

JV Associates, Ltd
IN-SERVICE DISTRIBUTION REQUEST FORM

Your Plan Sponsor Company's name: _____

Name Of Participant: _____

Address: _____ City _____ State ____ Zip _____

SSN _____ Ph # _____ Marital Status: Single ____ Married ____

Date of Birth _____

You are requesting an in-service distribution from your retirement plan. This payment will be made in a lump sum if you are eligible for in-service distributions. You will be liable for the taxes due on this distribution.

PAYMENT ELECTION I request that my Plan benefits be paid at this time.

Form of Payment. I request payment of my Plan benefits as follows

- In a single sum payment to me of \$_____.
- \$_____ of my account in payment to me, less withholding. (IRS requires 20% withholding).
- Rollover \$_____ of my account to a self directed IRA account. (complete below)

Investment Co Name: _____

Account Number: _____

Address to send check: _____

City _____ State ____ Zip _____

Dated: _____

Signature of Participant

Please return this form to:

JV Associates, Ltd
PO Box 520
Hutchinson MN 55350
Ph 320-234-6274
Fax 320-234-7417
Email: michelle@401kadm.com