

Distribution Form

Good Samaritan Hospital Association 401(k) Plan

660268

Employee Full Name (please print)		Date of Birth	Daytime Phone Number
Permanent Address (for tax filing purposes)		Email Address	
City	State	ZIP	
SSN (or ITIN if applicable)	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien (Submit an IRS Form W-8BEN. See Section 6.)		

Check Mailing Address (if different than above, Medallion Signature Guarantee Required, see employee signature section/page 4)		
City	State	ZIP

1. Reason for Withdrawal. Choose one option below.

- No Longer Employed
- Total and Permanent Disability
- In-Service Withdrawal (Please choose **one** option below)
 - Retirement-Eligible In-Service Distribution: I have met the age and vesting requirements specified under the Plan.
 - Other In-Service Distribution: Withdrawal of Rollover Account Only
 - Other In-Service Distribution: Withdrawal of After-Tax Account Only
- Plan Termination

2. Method of Distribution. Choose all that apply.

The plan will distribute 100% of your vested account balance if you do not indicate a specific percentage or amount below.

- Direct Payment to You** (subject to income tax — see Special Tax Notice):
 - Lump Sum (both pre-tax and Roth) _____ %
 - Roth Balance Only (including earnings)
 - Pre-Tax Balance Only
 - Partial Payment (no annual withdrawal limit) \$ _____ Pre-tax Roth *Default is pro-rata*

Note: Some Plans do not allow partial payments. Confirm with your Plan Administrator.

 - Installment Payments (Only for vested balances of \$5,000 or over. Attach the Installment Payment Election Form.)
- Note:** Some Plans do not allow installments. Confirm with your Plan Administrator.

***If you elect a direct payment to you, complete the Payment Method section 3 below.**

- Direct Rollover (tax deferred):**
 - Rollover (both pre-tax and Roth) to Alerus IRA (processing fee waived): _____ % OR specified dollar amount \$ _____
 - Rollover (both pre-tax and Roth) to IRA/Eligible employer plan: _____ % OR specified dollar amount \$ _____
 - Rollover Roth portion of my account only. This will include earnings. Not all plans permit Roth contributions.
 - Rollover Pre-Tax portion of my account only.
- Direct Rollover Conversions of pre-tax to Roth IRA** (subject to income tax — see Special Tax Notice):
 - Rollover to Alerus Financial Roth IRA (processing fee waived): _____ % OR specified dollar amount \$ _____
 - Rollover to other Roth IRA: _____ % OR specified dollar amount \$ _____

Withholding for Rollover/Conversion to Roth IRA: If you would like to have federal income tax withheld, please indicate below. However, a 10% tax for early distribution may apply to the withholding amount.

- Please withhold _____ % from my Pre-Tax Rollover to Roth IRA for federal income tax. I understand no state income tax will be withheld except where required by law. If no election is made, no taxes will be withheld.

If you elect a rollover, complete the Rollover section 4 below.

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3. Payment Method for Cash Distributions

If you do not indicate an option below, your distribution will be sent in the form of a check.

- Check
- Direct Deposit to my checking/savings account. Medallion Signature Guarantee is required for all ACH payments. Please include a voided check with your request. Rejected ACH requests will be sent in the form of a check. **This option is not available for rollovers.**

Bank Name: _____

Account Name: _____

Bank ABA/Routing Number: _____

Account Number: _____

Checking or Savings (circle one)

4. Rollover Information. Account must be established prior to providing the following information.

Note: All rollover checks are mailed directly to either the participant's address of record or check mailing address indicated above unless specified below.**

- Please mail check to rollover company. I understand that a Medallion Signature Guarantee is required.
*If either the medallion stamp and/or the rollover company address is not provided, the check will be mailed to the participant address of record.

A. Pre-Tax Account

Name of Rollover Company
or Plan Name
Account/Plan Number

**Mailing Address for Check (if different than participant address, Medallion Signature Guarantee required).

B. Roth Account (if different than above). Roth IRAs cannot be commingled with pre-tax IRAs.

Also, if you intend to roll to an employer plan, you must confirm that it will accept Roth contributions.
Name of Rollover Company
or Plan Name
Account/Plan Number

**Mailing Address for Check (if different than participant address, Medallion Signature Guarantee required).

5. Treatment of Outstanding Loan Balance. Complete section 5 if you have a plan loan. Choose one option below.

Note: If you have a plan loan, but do not complete this section, the Plan will default your loan under option 1 below.

1. **Default the Loan:** You will not be required to pay off the loan, but the balance plus interest will be taxed to you. The Plan will report this amount to the IRS on Form 1099-R.
2. **Pay Off the Loan:** Please attach a money order/cashier's check for the total amount of your outstanding loan balance plus interest. The plan will be paid and the proceeds distributed according to your instructions in Section 2 above.
3. **Do Not Affect Loan:** (In-service Withdrawals only). You must still be an active employee of the company and your employer must continue to withhold loan payments from your pay.

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6. Information for Nonresident Alien Participants Only

Provide a Form W-8BEN with an original signature as documentation of your foreign tax status. Without valid tax documentation, Alerus Retirement Solutions is required to withhold taxes at the maximum nonresident alien (NRA) withholding rate of 30%. You may obtain a Form W-8BEN by downloading the form from the IRS website at irs.gov.

7. Tax Withholding Section

Federal Tax Withholding: Federal law requires a mandatory 20% to be withheld on all taxable (non rollover) distributions. If you would like additional federal taxes withheld, please indicate below.

Additional amount to be deducted from each taxable payment: 20%+ $\frac{\text{Additional Amount}}{\text{Total}}$ % = $\frac{\text{Total}}{\text{Total}}$ %

State Tax Withholding: No state income tax will be withheld except where required by law.

If your state allows you to opt out of state tax withholding, include a completed Form W-4P with your distribution request. You may obtain a Form W-4P by downloading the form from the IRS website at irs.gov. *NOTE: This option is only available for certain states. We will only waive state tax where allowed by law. I have attached Form W-4P with my distribution request.

8. Employee Signature and Acknowledgement

I acknowledge that:

- I have received and read the Special Tax Notice Regarding Plan Payments and the Distribution Notice;
- Federal law allows me 30 days after the receipt of the Distribution Notice and Special Tax Notice Regarding Plan Payments to decide whether or not to roll over this distribution. I waive the 30-day notice period and consent to an immediate distribution;
 - I understand that once my payment has been processed, it cannot be changed;
 - Federal law requires 20% income tax withholding on all taxable distributions;
 - A 10% premature distribution penalty tax may apply (see Special Tax Notice)
- My account may receive mutual fund dividends or other deposits following my disbursement. Generally, Alerus will distribute these trailing amounts using the method selected in this form (*certain exceptions may apply*);
- Distributions will be made pro-rata among investment funds and sources unless I direct otherwise in writing (*certain exceptions may apply*);
- Any after-tax contributions will be paid as a lump sum, unless I direct otherwise in writing;
- A processing fee may be charged; and
- A voided check is required for all ACH requests.

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****A Medallion Signature Guarantee is required for any of the following transactions:** 1. Distributions over \$100,000, 2. A bank wire or ACH, 3. Payment to a destination outside the U.S., 4. Payment to an alternate payee, beneficiary or other third party (other than the rollover recipient institution), 5. Payment to an address that is different than the address of record on the account, or 6. If the address on the account has been changed within the past 15 days. A Medallion Signature Guarantee is designed to protect you and Alerus from fraud. You can get a Medallion Signature Guarantee from most banks, credit unions, and other financial institutions. **A notary seal/stamp is NOT a Medallion Signature Guarantee.** All forms with a Medallion Signature Guarantee must either be uploaded by the TPA/Authorized Signer or mailed in its original form to the following address: Alerus Retirement Solutions, Two Pine Tree Drive, Suite 400, Arden Hills, MN 55112.

NOTE: In place of a signature guarantee, your employer may choose to acknowledge your signature. Contact your HR department for details.

EMPLOYEE SIGNATURE

DATE

X

Employee, please submit form to Alerus.

MEDALLION SIGNATURE GUARANTEE STAMP

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***Signature Guarantee Waiver and Employer Certification:** As an authorized signer for the Plan, I certify that the above signature of the employee is genuine. Employer should only sign below if confident of the validity of the above signature. By signing, the Employer accepts responsibility if the signature is fraudulent. Employer must submit completed and signed form to Alerus Retirement Solutions via Plan Gateway's Submit Files Menu. Access to Plan Gateway is located at alerausretirementsolutions.com. By uploading this form via our secure website, the Employer is certifying that all signatures are genuine.

AUTHORIZED SIGNATURE

DATE

Sign: Print Name:

This signature pertains to medallion waiver only.

If no Medallion Signature Guarantee is required, please submit completed and signed form to Alerus Retirement Solutions via the Plan Participant/Contact Us file upload option located at alerausretirementsolutions.com

****All forms with a Medallion Signature Guarantee must either be uploaded by the TPA/Authorized Signer or mailed in its original form to the following address: Alerus Retirement Solutions, Two Pine Tree Drive, Suite 400, Arden Hills, MN 55112.**

Distribution Form

Notice and Consent Period Regarding Distribution

(Retain this page for your personal records.)

You are eligible to receive a distribution from your Plan. As a result, you should be aware of the following:

Minimum Notice Period. For at least 30 days after you receive this notice, you have the right to consider your decision whether to consent to a distribution of your vested account balance and whether to elect a direct rollover of any portion of your eligible rollover distribution. If you sign and return the attached Distribution Form to the authorized signer less than 30 days after you receive this notice, the authorized signer's receipt of your signed form is your affirmative waiver of any unexpired portion of the minimum 30-day period and your affirmative election of a distribution or a direct rollover.

Distribution Charge. A fee may be deducted from your account proceeds upon distribution. In such case, it will be itemized on the confirmation letter you will receive after the distribution is processed. Contact your employer to determine whether a distribution fee, if any, applies.

Postponement of Distribution. You are not required to take a distribution from the Plan unless you either:

1. Reach your "Required Beginning Date (RBD)." Your RBD is April 1, following the year in which you turn age 70 ½; or
2. Have a "Small Account Balance" as defined by your plan (*defined as a balance less than a specified dollar amount which can be no greater than \$5,000*).

If you do not submit this Distribution Form, you will be deemed to have elected postponement. If you postpone your distribution:

- Your account value will continue to fluctuate based upon the performance of the investments in your plan;
- If you have the ability to direct investment within the plan, you will retain that ability;
- You will have access to the same investment options as offered to other plan participants.;
- Your account will be subject to the same investment and administrative fees applied to other plan participants. However, If your employer paid some/all of these fees on your behalf, your employer may opt to have these fees assessed against your account following termination of employment.
- You may obtain more information regarding your distribution rights by referring to your Summary Plan Description;

Rollover Contribution Form

Good Samaritan Hospital Association 401(k) Plan

660268

Employee Full Name (please print)	Social Security Number
Email Address	Daytime Phone Number

As a participant or eligible employee you may make a Rollover contribution from the following types of plans to this Plan. If you are not sure of the plan type, contact your former employer or financial institution. A rollover from an invalid plan type or contribution could nullify your rollover and subject you to penalties and taxes.

Rollover From: Check the appropriate box below. (If rollovers are coming from different institutions, a separate form must be completed for each.)

- Qualified Retirement Plan*** (Example: 401(k), Profit Sharing, Pension or Stock Bonus Plan.)
- Individual Retirement Account (IRA)** (Example: Conduit IRA, regular IRA, SEP or SIMPLE IRA if you participated in the SIMPLE IRA for at least 2 years.) Non-deductible contributions made to a regular IRA and inherited non-spousal IRAs cannot be rolled over.
- 403(b) Plan*** (Tax deferred annuity maintained under Internal Revenue Code Section 403(b) Plan.)
- 457 Plan*** (Eligible plan under Internal Revenue Code Section 457 maintained by a governmental entity.)
- Roth 401(k) or Roth 403(b) Account** (If allowed under the Plan). The distributing plan must provide Alerus with the Roth contribution basis and the date of the first Roth Deferral contribution before Alerus may process your rollover contribution. Failure to do so will prevent timely investment of your rollover.
- Pre-tax Account Converted to Roth 401(k) or Roth 403(b)** (If allowed under the Plan). If you have previously converted a pre-tax account to a Roth account, then the distributing plan must provide Alerus with the date and basis amount for the Roth conversion before Alerus may process your rollover contribution. Failure to do so will prevent timely investment of your rollover.

* After-tax contributions cannot be rolled over to this plan.

Estimated Rollover Amount: _____ **Distributing Institution Name:** _____

Note: It takes two forms to complete a rollover. This form alone will not result in the rollover occurring. This form is used by your current employer to document the nature of your rollover. In addition, you must request and complete the appropriate withdrawal form from your previous employer or institution currently holding your investments.

Transfer

Instructions:

Inform your previous employer or institution to transfer your rollover via:

- | | |
|---|---|
| <input type="checkbox"/> Check Make check payable and send form to:
Alerus Financial, N.A.
FBO: Good Samaritan Hospital Association 401(k)
Plan – Participant Name
Attention: Trust Operations
P.O. Box 64535
St. Paul, MN 55164 | <input type="checkbox"/> Wire Wire assets and fax form to:
Alerus Financial, N.A., Grand Forks, ND
ABA #091300159
BNF: Alerus Financial, N.A. A/C #5009-9272
Further Credit: Good Samaritan Hospital Association
401(k) Plan – Participant Name
Fax Number: (651) 746-6142 |
|---|---|

(Overnight Mail: Trust Operations, Two Pine Tree Drive, Suite 400, Arden Hills, MN 55112)

I direct Alerus Financial to deposit this rollover contribution into this Plan and I understand that it will be subject to the rules of this Plan. I certify this to be an eligible rollover contribution and that it does not include after-tax or non-deductible IRA contributions.

Employee Signature _____ **Date** _____

Reminder: Did you?

- ◆ Obtain and complete the withdrawal form from your previous employer or institution. Instruct them to mail the rollover check to Alerus.
- ◆ Obtain your current employer's signature on this form (below).
- ◆ Return to Human Resources, a copy of this form and a copy of your most recent statement from the plan or institution transferring your rollover money.
- ◆ If wiring, fax a copy of this form and a copy of your most recent statement to Alerus at (651) 746-6142.

Note: This deposit will be invested in accordance with your current investment election. In the absence of an election, it will be invested in the plans default investment alternative. If you have not previously completed the forms necessary to invest contributions in this Plan, contact your employer.

As an authorized signer for this Plan, I acknowledge that the plan permits rollover contributions, and based on the participant's statement above, I approve this as an eligible rollover contribution to be deposited into this Plan.

Employer Signature _____ **Date** _____

Employer, please submit completed and signed form to Alerus Retirement Solutions via Plan Gateway's Submit Files menu. Access to Plan Gateway is located at <http://www.alerusretirementsolutions.com>. You may also send form by mail to P.O. Box 64533, St. Paul, MN 55164-0533.

Original – Current Employer

Copy – Alerus Financial, N.A.