

**W.C. SPRATT INCORPORATED  
EMPLOYEE STOCK OWNERSHIP PLAN**

Direct Rollover Election

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

SSN: \_\_\_\_\_

Status: ( ) Participant ( ) Surviving Spouse ( ) Alternate Payee (Spouse or Former Spouse)

Type of Distribution: ( ) Lump Sum ( ) Periodic Installments (less than 10 years) ( ) Withdrawal ( ) Other

Estimated Payment  
or Commencement date: \_\_\_\_\_

Estimated Amount of  
Eligible Rollover Distribution  
Cash: \$ \_\_\_\_\_  
Shares: \_\_\_\_\_

Estimated Amount of Total  
of Total Distribution  
Cash: \$ \_\_\_\_\_  
Shares: \_\_\_\_\_

I request that the benefit payment which constitutes an "eligible rollover distribution" and which I am about to receive from the above referenced Plan be paid as follows:

- ( ) All by Distribution to me - ( ) Cash portion and/or ( ) employer stock portion
- ( ) All by Direct rollover - ( ) Cash portion and/or ( ) employer stock portion
- ( ) Partly by Distribution to me
  - ( ) Cash portion - \$ \_\_\_\_\_ or \_\_\_\_\_% or ( ) balance not rolled over
  - ( ) employer stock portion \_\_\_\_\_ shares or \_\_\_\_\_% or ( ) balance not rolled over
- ( ) Partly by Direct Rollover
  - ( ) Cash portion - \$ \_\_\_\_\_ or \_\_\_\_\_% or ( ) balance not distributed to me
  - ( ) employer stock portion \_\_\_\_\_ shares or \_\_\_\_\_% or ( ) balance not distributed to me

If I have requested a direct rollover of all or part of my eligible rollover distribution:

1. The name, mailing address and telephone number of the recipient IRA or Plan of the direct rollover is:
  - ( ) IRA or ( ) Plan Name
  - ( ) Trustee ( ) Custodian or ( ) Insurer

Name \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Account Number \_\_\_\_\_

2. I certify that the recipient IRA or plan is an eligible recipient of the direct rollover.
3. The check and/or employer stock certificate for direct rollover should be made out as follows:
  
4. The check and/or employer stock certificate for the direct rollover should be ( ) mailed to the recipient IRA or plan or ( ) picked up by me for delivery by me to the recipient IRA or Plan.

I acknowledge receipt of a rollover and tax distribution notice entitled "Special Tax Notice Regarding Payments". I understand that my eligible rollover distribution will be subject to 20% mandatory Federal income tax withholding (but not in excess of the amount of cash distributable to me) if or to the extent I do not elect to make a direct rollover.

Recipient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Date Received: \_\_\_\_\_