

INSTRUCTIONS

Use this form to process plan distributions due to plan termination. This form can be used for assets maintained at the Advocate Benefits Service Center. All sections must be completed for your request to be processed. Additional information regarding the plan can be found in the Plan Summary. Please read these Instructions, the attached form and Special Tax Notice before proceeding. You should consider the tax implications of your election carefully and if necessary consult your personal tax and/or investment advisor before making such an election.

Section I: Complete your personal information.

Section II: This section has been completed for you.

Section III: Check only one box to identify how you want your distribution paid. These are the only options available under the Plan.

All active associates have the following options:

1. Rollover your balance from the Advocate 403(b) Plan to the Advocate 401(k) Plan. Your rollover contribution will be invested in the 401(k) Plan in accordance with the fund mapping established by Advocate. If you are considering this option and you have an outstanding loan, you must determine whether or not you want that loan to also transfer to the Advocate 401(k) Plan. Electing to transfer your loan to the Advocate 401(k) Plan will allow you to continue to make payments on the loan. If you choose to not transfer your outstanding loan to the Advocate 401(k) Plan, your loan will be treated as a taxable distribution and offset from your plan account balance before it is transferred to the Advocate 401(k) Plan.
2. A direct rollover that is made payable to an IRA or other qualified plan. This payment is paid by check and delivered to you. You are responsible for delivering the distribution to the IRA or other qualified plan.
3. A single cash lump sum payment that is paid by check, made payable to you.

All terminated associates have the following options:

1. Rollover your balance from the Advocate 403(b) Plan to the Advocate 401(k) Plan. **NOTE: You MUST have a 401(k) Plan account in order to effect this rollover.** Your rollover contribution will be invested in the 401(k) Plan in accordance with the fund mapping established by Advocate.
2. A direct rollover that is made payable to an IRA or other qualified plan. This payment is paid by check and delivered to you. You are responsible for delivering the distribution to the IRA or other qualified plan.
3. A single cash lump sum payment that is paid by check, made payable to you.

Note: As required by law a lump sum Before Tax distribution or non-qualified Roth distribution requires 20% federal income tax withholding on the distribution amount. If your account balance is \$199 or less, mandatory federal income tax withholding will not be required on your distribution. Please note that your distribution may be subject to a 10% excise tax on premature distributions.

Section IV: You must complete this section if you are electing a direct rollover of your Before Tax account and/or Roth account (if any). Do not complete this section if you are electing something other than a direct rollover or if you are electing a rollover to the Advocate 401(k) Plan.

Note regarding direct rollovers of non-Roth amounts to a Roth IRA: Non-Roth amounts (amounts attributable to contributions other than Roth contributions rolled over to a Roth IRA) must be included in your gross income for the year in which the rollover occurs, but are not subject to a 10% penalty for premature distributions. No amount will be withheld from a direct rollover of non-Roth amounts to a Roth IRA for federal income tax purposes. Caution: This means that you will be responsible for making sure you are able to pay the full amount of all required income taxes in connection with such a rollover. Participants considering a direct rollover of non-Roth amounts to a Roth IRA are strongly encouraged to consult their personal tax and/or investment advisor before making their election.

Section V: Read the acknowledgement then sign and date the form. Return the completed form to:

Advocate Retirement Savings Plan
c/o ADP Retirement Services
71 Hanover Rd., MS 575
Florham Park, NJ 07932-1502

Or Fax to: 973-712-7489

Section I: Personal Information

Phone Number		Social Security Number
Employee Name (Last, First, Middle)		
Street Address		Apt./PO Box#
City	State	Zip Code

☐ Check here if new address is listed above.

Section II: Distribution Type

☒ Plan Termination

Section III: Method of Distribution (check only one, your options may differ depending on whether you are a current or former associate)

- A) **Options available to currently employed associates; you do not need to complete section IV** I want to rollover my Advocate 403(b) Plan balance to the Advocate 401(k) Plan
- ☐ I do not have an outstanding loan and want to rollover my balance to the Advocate 401(k) Plan.
- ☐ I have an outstanding loan and want to rollover my balance to the Advocate 401(k) Plan.
- ☐ I have an outstanding loan and want to rollover my balance to the Advocate 401(k) Plan. Do not include my outstanding loan balance.
- B) **Options available to formerly employed associates; you do not need to complete section IV** I want to rollover my Advocate 403(b) Plan balance to the Advocate 401(k) Plan **I have a balance in the Advocate 401(k) Plan currently.**
- ☐ Rollover my balance to the Advocate 401(k) Plan.
- C) **Options available to both current and formerly employed associates;**
- ☐ A cash lump sum.
- ☐ Direct rollover to an IRA or other qualified plan – **you must complete section IV of this form.**

Section IV: Funds Disbursement Election

Before Tax

Account type to which the Direct Rollover is being made:

- ☐ Traditional IRA ☐ Roth IRA (See Instructions for important information)
- ☐ Employer Plan (Qualified Plan, 403(a) Qualified Annuity, Sec. 457 Plan or 403(b) Tax-Sheltered Annuity)

Make check payable to:

Name of Institution/Trustee

Roth

Account type to which the Direct Rollover is being made:

- ☐ Roth IRA ☐ Employer Plan (Qualified Plan, 403(a) Qualified Annuity, Sec. 457 Plan or 403(b) Tax-Sheltered Annuity)

Make check payable to:

Name of Institution/Trustee

Section V: Acknowledgement and Signature

I hereby authorize the distribution of funds from my account according to the directions identified above. I understand that there may be certain penalties and/or taxes due. By signing this form, I certify that within the last 90 days I have received a notice describing the tax consequences of my distribution options and the material features of the forms of payment available under the Plan. I am aware that the Internal Revenue Service recommends that I take 30 days to consider my distribution options; however, by returning this signed form prior to the expiration of the 30-day period, I hereby waive the 30-day waiting period. Further, I certify that no portion of the benefits to which I am entitled from the Plan is subject to a qualified domestic relations order which would affect the payment of any benefits from the Plan.

Signature of Employee/Participant	Date
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Please mail completed form to:

Advocate Retirement Savings Plan Or
c/o ADP Retirement Services
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Florham Park, NJ 07932-1502

Fax to: 973-712-7489

FOR ADP USE ONLY

Dept = RKOPSCUSTM
Task = TERMNF
Recordkeeping Plan #: 599998

Date Received:

Approval: