

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at [www.startright.bokf.com](http://www.startright.bokf.com) and make your election. You may want to check with a qualified tax advisor before making your elections.

(Please use black ink only.)

**SECTION I: PARTICIPANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Branch/Dept: \_\_\_\_\_

The Plan allows you to withdraw funds from your Rollover Contribution Account and your After-Tax Contribution Account at any time. The Plan also allows you to withdraw funds from your Salary Deferral Account and Discretionary Employer Contribution Accounts upon attainment of age 59 ½ (limited to one (1) withdrawal per calendar year) and upon an immediate and heavy financial hardship. The Plan also allows you to withdraw funds from your Money Purchase Pension Plan Account upon attainment of age 62. If you are eligible to withdraw funds as an inservice withdrawal, you must first withdraw all available funds from all available account sources before you are eligible for a hardship withdrawal from your Salary Deferral Account. If you desire a hardship withdrawal, please complete the Application for Hardship Form that is available from the Human Resources Department.

With limited exceptions, in addition to ordinary income tax, this distribution will be subject to a 10% nondeductible penalty tax if you receive it before you attain age 59½. The distribution will be withdrawn on a pro-rata basis from each investment fund.

INDICATE YOUR WITHDRAWAL AMOUNT \$ \_\_\_\_\_

*(Limited to one (1) 59 ½ inservice distribution per calendar year.)*

**SECTION II: WITHHOLDING INFORMATION**

Please make your make your election:

Pay the entire distribution directly to me (subject to the applicable federal and state income tax withholding). State income tax will be withheld from the taxable portion of your payment if you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.

\_\_\_\_\_ Withhold state tax. \_\_\_\_\_ Do not withhold state tax.

Pay the distribution in accordance with the instructions in Sections III through V.

**SECTION III: ROLLOVER ELECTION**

Please make your make your election:

Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. Complete all sections below.

Pay the following dollar amount to me \$ \_\_\_\_\_ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section IV below.

**SECTION IV: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN**

You may roll your pre-tax plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs.

▶ **Pre-tax fund rollover instructions:** I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Type of IRA:  Traditional

Name of new Trustee or Custodian where funds will be held: \_\_\_\_\_

Name of IRA/Qualified Plan/Account Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

DTC Number (For SDO In-Kind Transfers): \_\_\_\_\_

► **After-tax fund rollover instructions:**

Name of new Trustee or Custodian where funds will be held: \_\_\_\_\_  
Name of Qualified Plan/Account Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Name & Phone Number: \_\_\_\_\_  
DTC Number (For SDO In-Kind Transfers): \_\_\_\_\_

**SECTION V: METHOD OF PAYMENT**

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Based on your vested balance, please select the option in which you would like to receive your distribution. A distribution fee will be deducted from your account balance as noted below. If choosing distribution via direct deposit or wire, please print legibly and make sure the information provided below has been verified by your financial institution. *(In the event that there is any uncertainty about your method of payment election, the Bank will issue your payment by check.)*

<input type="checkbox"/> Check (This is the default option for all participants.) Mail check to: <input type="checkbox"/> Participant <input type="checkbox"/> New IRA or Qualified Plan	Distribution Fee: \$50
<input type="checkbox"/> Direct Deposit Submit the Direct Deposit Authorization (ACH Transfer) form with this Application for Benefits. <i>Direct Deposit/ACH is not available for rollover distributions. A check will be issued for rollover distributions unless you elect a wire below.</i>	Distribution Fee: \$50
<input type="checkbox"/> Wire If you have a vested balance of \$25,000 or more, you may choose to have the wire proceeds sent directly to the new Trustee, Custodian, or if not a rollover election, to your personal bank account. If you qualify for this option, please provide the following information (All information must be provided.) Receiving Financial Institution must be a US Entity.  <b>IMPORTANT:</b> To prevent identity theft, a BOKF Financial Representative will attempt to contact you to verify your wire payment instructions. If verification is not successful within <b>24 hours</b> of attempting to contact you, <b>a check will be issued</b> as the default payment method.	Distribution Fee: \$75
Financial Institution Name _____ Account Name _____ For further credit _____	Routing # _____ Account # _____ Account # _____

**SECTION VI: SPOUSAL CONSENT TO DISTRIBUTION**

**IF YOU HAVE A BALANCE IN THE EMPLOYER MONEY PURCHASE FUND A SPOUSAL CONSENT IS REQUIRED.**

I certify I have received a written explanation from the Plan explaining my rights and I hereby consent to the above elections by my spouse.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by Plan Representative or Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO:** BOK FINANCIAL, CLIENT PLAN SERVICES, P.O. BOX 22131, TULSA, OK 74121-2131  
Fax: Attn: Client Plan Services  
918.280.4198

**DIRECT DEPOSIT AUTHORIZATION (ACH TRANSFER)**

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**IMPORTANT:** To avoid identity theft, a BOKF Financial Representative will attempt to contact you to verify your direct deposit banking information. If BOKF is unable to verify your banking information within **24 hours** of attempting to contact you, **a check will be issued** as the default payment method.

**INSTRUCTIONS FOR DIRECT DEPOSIT INTO BANK ACCOUNT**

PARTICIPANT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH / ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ TYPE OF ACCOUNT  Checking  Savings

ABA / ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

(Please call your bank for verification)

**A VOIDED CHECK (checking account) OR DEPOSIT SLIP (savings account) MUST BE ATTACHED.**  
**The following preprinted information must be included: participant's (or alternate payee's) name and address.**  
**PLEASE NOTE that if this information is not received, then a check will be issued.**



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**AUTHORIZATION**

I hereby authorize payment using an automatic transfer by ACH to my account named above. The name on the check must match the participant's (or alternate payee's) signature. **NOTE: This option is not available for rollover distributions.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE