

AUTHORIZATION OF DISTRIBUTION

DISTRIBUTION PROCESS FORM

Section A – To be completed by Employer

Plan Name: _____ PS/401(k) MP ESOP

Fax Number: _____

Participant Name: _____

Date of Termination: _____

Hours Worked current year: _____

401(k) Contributions YTD if not provided to EIP throughout the year: _____

X

Plan Representative Signature

Section B – To be completed by EIP, Inc.

PA: IO:

Investment Company: Fidelity NW Other: _____

Type of Distribution: Termination In-service Hardship Loan

Vesting Schedule: 100% 2/20 3 Yr Cliff Other: _____

Participant Vested if not 100% (check hours worked in current year): _____

Hardships / In-service / Loans Distribution Request Allowed: Yes No

Restrictions: _____

Current Outstanding Loan: No Yes \$ _____

Benefit Election Form Required (if MP assets): Yes No

Insurance Policy in Plan: Yes No

NOTES: _____

Good Order: Yes No Request Made/Initial: _____