DE MINIMIS DISTRIBUTION REQUEST FORM

oregon SAVINGS GROWTH PLAN

I. PERSONAL INFORMATION

Name	Social Security Number
Address	Daytime Phone
City, State, Zip	Evening Phone

I wish to withdraw the Deferred Compensation funds under the De Minimis provision. I understand that:

1. The balance of the account as of receipt date of this form must be $5,000 or less.
2. No contribution has been made for the last 24 months.
3. I must still be employed with a participating employer.
4. This provision can be used only once.
5. I can re-enroll in the program after a six-month period.
6. I do not have an outstanding OSGP loan.

II. WITHHOLDING CERTIFICATE FOR FEDERAL AND STATE TAXES

Federal Tax Withholding for "Distributions Not Eligible for Rollover"

Federal law requires that 10 percent be withheld unless you indicate otherwise. If you wish no federal tax withheld, you must indicate 0 percent.

❑ Withhold the amount shown here from payment: _____%

State Tax Withholding

❑ Single ❑ Married ❑ Married, but withhold at higher single rate.	Total number of allowances claimed

As a participant, I understand that any withdrawal must be reported as income in the year the distribution is received,and that this request is subject to approval by the Oregon Savings Growth Plan. I understand that the plan reserves the right to recover any amount erroneously credited to my account or paid to me. Within the last 90 days I have received the 402(f) special tax notice, I understand its content, and I waive the 30-day notification requirement.

X _____ _____

Participant's Signature (Do not print) Date

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Cancellation Date	Balance
Authorized by Deferred Compensation Manager or Designee	Date

In compliance with the Americans with Disabilities Act, staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from your Oregon Savings Growth Plan representative by calling **888-320-7377** or TTY **503-378-4942**.

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Print Form | Clear Fields