

IN-SERVICE WITHDRAWAL APPLICATION

Participant: _____

The Plan provides that your Participant's Rollover Account and your Participant's Voluntary Contribution Account may be withdrawn at any time.

1. Withdrawal Amount:

I hereby elect to withdraw the amounts elected below from my accounts attributable to:

() Rollovers --\$_____

() After-tax voluntary contributions --\$_____

2. Representations. I understand:

a. My election is irrevocable.

b. The Plan will hold the portion of my account balance which I am not withdrawing until I otherwise would receive a distribution of my account balance under the Plan.

c. I should consult my own tax advisor with respect to the proper method of reporting any distribution I receive from the Plan.

3. Waiver of minimum notice period. I consent to an immediate distribution of the elected portion of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

EXECUTED this _____ day of _____, 20 _____.

Signature of Participant

Social Security Number