability Pension? yes no

_____ F. Survivor Benefit *

* You must be a designated beneficiary of a deceased BAC SAVE Participant with an amount available to be eligible to request this withdrawal. Please attach proof of death.

All Available or Amount Requested \$ _____

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3. TAX WITHHOLDING:

Please read the attached special tax notice and check one.

____ Distribution/Withdrawal paid to participant in cash * or ____ Direct rollover to qualified institution **

* Subject to 10% or 20% federal tax withholding as required by law and state taxes withheld if mandatory. Payment may also be subject to a 10% early distribution excise tax. You may be responsible for additional taxes at tax time.

** I have indicated a financial institution below to which the rollover check will be made payable.

4. ROLLOVER INFORMATION (Please also complete this section except for a financial hardship withdrawal)

Please choose one option below to indicate whether or not you elect a direct rollover of your withdrawal/distribution.

_____ A. I do not want to roll over any of my payment to an IRA or qualified retirement plan. Pay me the full lump sum after withholding 20% for federal income taxes as required by law.

_____ B. I want to roll over my withdrawal/distribution directly to an IRA or other qualified plan that accepts rollovers. Please make payment on my behalf to the IRA or retirement plan named below.

_____ C. I would like to have part of my withdrawal/distribution directly rolled over. Please roll over _____% to the IRA or qualified retirement plan named below, and pay the remainder of the benefit to me, after withholding 20% for federal income taxes as required by law.

If you elected a direct rollover, you must provide all of the following information. Until you provide this information, no direct rollover can be made.

Name of IRA Trustee or Qualified Retirement Plan

Account Number

Mailing Address line 1

Contact Name

Mailing Address line 2

Signature of Applicant

Date

