



In-Plan Roth Conversion Election Form

Plan Name: _____

Participant Name: _____
Print or Type Complete Legal Name – First, MI, Last

Social Security #: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

SECTION 1: ROTH CONVERSION ELECTION

I hereby elect to convert the following percentage or dollar amount of my Plan contribution account(s) which are fully vested:

Pre-Tax Salary Deferral Account: \$ _____ or _____ % of the contribution

Other Plan Accounts:

Employer Contribution Account: \$ _____ or _____ % of the contribution

Matching Contribution Account: \$ _____ or _____ % of the contribution

Safe Harbor Contribution Account: \$ _____ or _____ % of the contribution

Rollover Account: \$ _____ or _____ % of the contribution

After-Tax Contribution Account: \$ _____ or _____ % of the contribution

SECTION 2: TAXABLE YEAR

Please note the entire conversion amount will be included in gross income in the year of the conversion. (Employees should be encouraged to discuss the advantages and disadvantages of Roth conversion with their tax advisor before making a conversion decision.)

SECTION 3: REQUIRED SIGNATURES

I hereby elect to convert the above amounts to Roth contributions. I understand by converting these amounts to Roth contributions that I will be required to include such amounts in gross income. I have read the *Participant Notice – Roth Conversions* and understand the tax consequences of making the Roth conversion. I understand that it is solely my responsibility to pay any taxes owed as a result of the Roth conversion and to determine whether the Roth conversion is in my best interests. I also understand it is my responsibility to increase my withholding or make estimated tax payments if necessary to avoid under-withholding penalties.

I understand the Plan Administrator has the authority to deny the Roth conversion if it is determined that I am not eligible to make a Roth conversion under the terms of the Plan.

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.

Participant Signature

Date

Plan Administrator Signature

Date