

Dairy Mart Convenience Stores, Inc.
 401(k) and Profit Sharing Plan
 DMC

Please PRINT

About You

Name: _____ Social Security Number: _____
FIRST MIDDLE LAST

Home Address: _____ Home Telephone () _____
 _____ Work Telephone () _____

Birth Date ____/____/____ Marital Status: Married Not Married (Single, Divorced, Widowed)

Distribution Options

Please distribute my entire vested balance in the following manner: (choose one of the following)

_____ **Lump Sum**
 A check payable to you for your vested account balance less the 20% mandatory federal income tax withholding on pre-tax money and any outstanding loan(s) (if applicable). If you are younger than age 59½ your vested account balance may be subject to a 10% early withdrawal penalty – see *IRS Model Notice* for more information.

_____ **Direct Rollover**
 A check for your vested account balance less any outstanding loan(s) (if applicable) payable to the successor Trustee or Custodian based upon the instructions you provide in the **Direct Rollover Instructions Section** of this form.

_____ **Combination – Lump Sum and Direct Rollover**
 You may elect to have a portion of your account paid directly to you, with the remainder paid as a direct rollover to an IRA or new employer's plan. Monies paid to you directly will be subject to the conditions described in Lump Sum above. If applicable, any after-tax contributions made to the Plan will be the first monies paid towards the lump sum portion of the distribution. You must complete the **Direct Rollover Instructions Section** of this form to complete your Combination distribution.

_____ **Installments (make election for payment frequency below)**
 Depending on the duration of the installment payments, you may be subject to the 20% mandatory federal income tax withholding and 10% early withdrawal penalty – see the *IRS Model Notice*. Payments will be made according to my instructions and will continue until my account is depleted. The first payment will be made as soon as possible. This option is not available if your account balance does not exceed \$5,000.

- Frequency of Payments _____ (monthly, quarterly, or annually)
- Please distribute my account over a period of _____ years, but not exceeding my life expectancy.
 - Please distribute my account over my life expectancy.
 - Please distribute my account over the joint life expectancies of me and my primary beneficiary.

My primary beneficiary's birth date is ____/____/____.

Outstanding Loans

Do you have an outstanding loan in your account? () No () Yes. If yes, you **MUST** choose one of the following options.

_____ I elect to repay the outstanding loan balance with a cashier's check or money order made payable to "ABN AMRO for the «Company» «plan»". Please include your Name and Social Security Number and the phrase "Loan Payoff" in the memo section at the bottom of the check and **include your check with this form**. Please consult your Plan's loan policy to determine the length of time you have to repay your loan after you terminate employment.

_____ I elect **not** to repay the outstanding loan balance. If you do not repay your loan before the time allowed in the loan policy, the outstanding loan balance may be subject to tax and possible penalties – See *IRS Model Notice* for more information. **Additionally, if you are requesting the Combination option the 20% mandatory federal income tax withholding due from the loan will be withheld from the lump sum distribution.**

Direct Rollover Instructions

Complete **ONLY** if you choose Direct Rollover or Combination in the *Distribution Options Section*.

Please check one:

- Please pay my entire vested account balance as a Direct Rollover.
- Please send me \$ _____ (**before** taxes are withheld; see IRS Model Notice for taxation and possible penalties) and pay the remaining balance as a direct rollover. (Combination)

Direct Rollover To (*Please check one*):

- IRA with ABN AMRO (Complete an ABN AMRO Funds IRA application. To obtain an application, call 1-800-222-3060)
- Other IRA
- New Employer's Plan

Name of payee and account number (*if applicable*) to be shown on Direct Rollover check (72 characters maximum)

(Please check with your financial institution or new employer for specific instructions)

Address _____

Plan/IRA Phone Number _____

Mail check to My home address Financial Institution/New Employer (*named above*)

Signature and Authorization

I acknowledge the receipt of the *IRS Model Notice*. I understand that I have 30 days to review this notice prior to choosing a distribution option and returning this request. I further understand that I may waive the 30-day review period by signing and returning this request earlier. I certify that the above information is correct and authorize the action necessary to implement the distribution option selected. If I elected a direct rollover of a portion or all of the benefits due me under the Plan directly to the party indicated above, I understand that ABN AMRO Trust Services Company will make this rollover as soon as administratively feasible. The Plan Administrator has furnished me with an explanation of my distribution election rights under the Plan.

Participant Signature _____ Date _____

FOR PLAN ADMINISTRATOR USE ONLY

Reason for Distribution: Termination Retirement Total Disability

Hire Date ____/____/____ Birth Date ____/____/____ Participation Date ____/____/____

Termination Date ____/____/____ Final Contribution Date* ____/____/____

Company Vesting %	
Source	Percent
_____	_____ %
_____	_____ %

*This should be the last day of the month during which the participant made their last contribution.