



Corporate Office
1809 24th Street
P.O. Box 1167
Great Bend, KS 67530-1167
620-793-8473 phone
620-793-7463 fax
www.cpiqpc.com®

September 5, 2013

Karuk Tribe
Attention: Dianne Felicicchia
64236 2nd Avenue
Happy Camp, CA 96039

Plan: 5056 / KTC

Re: Karuk Tribe Employees Savings Trust

Dear Ms. Felicicchia:

We are happy to provide you with an updated "**Administrative Forms Manual**" for your plan.

The **Administrative Forms Manual** is available on the plan sponsor website at www.myretirementfuture.com. You can access the forms in each section of the **Administrative Forms Manual** by clicking on the section name on the Table of Contents. This will take you to the index page of the applicable section. From the index, you can go directly to a specific form by clicking directly on its name.

Individual forms are also available on the plan sponsor (as well as the participant) website at www.myretirementfuture.com. After accessing the site:

- Choose Plan Sponsor Web Site
- Enter User Name and Password
- Click on the Resource Center tab on the main menu bar
- Select "Forms and Documents" from the submenu on the left
- To access an individual form, in the Plan Information Section, click on "Plan Forms"
- To access the complete forms manual, in the Plan Information Section click on "Administrative Forms Manual"

The updated forms manual will be available on the website the next business day following receipt of this letter. Please discard any previous e-mail copy or paper copy of the forms manual you have.

If you have any questions, please contact me at our corporate office, Plan Administration Services; (620)793-8473, extension 875.

Sincerely,

Kim Rodie
Senior Administrator
Plan Administration Services
kim.rodie@cpiqpc.com

KR/sm

Enclosures

People driven. Outcome focused.

Los Angeles, CA | Tampa, FL | Atlanta, GA | Chicago, IL | Indianapolis, IN | Great Bend, KS | Wichita, KS
Boston, MA | St. Paul, MN | Springfield, MO | New York, NY | Raleigh, NC | Cincinnati, OH | Richburg, SC
Nashville, TN | Dallas, TX | Houston, TX | Seattle, WA | Madison, WI | Washington, D.C.

Table of Contents

The following forms have been designed specifically for you according to your plan document. For ease in navigating through the manual, click on the appropriate section link below to access the forms in each section.

SECTION I: [Employee Enrollment/Change Forms](#)

SECTION II: [Participant Distribution Forms](#)

SECTION III: [Participant Loan Forms](#)

Copyright 2010 by CPI Qualified Plan Consultants, Inc.
All rights reserved.

These forms are for the exclusive use by clients of CPI Qualified Plan Consultants, Inc. (CPI). No part of the contents of this manual may be reproduced or transmitted in any form by any means, except by CPI's clients for their internal use, without the written permission of CPI Qualified Plan Consultants, Inc.

**SECTION I
EMPLOYEE ENROLLMENT/CHANGE FORMS**

INDEX

<u>FORM</u>	<u>TO BE REVIEWED OR COMPLETED BY</u>
1. <u>Instructions for Processing Employee Enrollment/Change Forms</u>	<i>Plan Representative*</i>
2. <u>Enrollment/Change Investment Election Form</u>	<i>Participant</i>
3. <u>Beneficiary Designation Form</u>	<i>Participant</i>
4. <u>Cover Page for Submitting Enrollment/Change Investment Election Form</u>	<i>Plan Representative</i>
5. <u>Participant Employment Record for Rehired Employees</u>	<i>Employer</i>
6. <u>Rollover Contribution Acceptance and Remittance Form</u>	<i>Participant/Plan Representative</i>
7. <u>Miscellaneous Remittance Form</u>	<i>Participant/Plan Representative</i>
8. <u>Interactive Voice Response System/Web Site Instructions</u>	<i>Given to Participant for their records</i>

*Plan Representative is anyone designated by the Employer to act on behalf of the Plan.

EMPLOYEE ENROLLMENT/CHANGE FORMS

INSTRUCTIONS FOR PROCESSING EMPLOYEE ENROLLMENT/CHANGE FORMS

Enrollment/Change Investment Election Form - The Employer should have all new Employees complete the form to enroll in the plan or to decline enrollment. Current Participants must complete the applicable sections of this form to make changes to any or all of the following: Your Info and Your Election. The instructions for each section of this form are provided below:

At the top of the form, the eligible Employee/Participant should check one of the options to indicate the reason for completing the form in order to ensure proper routing.

- **Section A – Your Info -**

All Employees/Participants completing this form must enter the information requested in this section as indicated so that they will be properly identified as the originator of the election form.

- **Section B – Your Investment Direction – Initial Enrollment Only**

Since all or a portion of the plan assets are invested based on participant direction, the available investment funds that the Participants can choose from are listed in this section. New Employees enrolling in the plan must complete this section of the form to choose the funds in which they wish to invest and to indicate the percentage of contribution that will be allocated to each fund. After initial enrollment, Participants must call the Interactive Voice Response (IVR) System or access the Web Site to make changes in their investment fund election. They should refer to their IVR System/Web Site Instructions for further information. **Paper copies of the investment election form will not be accepted after initial enrollment in the plan. All subsequent transactions must occur over the IVR or Web Site.**

- **Section C – Your Election -**

New Employees must complete this form and either indicate the percentage of compensation they wish to contribute to the plan OR enter 0% to decline enrollment in the plan. Current Participants should complete this section if they wish to change the percentage of compensation they are currently contributing to the plan. Your Employer's administrative policies will tell you when your election will become effective.

- **Section D – Signature -**

New Employees and current Participants should read this section carefully and sign where indicated in order for their election(s) to take effect.

If the form is completed by a new Employee to enroll in the plan, the Employer should return the completed form to CPI along with the Cover Page for Submitting Election/Change form. If the form is completed by a new Employee to enroll or to decline enrollment, or by a current Participant to change their employee contribution percentage, the Employer should act on the form as required and keep the completed form with plan records.

Beneficiary Designation Form – New Employees enrolling in the plan must complete this form in order to appoint someone as beneficiary of their plan benefits. Current Participants must complete this form if they wish to change the beneficiary of their plan benefits. The total of each primary beneficiary should equal 100 percent. Secondary beneficiaries need to equal 100 percent under each primary beneficiary. If the participant wishes to designate more than three primary beneficiaries, please have the participant provide the additional primary beneficiaries as a separate attachment to the form. If there are more than two secondary beneficiaries to a primary beneficiary, please have the participant provide the additional information on a separate attachment to the form. All newly enrolled Employees and current Participants who are married must complete the spousal consent section at the bottom of this form in order for the beneficiary designation to take effect.

Cover Page for Submitting Enrollment/Change Investment Election Form – The Employer should complete this form and attach all Investment Election Forms for all new enrollees to it. The completed package should be submitted to CPI with the payroll data for the investment split.

Participant Employment Record for Rehired Employees – The Employer should complete this form for all **rehired Employees**. The completed form should be returned to CPI.

Rollover Contribution Acceptance and Remittance Form – This form must be used whenever there is a participant rollover from another plan or IRA. Please have the form completed as follows:

- 1) Provide the ***Rollover Contribution Acceptance and Remittance Form*** to the participant and have them read and sign the **Participant Certification** section. They must indicate the type of plan that the funds are originating from and any other required information as indicated. If the Participant is in possession of the rollover check, he/she should attach the rollover check that is to be deposited to the plan and return it along with the form to the Plan Representative. The check should be made out to *MG Trust Company FBO (Karuk Tribe Employees Savings Trust)*.
- 2) The Plan Representative must review the **Participant Certification** section. If the Plan Representative determines that the rollover meets the requirements of a qualified rollover (i.e., consists of only funds from one of the eligible retirement plans and qualifies for rollover treatment), the Plan Representative should then sign off that the rollover has been accepted.
- 3) The Plan Representative should also complete the bottom of the form as indicated with the date, participant name, social security number, and, in addition, indicate how the rollover is being sent and the amount of the rollover. If there is a rollover check, it should be sent along with the ***Rollover Contribution Acceptance and Remittance Form*** to the address indicated on the form based on the type of delivery service.
- 4) A separate ***Rollover Contribution Acceptance and Remittance Form*** must be completed for each rollover being sent. In addition, a copy of the ***Rollover Contribution Acceptance and Remittance Form*** must be sent to CPI to ensure proper handling of the rollover contribution. If the participant is new and has not yet completed an Enrollment/Change Investment Election Form, you may have the participant complete it at this time and fax it to CPI. However, if a fund election has been previously completed, all fund election changes must be made through the Web Site or the IVR. Do not send in a new paper copy.

Miscellaneous Remittance Form – This form must be used when there are circumstances when there is money to be invested in the plan that cannot be categorized as either a contribution, rollover, or loan payoff. Please have the form completed as follows:

- 1) On the Description section (#1):
 - a) Provide details on the money including where it originated and why it is to be invested in the plan.
 - b) Provide instructions as to how the money is to be invested. Include participant name and social security information, if applicable.
 - c) The Plan Representative should also complete the bottom of the form as indicated with the date, participant name (if applicable), social security number (if applicable), and, in addition, indicate how the money is being sent and the amount. If there is a check, it should be sent along with the **Miscellaneous Remittance Form** to the address indicated on the form based on the type of delivery service.
 - d) A copy of the **Miscellaneous Remittance Form** must be sent to CPI to ensure proper handling of the money.

Interactive Voice Response System/Web Site Instructions – When the Participant wishes to “transfer existing assets” from one fund to another fund or change their investment election percentages for future contributions, they will need to call the Interactive Voice Response (IVR) System/Web Site. Participants should refer to these instructions for information needed to place the call. A copy of this instruction sheet needs to be included with the enrollment materials that are given to Participants. All transfer requests and fund election changes must be made using the IVR System or Web Site. **Paper copies of election forms will not be accepted after the initial enrollment.**

BENEFICIARY DESIGNATION FORM

(Plan Sponsor: Keep this completed form in employee's personnel file.)
DO NOT SEND TO CPI

Plan Name: Karuk Tribe Employees Savings Trust

Location Name: _____ Location ID: _____ Plan: 5056 / KTC

Your Info	Please type or print clearly				<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	Last Name	First Name	M. I.	Social Security Number (SSN)	

If this beneficiary designation form is not completed, either a prior designation or the Plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

**(If the "Percent" column is left blank, it will be understood that multiple Primary Beneficiaries (and/or Secondary Beneficiaries, as applicable) are to share equally in the benefits to be divided among them.)*

	Name	Date of Birth	Relationship	*Percent
Beneficiary #1	Primary #1 _____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies) that survive me.			
	Secondary _____	_____	_____	_____%
	Secondary _____	_____	_____	_____%

	Name	Date of Birth	Relationship	*Percent
Beneficiary #2	Primary #2 _____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).			
	Secondary _____	_____	_____	_____%
	Secondary _____	_____	_____	_____%

	Name	Date of Birth	Relationship	*Percent
Beneficiary #3	Primary #3 _____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).			
	Secondary _____	_____	_____	_____%
	Secondary _____	_____	_____	_____%

Consent	If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a Plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.	
	I consent to the beneficiary designation above: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Signature of Participant's Spouse Date </div>	
	This instrument was signed before me on _____ / _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Date Plan Representative or Notary Public </div>	

Sign	I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.	
	_____	_____
	Participant	Date

COVER PAGE FOR SUBMITTING ENROLLMENT/CHANGE INVESTMENT ELECTION FORM

Plan Name: Karuk Tribe Employees Savings Trust
Location Name: _____ Location ID: _____ Plan: 5056 / KTC

INSTRUCTIONS	<ol style="list-style-type: none">1. Indicate below the number of Election Forms being submitted.2. Attach the Election Form for each participant.3. Send/Fax this cover page and copies of all Election Forms to CPI.* <p style="text-align: center;"><i>*CPI will not accept paper copies of election forms once the initial enrollment form is received for a participant. Future changes must be made by accessing the Web Site or the IVR System.</i></p> <p>Please Note: Election Forms must be submitted with this cover page <u>prior</u> to our receipt of the payroll file containing the new participants. If there is no Election Form for the new participant at the time the payroll file is processed, the participant's contribution will be defaulted to the plan's specified default fund.</p>
---------------------	---

Total number of Enrollment Forms submitted: _____

SUBMITTED BY: _____ DATE: _____

FOR FASTER SERVICE E-MAIL OR FAX TO:
CPI INVESTMENT SPLITS DEPARTMENT
E-mail: enrollmentforms@cpiqpc.com
Fax # (620) 792-6501

OR MAIL TO:
CPI QUALIFIED PLAN CONSULTANTS, INC.
ATTENTION: INVESTMENT SPLITS DEPARTMENT
1809 24th STREET, P.O. BOX 1167
GREAT BEND, KS 67530

FOR CPI USE ONLY

Date Received:	_____
Route to:	<u>Split Loggers</u>

Rollover Contribution Acceptance and Remittance Form

Plan Name: Karuk Tribe Employees Savings Trust

Location Name: _____ Location ID: _____ Plan: 5056 / KTC

STEP ONE - Indicate type of plan from which funds will be rolled over:

- | | |
|--|---|
| <input type="checkbox"/> Qualified Plan: Pre Tax Rollover Amount: \$ _____
<i>(If amount is unknown, provide estimated amount of rollover).</i> | <input type="checkbox"/> 403(b) Plan
<input type="checkbox"/> 457(b) Government Plan
<input type="checkbox"/> Personal IRA consisting only of funds taxable when withdrawn
<i>Nondeductible contributions cannot be rolled over</i> |
| <input type="checkbox"/> After-Tax Rollover Amount (Excluding Roth): \$ _____
<i>(if no amount is entered, after-tax contributions will be assumed to be zero)</i> | |
| <input type="checkbox"/> Simple IRA that has been in existence at least 2 years | |
| <input type="checkbox"/> Simplified Employee Pension (SEP) | |

If the funds are not originating from one of the plan types listed above, they cannot be rolled over into this plan.

Participant Certification: I hereby certify, under penalties of perjury, that the transferred funds are from the type of plan selected above. I also certify, under penalties of perjury, that I am eligible for a distribution from the plan, that all the funds are eligible for rollover and that any restrictions indicated above have not been violated. I understand that the funds will be invested according to my existing investment election for payroll contributions*.

Participant's Signature	Date	Accepted By:	Plan Representative	Date
-------------------------	------	--------------	---------------------	------

Please note that if it is later determined that the rollover contribution was invalid, the invalid rollover contribution, plus any earnings attributable to the contribution, will be distributed to you.

STEP TWO - Remittance Instructions: The rollover check or wire should be sent to:

If Mailed:	If Overnight Service or Two-Day Carrier:	If Wired:
MG Trust Company, LLC Attn: TPA 000107 FBO: Karuk Tribe Employees Savings Trust P.O. Box 46546 Denver CO 80201	MG Trust Company Attn: TPA 000107 FBO: Karuk Tribe Employees Savings Trust 717 17th Street, Suite 1300 Denver CO 80202	JPMorgan Chase 270 Park Ave New York NY 10017 ABA Routing Number: 021000021 Beneficiary Account Number: 886273556 Beneficiary Account Name: MG Trust Company, LLC Originator to Bene. Info: TPA 000107, 07C01326 By Order Of: (Client/Plan bank account number)
Make check payable to: MG Trust Company Reference on Memo Line: TPA 000107, Karuk Tribe Employees Savings Trust		

If a check is being sent, it should be attached to this form and mailed to the above address. If the rollover check has already been made out to either the plan or plan sponsor, endorse the check as follows and attach it to this form and mail to the address above.

Name of Plan or Plan Sponsor
 By: Fiduciary/Agent on account
 Pay to the Order of MG Trust Company
 TPA 000107

STEP THREE - FAX A COPY OF THIS FORM AND A COPY OF THE ROLLOVER CHECK TO CPI AT (620) 793-7463 to ensure the proper handling of the rollover contribution. *If a fund election has not previously been completed by the participant, fax one along with this form to the above fax number. However, if a fund election has been previously completed, all fund election changes must be made through the Web Site or IVR. Do not send a new paper copy.

Rollover Contribution Acceptance and Remittance Form

Please Complete:

Date: _____

Social Security Number

Participant Name: _____

□ □ □ - □ □ - □ □ □ □

(Please Print Clearly)

Mark one: Check Wire

Amount of Check/Wire \$ □ □ □ , □ □ □ . □ □

Miscellaneous Remittance Form

Plan Name: **Karuk Tribe Employees Savings Trust**

Location Name: _____ Location ID: _____ Plan: **5056 / KTC**

To ensure proper routing of money to be invested into plan.

To be completed by the Plan Representative:

Please complete the description section below with details on origins of the money including why it is to be purchased into the plan. Also provide instructions as to how the money needs to be invested. Please include participant name and social security number information if applicable.

1. Description:

_____ Date

_____ Plan Representative

2. Remittance Instructions:

The check or wire should be sent to:

If Mailed: _____ If Overnight Service or Two-Day Carrier: _____ If Wired: _____

MG Trust Company, LLC Attn: TPA 000107 FBO: Karuk Tribe Employees Savings Trust P.O. Box 46546 Denver CO 80201	MG Trust Company Attn: TPA 000107 FBO: Karuk Tribe Employees Savings Trust 717 17th Street, Suite 1300 Denver CO 80202	JPMorgan Chase 270 Park Ave New York NY 10017 ABA Routing Number: 021000021 Beneficiary Account Number: 886273556 Beneficiary Account Name: MG Trust Company, LLC Originator to Bene. Info: TPA 000107, 07C01326
Make check payable to: MG Trust Company Reference on Memo Line: TPA 000107, Karuk Tribe Employees Savings Trust		By Order Of: (Client/Plan bank account number)

If a check is being sent, it should be attached to this form and mailed to the above address. If the check has already been made out to either the plan or plan sponsor, endorse the check as follows and attach it to this form and mail to the address above.

Name of Plan or Plan Sponsor
 By: Fiduciary/Agent on account
 Pay to the Order of MG Trust Company
 TPA 000107

3. FAX A COPY OF THIS FORM TO CPI AT (620) 793-7463 to ensure the proper handling of the money.

Miscellaneous Remittance Form

Please Complete:

Date: _____

Social Security Number

Participant Name: _____

- -

(Please Print Clearly)

Mark one: Check Wire

Amount of Check/Wire \$, .

INTERACTIVE VOICE RESPONSE SYSTEM/WEBSITE INSTRUCTIONS

for KARUK TRIBE EMPLOYEES SAVINGS TRUST

In order to bring our services as close as your fingertips, we provide both an Interactive Voice Response System and Web Site. With the Interactive Voice Response System and Web Site, CPI makes it easy for you to access your account. Step by step instructions guide you through all of the features and options.

Once CPI has processed the first payroll, the features below will be activated. The Interactive Voice Response System and Web Site will give you quick and easy access to your retirement investments through a touch tone phone or the internet. There are no forms and no hassles, so feel free to try all the services on these systems.

You can access:

- Current account information
- Transaction capabilities
- Loan information
- Up-to-date value of your investments
- Investment election changes for future contributions
- Financial analyzer (Web Site only)

The Interactive Voice Response System and Web Site are available 24 hours a day, 7 days a week. **However, transfers must be requested and confirmed by 3:00 p.m. Central Time (CST) to be submitted that day.** Transfers placed and confirmed after 3:00 p.m. will be submitted for trade the following business day.

HOW TO GET STARTED

You must complete an Enrollment/Change Election Form provided by your employer. Once you have completed your initial Enrollment/Change Election Form and it has been processed, ALL future election changes and transfers must be completed through either the Interactive Voice Response System or Web Site. Even if you have not completed an initial Enrollment/Change Election Form, you may already have prior elections entered on our system. This can occur, for example, through a transfer of your investment elections from a prior recordkeeper or through an automatic default to a specified fund when your election form is not received before your payroll contributions are processed. In these cases, the submission of the Enrollment/Change Election Form will not be accepted and will be returned to the employer. The investment elections already shown on the system will be used until you change them through the IVR or Web Site.

To access the system for the first time, either call the Interactive Voice Response System at **(800) 291-1585** or log on to the Web Site at <https://www.myretirementfuture.com>. For prompt access, please have your plan reference number (5056), social security number (SSN) and date of birth available. The IVR system will prompt you to enter your social security number and your existing PIN, **which will be the plan reference number (5056)**. You should then establish a new PIN of your choosing.

The Web Site will prompt you for your personal data (digits from your social security number and date of birth as well as the plan reference number (5056)) for identity verification. You will then be prompted to establish a User Name and password. The use of this site is self-explanatory with directions on how to enroll online, access information and how to execute transactions. **You will need version 6 or greater of Netscape Navigator or Version 5 or greater of Internet Explorer to access the Web Site.**

MENU FOR INTERACTIVE VOICE RESPONSE SYSTEM

** For Detailed Balance Information, press 1.*

- ⇒ For Total Balances, press 1
- ⇒ For Total Vested Balances, press 2
- ⇒ To Project Future Balances, press 3
- ⇒ For your Total Contributions by Source, press 4
- ⇒ To return to the main menu, press the * key followed by the "M" key (6)

** To Change your investment percentage for future contributions or to change your personal identification number, press 2.*

- ⇒ To Change your Fund Election Percentages, press 2
- ⇒ To Change your Personal Identification Number, press 3
- ⇒ To return to the main menu, press the * key followed by the "M" key (6)

** For Fund Transfers, press 3.*

- ⇒ To Transfer Fund Balances by Realignment, press 1
- ⇒ To Transfer Balances from One Fund to Others, press 2
- ⇒ To return to the main menu, press the * key followed by the "M" key (6)

** For Loan Information, press 4.*

- ⇒ To inquire about an existing loan, press 1
- ⇒ For current amount available, press 2
- ⇒ To return to the main menu, press the * key followed by the "M" key (6).

** For Plan Information, press 5.*

- ⇒ For Fund Price Information, press 4
- ⇒ For Plan Messages, press 5

** To Review Pending Update Requests for Your Account, press 9.*

** For General Information on using the system, press the * key followed by the "H" key (4).*

** For a Customer Service Representative, press the * key followed by the 0 (zero) key.*

PARTICIPANT SERVICE CENTER

For questions regarding the IVR or web access, participants can call our Participant Service Center (800) 279-4015, ext 206 from 7 a.m. to 7 p.m. Central Time. For prompt assistance, please have your plan reference number (5056), social security number & date of birth available. To change the amount of your payroll contribution, contact your human resource department.

Explanation of Terms used on the Interactive Voice Response System and Web Site

Benefit Statement	A statement sent to you reflecting your account value and any changes in the values since the last statement.
Bi-weekly	Every two weeks
Confirmation Number	A unique number assigned to your transaction request
Deferral Percentage	The percentage of your wages that you elected to have withheld each payroll for this plan.
Deferring	Electing to have a certain amount withheld from your wages to be deposited into the plan.
\$ to \$ transfer	This option allows you to transfer a certain dollar out of a fund and invest that amount in another fund.
Existing Funds	Funds in which your money is currently invested
Existing Balances	The current value of your account
Fund	Investment Choice
Fund Family	Funds held by the same investment company.
Future Contributions	Amounts to be deposited on your behalf from this point forward.
Investment Directions	Instructions on how you wish to make your investment.
Investment Election Percentage	The percentage that you have assigned to each fund which is used to determine how either transfers or future contributions should be invested.
Investment Fund Transfer	A transfer of your current balances to different fund choices.
Investment Portfolio	An investment choice comprised of several underlying funds.
Investment Realignment	This is the process you go through to adjust the % in each fund back to your predetermined allocation.
Modeling a Loan	The process by which you can determine what your loan payments would be if you requested a loan.
Payroll Deduction	Loan payments are automatically withheld from your paycheck until the balance is paid.
Pending Activity	Transactions are currently being processed for your account.
% to % transfer	This option allows you to transfer a certain percent out of a fund and invest that amount in another fund.
PIN	A number that you assign yourself to allow you access to the Interactive Voice Response System or Web Site.
Rebalancing	This applies only to investment portfolios. This is the procedure necessary to maintain the set percentage per underlying fund. This usually involves multiple fund transfers.
Rollover	An amount transferred from another retirement plan.
Salary Deferral	The amount withheld from your wages and invested on your behalf in this plan.
Semi-monthly	Twice a month
Shares	Units representing a fractional interest in a particular investment.
Source	Type of money (i.e. employee, employer)
Transaction	Sales or Purchases of investments in your account.
Vested Balance	The amount to which you are entitled if you terminate your employment today.
Vested Percentage	The percentage of your total account balance to which you are entitled if you terminate your employment today.
Withdrawal Charge	A fee assessed when funds are sold (if applicable).

**SECTION II
PARTICIPANT DISTRIBUTION FORMS**

INDEX

<u>FORM</u>	<u>TO BE GIVEN TO OR COMPLETED BY</u>
1. <u>Instructions for Processing Participant Distributions</u>	<i>Plan Representative</i>
2. <u>Participant Request for Distribution</u>	<i>Participant/Beneficiary and Plan Representative</i>
3. <u>Special Tax Notice Regarding Plan Payments - Retirement Plans Other Than Roth Accounts</u>	<i>Given to Participant for their review and records</i>
4. <u>Statutory Hardship Withdrawal of Salary Deferral Attachment</u>	<i>Participant/Plan Representative</i>
5. <u>Notification to CPI of Deceased Participant</u>	<i>Plan Representative</i>
6. <u>Procedure for Mandatory Distributions</u>	<i>Plan Representative</i>
7. <u>Sample Letter to Participant for Mandatory Distributions</u>	<i>Plan Representative</i>
8. <u>Request for Mandatory Distributions</u>	<i>Plan Representative</i>
9. <u>Participant Election to Defer Distribution</u>	<i>Participant</i>
10. <u>Overview of the Procedure on Domestic Relations Orders (DROs) for Plan Sponsors</u>	<i>Plan Representative</i>
11. <u>Domestic Relations Order (DRO) Transmittal Form and Engagement Agreement</u>	<i>Plan Representative</i>
12. <u>Standard Wording for a Domestic Relations Order (DRO)</u>	<i>Participant</i>

INSTRUCTIONS FOR PROCESSING PARTICIPANT DISTRIBUTIONS

Overview

In order to expedite processing, it is our policy that all distributions must be requested by using these forms. Telephone requests or written requests, on other than CPI forms, will not be processed. Forms are also available in the Information Center of the Plan Sponsor website.

- This section of the ***Administrative Forms Manual*** contains the forms you will need to handle distributions to participants. The basic form is the ***Participant Request for Distribution***, which needs to be completed by all participants, beneficiaries and alternate payees who are requesting a payout of their benefit from the plan. This form is required no matter what the reason the payout is being requested (i.e., due to termination of employment, hardship, etc.).
- Additional attachments to the ***Participant Request for Distribution*** may be required if special circumstances apply. These circumstances and the applicable attachments are listed on the last page of the ***Participant Request for Distribution***. The special circumstances include death, hardship and in-service.
- The completed ***Participant Request for Distribution*** form and any attachments must be returned to CPI. For faster service, all forms may be faxed to CPI using the fax number listed on the first page of the ***Participant Request for Distribution*** form. If the forms are faxed, please do not mail the originals.
- Upon receipt, CPI will process the distribution and prepare distribution statement of account. CPI will then forward the distribution paperwork to the Plan Representative. The Plan Representative should keep a copy for their files and then forward a copy of the distribution statement of account along with the check, if applicable, to the Participant. If you have elected to have the distribution check mailed directly to the Participant, the Plan Representative will receive an email containing the information pertaining to the request when the check is mailed. You will be able to view the paperwork via the Plan Sponsor website.
- For hardship distributions, ***Notice to Payroll Department Related to a "Deemed" Hardship Distribution*** form will accompany the distribution statement of account and must be given to the Employer's Payroll Department. This will alert the payroll department to implement a suspension of deferrals for that participant for a 6-month period.

Participant Request for Distribution – If a participant (or beneficiary) wishes to request a distribution and is eligible to do so under the terms of the plan, the Participant and Plan Representative must complete the ***Participant Request for Distribution*** form. This form can be used for ***every*** type of distribution that may apply – e.g., separation from service, death, hardship, in-service, etc.

The following sections must be completed:

- ***Plan Information*** –

This section already contains the Plan name and Reference number. Fill in the Location Name, if applicable.

- ***Participant/Alternate Payee (QDRO)/Beneficiary Information*** –

This section requests information on the Participant/Alternate Payee (QDRO)/Beneficiary as well as applicable contribution and loan information. It must be completed as indicated in order for the distribution to be correctly computed and distributed. Please print this information and avoid abbreviations.

- ◆ The loan balance, payment and contribution information requested for the final payroll need only be completed for distributions upon separation from service.
- ◆ The Participant/Alternate Payee (QDRO) **must** complete the Participant Address section of the form so that any distribution check will be forwarded to the correct address and IRS forms reporting the distribution can be completed accurately.
- ◆ If this is a distribution for a Beneficiary, the name, social security number and date of death of the deceased Participant should be completed. Additionally, the Beneficiary information on the right side should be completed in its entirety.

- **Distribution Information –**

In this section, the Participant/Alternate Payee (QDRO)/Beneficiary selects the payment type and amount. If there are insurance contracts, the Participant directs how they are to be handled.

*In the case of a death benefit, a copy of the **Notification to CPI of Deceased Participant**, as discussed later in these instructions, must be attached (unless previously provided). Each beneficiary must complete the **Participant Request for Distribution** form.*

- **Income Tax Information –**

This section provides a brief overview of the tax withholding rules and the ability of the Participant/Alternate Payee (QDRO)/Beneficiary to waive the 30-day waiting period. Additional income tax information is provided in the **Special Tax Notice Regarding Plan Payments** as discussed later in these instructions.

- **Payment Option Instructions and Payment Options –**

In these sections, the Participant/Alternate Payee (QDRO)/Beneficiary selects the form of payment. They may elect to have their account paid in the following ways: all paid in cash, all paid as a direct rollover, part paid in cash and part paid as a direct rollover, etc.

All cash distributions (other than hardships) will be subject to 20% federal income tax withholding; however, if any portion of the distribution is to be paid in cash over a period of 10 years or more, the Participant will have the option to elect out of federal income tax withholding on that portion. Otherwise, a withholding rate of 10% will apply to that portion of the distribution. The Participant may also have the option to elect out of state withholding, if applicable.

If the distribution is to be directly rolled over, the Participant/Alternate Payee (QDRO)/Beneficiary must complete the **Direct Rollover** box requesting information on the name of the receiving IRA rollover institution or name of the eligible receiving retirement plan.

All checks issued for a Direct Rollover of Cash are sent to the participant's home address provided on the request. It is the participant's responsibility to forward it to the rollover institution they have chosen.

- **Signatures –**

- ◆ Domestic Relations Order requirements: This must be completed so that the distribution properly takes into account any existing DRO.
- ◆ The Participant and Plan Representative must sign and date the request here.

Please note: The Plan Representative must validate the signatures on this form.

Special Tax Notice Regarding Plan Payments – This notice describes the income tax rules that may apply to the distribution and must be given to each participant/beneficiary requesting a distribution.

*The Participant must receive a copy of this notice no more than 180 days but no less than 30 days prior to the distribution date. The Participant may waive this minimum 30-day waiting period by returning the **Participant Request for Distribution** form in less than 30 days.*

Statutory Hardship Withdrawal of Salary Deferral Attachment – This attachment must be completed by each Participant requesting a hardship distribution from Salary Deferral. On this form, the Participant must indicate the reason for the hardship situation and sign this form. The Plan Representative should approve/disapprove the hardship and sign at the bottom. If approved, forward to CPI with the completed **Participant Request for Distribution** form.

Federal Income Tax Withholding will be withheld at the rate of 10% unless the Participant elects no withholding by checking the box provided on the **Participant Request For Distribution** form.

Notification to CPI of Deceased Participant – This form is completed when a participant in the plan dies. The Plan Representative completes this form to notify CPI that the Participant has died and to certify the identity of the Participant's beneficiary(ies). This is a necessary step in the process as there can frequently be questions raised as to the correct beneficiary due to changes in the Participant's marital status which are not accompanied by an updated beneficiary form. It is important for the Plan Representative to review the current beneficiary designation for completeness and accuracy in conjunction with the applicable provisions of the plan document. If the Participant was married at the time of death, the spouse must sign this form to acknowledge that they agree to the beneficiary(ies) shown on the form and if applicable, are waiving their rights to some or all of the Participant's account. This form should be completed as soon as possible after the death of the Participant by extracting information from the most recent beneficiary designation in the Participant's file. It is especially important to send it in quickly if the Participant had already began receiving installment distributions so that these benefit payments are discontinued on a timely basis. You should return this form to CPI even if the Beneficiaries have not yet requested a distribution. Upon receipt of this form, CPI will begin the process of segregating and transferring the Participant's account to accounts established for the applicable Beneficiary(ies).

Procedure for Mandatory Distributions of \$5,000 or Less – A mandatory distribution is required to be requested by the Plan Sponsor in the event that a terminated participant has made no request for distribution. This procedure will outline the steps that need to be followed before requesting a mandatory distribution. This includes sending a notification letter to the Participant giving them the opportunity to request a distribution and informing them what action will be taken if they do not respond. In the event you are not able to locate the Participant, we have also provided options for locator services. The procedure will also instruct you how to submit the **Request for Mandatory Distributions of \$5,000 or Less** form after all steps have been completed.

Sample Letter to Participant for Mandatory Distributions of \$5,000 or Less – As outlined in the **Procedure for Mandatory Distributions of \$5,000 or Less** you must attempt to make contact with the participant and inform him of the opportunity to make an affirmative election for the form of payout of the impending distribution. This sample format contains all of the information that is required to be disclosed to the participant. You may use this sample wording to create a letter to the participant on your company letterhead. This letter should be mailed to the last known address of the participant with an enclosed **Participant Request for Distribution** form and **Special Tax Notice Regarding Plan Payments**. It is recommended to send this letter via Certified Mail.

Request for Mandatory Distributions of \$5,000 or Less – This form is completed only after following the **Procedure for Mandatory Distributions of \$5,000 or Less** and after the participant has failed to make an affirmative election within the suggested 30 day timeframe. For each participant you will need to complete the name, social security number, last known address, date of birth, and date of termination. You must indicate on this form how many participants are listed and it must be signed and dated by the Plan Representative. Follow the instructions at the end of the form to submit the request.

Participant Election to Defer Distribution – A Participant who has terminated employment and is eligible for a distribution may not always wish to receive a distribution at that time and may opt to leave his retirement account in the plan. This form is to be used to have the Participant sign and acknowledge that they realize they can get a distribution at this point in time but have elected to defer distribution until a later date. The Participant is informed that 1) it is their responsibility to request a distribution at a later date; 2) that their distribution cannot be delayed beyond April 1 of the calendar year after the calendar year in which they have attained age 70^{1/2}, and; 3) that they are responsible for providing updated mailing addresses to the Plan Representative.

Overview of the Procedure on Domestic Relations Orders (DROs) for Plan Sponsors – This form provides answers to questions that arise when receiving a Domestic Relations Order from a plan participant. The information provided in this question and answer format guides you through what you need to do and outlines CPI's procedures for handling DROs.

PLEASE NOTE: DOL Advisory Opinion 2001-6A states that a child support income withholding notice is considered a DRO. Please notify us if you receive one with respect to one of your participants so we can determine the appropriate procedure for handling it.

Domestic Relations Order (DRO) Transmittal Form and Engagement Agreement – This form is to be used as a cover sheet that is completed and attached to the DRO before it is transmitted to CPI. This form is used to inform CPI who will be reviewing the DRO for determination as to its qualified status. This form also engages CPI to segregate the account balance and if desired, to review the DRO for qualification.

Standard Wording for a Domestic Relations Order (DRO) – This is wording that can be provided to participant's or alternate payee's attorney for inclusion in drafting a DRO. This wording covers all of the requirements under Internal Revenue Code Section 414(p) and reduces CPI's fee for reviewing the DRO should CPI be so engaged.

FOR PLAN SPONSOR USE ONLY:

FOR FASTER DISTRIBUTION SERVICE: Email: CPI-DistributionCorrespondence@cpigpc.com or Fax: (620) 793-5051

(If emailing or faxing these forms please do not mail the originals.)

Participant Request for Distribution

Please print legibly and use blue or black ink for clarity when completing this form.

Please note that this request must be completed and returned to your Employer/Plan Sponsor before it can be processed.

If the form is incomplete or inaccurate when submitted you may be asked to provide additional information before the request can be processed. In addition, if any election is crossed out/changed, please initial the change or the request may be returned for verification.

To Know Your Distribution Status.....

To receive electronic updates regarding the status of the distribution request please be sure your email address has been entered on the website at <https://www.myretirementfuture.com>. Click on Personal Information to review the email address on file. To change or enter your email address click on Contact Information. In the event you do not have an email address you can check the status of the distribution request at www.myretirementfuture.com. Click on Participant Toolbox in the main menu across the top and then from the drop down menu choose Distribution/Loan Status.

You can check the status of the distribution request at www.myretirementfuture.com. Click on Participant Toolbox in the main menu across the top and then from the drop down menu choose Distribution/Loan Status.

Plan Information

Plan Name:

Plan: 5056 / KTC

Karuk Tribe Employees Savings Trust

Location Name (if applicable): _____

Participant / Alternate Payee (QDRO) Information

Please print and avoid abbreviations

□ □ □ - □ □ - □ □ □ □

Social Security Number of Participant

Name of Participant

Address

Address

City

State

Zip

Phone No.

Daytime

Evening

Beneficiary Information

Please print and avoid abbreviations

□ □ □ - □ □ - □ □ □ □

Social Security Number of Beneficiary

(if Distribution due to Death of Participant)

Name of Beneficiary

(If the Beneficiary(ies) is(are) a minor, please also provide guardian's name.)

Address

Address

City

State

Zip

Phone No.

Daytime

Evening

Date of Termination/Death: ____/____/____

Date of final paycheck from which deferrals and/or loan payments were/will be withheld. _____

Distribution Information

Select Payment Type/Amount:

Separation from Service

Reason: (choose one)

- Termination of Employment
- Termination Due to Disability – Date determined to be disabled: ____________
- Termination Due to Retirement

Type: (choose one)

- Full Distribution
- Partial Distribution*

*If Partial, enter dollar amount below:

\$, , .

(Federal Income tax and any state tax (if applicable) will be deducted from this amount)

Death of Participant - Beneficiary Distribution

(Attach copy of Notification to CPI of Deceased Participant if it has not already been provided.)

Type: (choose one)

- Full Beneficiary Distribution
- Partial Beneficiary Distribution*

*If Partial, enter dollar amount below:

\$, , .

(Federal Income tax and any state tax (if applicable) will be deducted from this amount)

Qualified Domestic Relations Order - Alternate Payee Distribution

Please Note: If you are a Spouse/Former Spouse of the Plan Participant, a form 1099R reflecting the taxation of the distribution will be prepared in your name and distributed to you in January next year. Otherwise, the tax burden is to the Plan Participant.

➤ **Type: (choose one)**

- Full Alternate Payee Distribution
- Partial Alternate Payee Distribution*

*If Partial, enter dollar amount below:

\$, , .

(Federal Income tax and any state tax (if applicable) will be deducted from this amount)

➤ **Mark your relationship to the Plan Participant:**

- Spouse/Former Spouse

OR

- Other: child or other dependent as recognized by QDRO

If Other is marked above, complete below the name of the Plan Participant in the QDRO. Also complete the address, social security number and date of birth (DOB) of the Plan Participant:

Social Security #: --

Name _____

Street Address _____

City _____

State _____

ZIP _____

Participant DOB: ___/___/___

If Other is marked above and the child is a minor provide the name of the guardian. _____

Statutory Hardship Withdrawal of Salary Deferral

(Attach a copy of the Statutory Hardship Withdrawal of Salary Deferral Attachment.)

(Choose one)

Enter specific dollar amount below

\$,,.

(Federal Income tax and any state tax (if applicable) will be deducted from this amount)

Maximum amount available not to exceed

\$,,.

for the purposes of the

immediate and heavy financial need as indicated on the Statutory Hardship Withdrawal of Salary Deferral Attachment.

If the amount requested exceeds the maximum amount available under the Plan, then the amount of the hardship will be the maximum amount available.

Taxation on Statutory Hardship Withdrawal of Salary Deferral: Federal Income Tax Withholding will be withheld at the rate of 10% **unless** you elect no withholding by checking this box.
 DO NOT withhold Federal Income Tax

In-Service Withdrawal - i.e. A distribution while a participant is still employed. There are different types/conditions that must be met to take an In-Service Withdrawal. These types/conditions are listed below.

Please choose the one under which you are requesting the In-Service Withdrawal and indicate the amount to be distributed.

Rollover source - Select this option when you wish to withdraw all or a portion of the money you previously rolled into this Plan.

Choose one option:

Enter specific dollar amount below*

OR

Maximum amount available.

\$,,.

(Federal Income tax and any state tax (if applicable) will be deducted from this amount)

*If the amount requested exceeds the amount available under the plan, then the amount of the distribution will be the maximum available amount. In addition, due to the possibility of the liquidation being placed in shares and/or dollars, the exact amount requested cannot be guaranteed. The results of the trade will be as close as possible to the amount requested.

- Age Qualified** - Select this option when you have met the age requirement for an in-service distribution and wish to withdraw all or a portion of your vested account balance.

Choose one option:

- Enter specific dollar amount below* **OR** Maximum amount available.

\$, , .

(Federal Income tax and any state tax (if applicable) will be deducted from this amount)

*If the amount requested exceeds the amount available under the plan, then the amount of the distribution will be the maximum available amount. In addition, due to the possibility of the liquidation being placed in shares and/or dollars, the exact amount requested cannot be guaranteed. The results of the trade will be as close as possible to the amount requested.

Income Tax Information

The taxable portion of your distribution is subject to 20% federal withholding unless you directly rollover the distribution to another retirement plan or an Individual Retirement Account (IRA). If you have an outstanding loan balance, it is included in the taxable portion of your distribution and is subject to the 20% federal withholding unless you pay it off prior to taking your distribution. You should read the **Special Tax Notice Regarding Plan Payments** that accompanies this form for details.

The Plan gives you a minimum period of 30 days from the date that you receive this packet to make a decision concerning how you want your payment to be made. You may wish to use this time to discuss the payment with your tax advisor. However, if you do not need 30 days to make a decision, you may return the completed election form earlier. If you have elected an immediate payment, that payment will be made as soon as administratively feasible after your election is received. **By returning your election form before 30 days, you waive your right to consider your election for the minimum election period of 30 days.**

You are liable for the payment of federal and state income tax on the taxable portion of your distribution. You may also be subject to penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

It is your responsibility to let us know if you are a non-resident alien since your payment will be subject to federal income tax withholding at the rate of 30%. If so and you wish to elect a reduced rate of withholding because your country of citizenship has entered into a tax treaty with the U.S., you may do so on Form W-8BEN and attach to this request.

Consequences of Failure to Defer Receipt of Distribution

By completing this form you are electing to take a complete or partial distribution of your account balance. You should be aware that you are not required to take a distribution of your account if it is in excess of \$5,000 and can leave your investments in the plan so they can continue to accumulate earnings on a tax-free basis. By electing to take a distribution from the plan, you will be losing the tax-free accumulation of earnings available within the plan unless you roll the distribution over to another retirement plan or IRA. If you do not roll the distribution over, you will be subject to income tax on the amount you receive (excluding any after-tax contributions – e.g. Roth Contributions). In addition, if you are below age 59 ½, you will be subject to a 10% additional income tax. More information on the income tax consequences can be found in the **Special Tax Notice Regarding Plan Payments** that accompanies this form.

Another advantage to leaving your investments in the plan is that the investments available to you inside the plan may not be available to you outside of it. In addition, the fund options in which you are currently invested through the plan may be closed to new participants or new contributions and therefore, would not be available to you at a later date should you become a participant in the plan again.

You may view a listing of the current investment options of the Plan by accessing the Fund Information screen at www.myretirementfuture.com. There is a link to the fund prospectus and fund fact sheet information available for each investment option that will give you more information regarding the fund and any fees associated with it. This information can be printed from the website, or if you prefer a hard copy, contact your Plan Sponsor. The fees and expenses that will apply outside of the plan (e.g. investment, administrative, etc.) whether in an IRA, another qualified plan or a taxable account may be different from the fees and expenses that applied within the plan. The Financial Advisor listed below can assist you.

Payment Option Instructions

Failure to provide all of the necessary information and signatures as requested will delay processing of your distribution.

- Select one of the **Payment Options** by marking the box next to your selection.
- Provide all of the information requested in the option you select.
- Sign and date as indicated in the **Signatures** section of this form.
- Return the completed forms to Karuk Tribe.

Payment Options - to be completed by Participant/Beneficiary

Check here if you are working with the Financial Advisor listed below on your distribution.

Please be aware you may have the right to defer distribution until a later date, check your Summary Plan Description for additional information on deferral of benefits.

If you wish to receive your distribution now, select the Payment Form below.

If you are over age 70.5 or will turn 70.5 in the year of distribution, you may need to receive a required minimum distribution (RMD) from the plan. If necessary, we will process a RMD at the time we process your requested distribution. Please note a RMD can not be rolled over and is subject to a 10% federal withholding tax and any applicable mandatory state withholding tax. We will apply this tax unless we receive a Form W-4P with this request for distribution indicating that you do not wish to have this tax withheld.

1. All Paid to me in Cash – This is when you want the requested distribution less applicable taxes distributed to you. *(A check will be issued to you.)*
2. All Paid as a Direct Rollover of Cash – This is when you are rolling the requested distribution over to an IRA or another Plan. *(Complete Direct Rollover of Cash box shown later.)* It is your responsibility to establish the IRA account if you are rolling to an IRA. If rolling to an Employer Plan it is your responsibility to verify the assets will be accepted. *(A check will be issued for this distribution.)*

Distributions check(s) issued for a Direct Rollover of Cash will be sent directly to your home address provided on this request. It is your responsibility to forward the check(s) to the rollover institution(s) you have chosen.

If you need assistance in establishing an IRA rollover account, you may contact the Financial Advisor below.

Financial Advisor Name: Matt Osborn
 Firm Name: Shasta Investments & Asset Management
 Address: 748 Meadowlark Lane, Yreka, CA 96097
 Telephone Number: (530) 842-3373
 Email Address: m.osborn@ksifa.com
 Rep. Number: 4628

3. Part Paid in Cash and Part Paid as a Direct Rollover of Cash – Fill in the amount of cash you are wanting in the blank provided below. Then the remainder of your distribution will be rolled over to an IRA or another Plan. *(Complete Direct Rollover of Cash box shown later.)* It is your responsibility to establish the IRA account if you are rolling to an IRA. If rolling to an Employer Plan it is your responsibility to verify the assets will be accepted.

Pay \$_____ in cash. The remainder to be Paid as a Direct Rollover.
(The cash amount will be reduced by applicable taxes and checks sent to you.)

Distributions check(s) issued for a Direct Rollover of Cash will be sent directly to your home address provided on this request. It is your responsibility to forward the check(s) to the rollover institution(s) you have chosen.

If you need assistance in establishing an IRA rollover account, you may contact the Financial Advisor below.

Financial Advisor Name: Matt Osborn
 Firm Name: Shasta Investments & Asset Management
 Address: 748 Meadowlark Lane, Yreka, CA 96097
 Telephone Number: (530) 842-3373
 Email Address: m.osborn@ksifa.com
 Rep. Number: 4628

Signatures (required regardless of options chosen)

I certify that I received the **Special Tax Notice Regarding Plan Payments**, and as of the date entered below I have read and understand this document. I confirm that all information that has been provided is true and accurate. In the case of separation from service, I understand that the distribution CAN NOT be processed until the contributions and/or loan payments from my last paycheck have been processed and deposited to the plan. Therefore, my distribution may not be processed until as late as the end of the month following the month in which I receive my last paycheck.

Domestic Relations Order (DRO) Requirements

Have you been party to a judgment, decree or order from a court issued under a state's domestic relations law i.e. divorce (including community property law) that recognizes or assigns a spouse, former spouse, child or other dependant the right to receive all or a portion of your account balance?

No Yes If yes, attach copy of the DRO.

Signature of Participant/Beneficiary
(Failure to answer the Yes/No question above will delay your distribution.)

Date

Return this form to the Employer/Plan Sponsor.

The Plan Representative must validate the signature(s) on this form.

As Plan Representative I have reviewed the **Participant Request for Distribution** form and approve and authorize the processing of this request. Furthermore, I understand that if the Participant has indicated on this form or in any other manner that a **Domestic Relations Order (DRO)** could be applicable to this distribution, it is my responsibility to send a copy of the DRO along with the Domestic Relations Order Transmittal and Engagement Agreement, even if it has been previously provided, with this request to ensure that the distribution properly takes into account any existing DRO.

Signature of Plan Representative for Karuk Tribe Employees Savings Trust

Date

The Plan Representative must validate the signature(s) on this form.

Include the following forms:

In Case of the Participant Requesting a Statutory Hardship Distribution of Salary Deferral:

- Statutory Hardship Withdrawal of Salary Deferral Attachment

In Case of Distribution due to the Participant's Death:

- Notification to CPI of Deceased Participant
(if it has not already been provided)

**SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS
RETIREMENT PLANS OTHER THAN ROTH ACCOUNTS**

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from a plan in which you participate is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are **not from a designated Roth account** (a type of account with special tax rules in some employer plans). If you also receive a payment from a designated Roth account in the Plan, you will be provided a different notice for that payment, and the Plan administrator or the payor will tell you the amount that is being paid from each account.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the live or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends).
- Cost of life insurance paid by the Plan
- Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of enrollment.
- Amounts treated as distributed because of a prohibited allocation of S corporation stock under an ESOP (also, there will generally be adverse tax consequences if you roll over a distribution of S corporation stock to an IRA).

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy

- (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Payments of ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Contributions made under special automatic enrollment rules that are withdrawn pursuant to your request within 90 days of enrollment
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a Reserve component called to duty after September 11, 2001 for more than 179 days
- Payments of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions:

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and a portion is paid to you, each of the payments will include an allocable portion of the after-tax contributions. If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline:

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

If your payment includes employer stock that you do not roll over:

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

If you have an outstanding loan that is being offset:

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

If you were born on or before January 1, 1936:

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

If your payment is from a governmental section 457(b) plan:

If the Plan is a governmental section 457(b) plan, the same rules described elsewhere in this notice generally apply, allowing you to roll over the payment to an IRA or an employer plan that accepts rollovers. One difference is that, if you do not do a rollover, you will not have to pay the 10% additional income tax on early distributions from the Plan even if you are under age 59½ (unless the payment is from a separate account holding rollover contributions that were made to the Plan from a tax-qualified plan, a section 403(b) plan, or an IRA). However, if you do a rollover to an IRA or to an employer plan that is not a governmental section 457(b) plan, a later distribution made before age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies). Other differences are that you cannot do a rollover if the payment is due to an "unforeseeable emergency" and the special rules under "If your payment includes employer stock that you do not roll over" and "If you were born on or before January 1, 1936" do not apply.

If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance:

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you roll over your payment to a Roth IRA:

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a plan participant:

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a beneficiary of a deceased participant. If you receive a payment from the Plan as the beneficiary of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien:

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules:

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200 (not including payments from a designated Roth account in the Plan), the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than \$1,000 (not including payments from a designated Roth account in the Plan) will be directly rolled over to an IRA chosen by the Plan administrator or the payor. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed \$5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

FOR MORE INFORMATION

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

Participant Name: _____

Social Security # - -

Plan: 5056 / KTC

Statutory Hardship Withdrawal of Salary Deferral Attachment

In order for a participant to receive a hardship distribution from this plan, the following provisions must be met:

1. It must be made on account of the immediate and heavy financial need of the Participant, and
2. It must be necessary to satisfy that need.

The balance of this form must be completed by the Participant and Plan Representative.

I have exhausted all personal resources available to relieve my financial needs as well as obtained all other distributions currently available under all plans maintained by the Employer. Furthermore, I am unable to use a plan loan to solve my financial need as I would be unable to make any payments on a loan and trying to do so would just increase my financial hardship. I understand that the Plan must adhere to the Internal Revenue Service rules on "hardship" withdrawals, which may change from time to time.

The amount requested for an immediate and heavy financial need may be increased to include any additional amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution.

I wish to make a financial hardship withdrawal from the accounts eligible under the Plan (federal and mandatory state withholding taxes will be deducted from this amount if applicable). If the maximum amount allowable is smaller than the requested distribution amount, the maximum will be distributed. This amount is limited to the balance in the account as of 12/31/88 plus salary deferral contributions made after 1/01/89; therefore, no earnings after 12/31/88 can be withdrawn. I have elected to do this based on the reason stated below.

(Participant must indicate which one of the following immediate and heavy financial needs that is applicable to their situation.)

1. _____ Medical expenses for the Participant, Participant's spouse, dependants or beneficiaries.
2. _____ Costs directly related to the purchase of a principal residence for the Participant (excluding mortgage payments).
3. _____ Payment of tuition and related educational fees (such as laboratory fees for science majors, music room fees for music majors, or other fees that are an integral part of education, including room and board) for the next 12 months of post-secondary education for the Participant, Participant's spouse, children, dependants or beneficiaries.
4. _____ Expenditures to prevent eviction of the Participant from the Participant's principal residence or foreclosure on a mortgage on that residence.
5. _____ Funeral or burial expenses for Participant's deceased parent, Participant's spouse, children, dependants or beneficiaries.
6. _____ Expenses for the repair of damage to the Participant's principal residence that would qualify for the casualty income tax deduction.

My signature on this form attests to the fact that I have an immediate and heavy financial need, that the distribution is not in excess of that need, and that I have exhausted all other means of obtaining funds. I understand that I will be prohibited from making elective contributions and voluntary employee contributions (if applicable) to this plan and all other plans maintained by the employer, if any, for 6 months after receipt of the hardship distribution.

Participant Name: _____

Social Security # - -

Plan: 5056 / KTC

I understand that my receipt of these funds is contingent upon Plan Representative approval of this request. [Note: There may be a 10% excise tax on this type of distribution. This excise tax is payable with the Participant's personal tax return filed for the year in which the distribution is received. Exception: This excise tax will not apply if the distribution is used to pay deductible medical expenses (deductible medical expenses are those that are in excess of 7-1/2% of the participant's adjusted gross income), or if the Participant is over age 59 1/2.]

The money will be withdrawn from the funds on a pro-rata basis, unless the Plan document specifies differently.

Signature of Participant

Date

As the Plan Representative I understand that by signing this form I am approving this Statutory Hardship Withdrawal of Salary Deferral and/or Roth for processing. If it is disapproved, the form should not be sent to the Plan's RecordKeeper and no further action is needed.

⁴

Signature of Plan Representative

Date

REMINDER: The amount requested can not be for more than the amount needed to satisfy the immediate and heavy financial need of the Participant.

This form must be submitted with the **Participant Request for Distribution** form.

Notification to CPI of Deceased Participant

--	--	--	--	--	--	--	--	--	--	--

Participant Name _____

Social Security Number _____

Check here if participant has been receiving installment distributions.

Determination of Beneficiary(ies) - This is to certify that the following is(are) the correct beneficiary(ies):

Beneficiary Information – Complete for each beneficiary. If more room is needed attach another copy of this form. **Note:** If the Beneficiary(ies) is(are) a minor, please also provide guardian's name(s).

1.	Enter Social Security Number of Beneficiary	Enter Percent of Deceased Participants Account _____ %											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
	Beneficiary Name: _____												
	Street Address: _____												
	City: _____ State: _____ Zip Code _____												
	Beneficiary Date of Birth: ____________												
	Guardian Name (if applicable): _____												
2.	Enter Social Security Number of Beneficiary	Enter Percent of Deceased Participants Account _____ %											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
	Beneficiary Name: _____												
	Street Address: _____												
	City: _____ State: _____ Zip Code _____												
	Beneficiary Date of Birth: ____________												
	Guardian Name (if applicable): _____												
3.	Enter Social Security Number of Beneficiary	Enter Percent of Deceased Participants Account _____ %											
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>												
	Beneficiary Name: _____												
	Street Address: _____												
	City: _____ State: _____ Zip Code _____												
	Beneficiary Date of Birth: ____________												
	Guardian Name (if applicable): _____												

	Total Percent	100%
--	----------------------	------

The above determination is based on the Participant's beneficiary designation, which I reviewed in conjunction with the applicable provisions of the Plan document. I understand that if it is unclear as to who is(are) the correct beneficiary(ies) then I should submit an interpleader action to the appropriate court to make the determination.

PROCEDURE FOR MANDATORY DISTRIBUTIONS OF \$5,000 OR LESS

1. Refer to the **Terminated Participant Report** included in your **Quarterly Valuation Package**. Note the participant(s) listed that has a vested account balance of \$5,000 or less. The participant's(s') vested account balance is required to be distributed from the Plan.
2. Make every effort to locate the participant. We suggest sending a **Participant Request for Distribution** form and a copy of the **Special Tax Notice Regarding Plan Payments** to the last known address of the participant. We recommend that you send this Certified Mail. Include a cover letter to the participant telling the participant to complete the form and return it to your office within 30 days. You may refer to the wording in the **Sample Letter to Participant for Mandatory Distributions of \$5,000 or Less**.

APSCREEN
800-277-2733
Website - www.employeelocator.com

Pension Benefit Information
P.O. Box 111, 1110 Mar West
Tiburon, CA 94920
Phone: (415)-435-9611 Fax: (415)-435-2400

3. If the participant returns the **Participant Request for Distribution** form, please review the form for complete information, sign and submit to the Distribution Department at CPI. If the participant does not return the form within 30 days, continue with this procedure.
4. If the participant does not return the **Participant Request for Distribution** form and/or you have been unable to locate them using one of the services above you can request his distribution be paid out. Follow the bulleted instructions below for each participant.

To verify if the participant(s) determined in #1 above still has a vested account balance of \$5,000 or less you will need to access the Plan Sponsor website at **www.myretirementfuture.com**. Click on Access Participant Site on the main menu and input the social security number of the participant. Select the participant and on the left hand menu choose Aggregate by Source.

- Complete the **Request for Mandatory Distributions** form. Sign and submit the form to the Distribution Department at CPI.

**SAMPLE LETTER TO PARTICIPANT FOR
MANDATORY DISTRIBUTIONS OF \$5,000 OR LESS**

You are required to notify the Participant of an impending mandatory distribution. This is a suggested format to notify the Participant that a distribution is imminent and the format contains all of the information that is required to be disclosed to the participant.

CERTIFIED MAIL

Attention: _____

Re: Karuk Tribe Employees Savings Trust

Dear _____:

I am contacting you regarding your vested account balance in the Plan referenced above. Since your vested account balance is \$5,000 or less and you are no longer employed with the company and making deferrals to the Plan, we request that you complete the enclosed Participant Request for Distribution form. By completing and returning this form, the Plan can then distribute your vested account balance directly to you or roll it over directly to an IRA or the Plan of your current employer as you specify.

Also enclosed you will find a **Special Tax Notice Regarding Plan Payments**. This form may help answer any questions you may have regarding the taxation of a plan distribution. You may also contact your own financial advisor for assistance.

Please return the **Participant Request for Distribution** form to our office for appropriate signatures of the Plan Representative(s), or contact our office to discuss your account within the next 30 days. We, as Plan Sponsor, are required to distribute accounts with balances of \$5,000 or less and will do so if we do not hear from you within the next 30 days.

If you do not return the **Participant Request for Distribution** form making an affirmative election as to the disposition of your vested account balance and your vested account balance is \$5,000 or less, your account will be distributed from the Plan. If your vested balance is less than \$1,000, your account will be paid out in the form of a cash distribution with appropriate taxation withheld. If your vested balance is between \$1,000 and \$5,000 then it will be distributed and rolled over to be reinvested in a Safe Harbor IRA in your name with MG Trust Company. It will be invested in funds that are designed to minimize risk and provide a reasonable rate of return. You will be notified by mail with the details of the account established on your behalf. You will receive a Form 1099R at the end of the year for the distribution.

If you have any questions, we encourage you to call _____ (insert Plan Sponsor contact name) at _____ (insert Plan Sponsor phone#). Thank you in advance for your cooperation in distributing your account balance.

Sincerely,

(insert your name/Plan Sponsor name)

Request for Mandatory Distributions of \$5,000 or Less

To receive electronic updates regarding the status of your distribution request please make sure you have registered an active email address at www.myretirementfuture.com.

Plan Information

Plan Name: Karuk Tribe Employees Savings Trust
Location Name: _____ Location ID: _____ Plan: 5056 / KTC

Participant Information

Complete a section for each individual participant and complete the Signature Section at the end of this form.

<hr/> <p>Participant Name</p> <p>LAST KNOWN ADDRESS:</p> <hr/> <p>Street Address Apt. #</p> <hr/> <p>City State Zip</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p>Participant Social Security Number</p> <hr/> <p>____ - ____ - ____ ____ - ____ - ____</p> <p style="text-align: center;">Date of Termination Date of Birth</p>
--	--

<hr/> <p>Participant Name</p> <p>LAST KNOWN ADDRESS:</p> <hr/> <p>Street Address Apt. #</p> <hr/> <p>City State Zip</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p>Participant Social Security Number</p> <hr/> <p>____ - ____ - ____ ____ - ____ - ____</p> <p style="text-align: center;">Date of Termination Date of Birth</p>
--	--

<hr/> <p>Participant Name</p> <p>LAST KNOWN ADDRESS:</p> <hr/> <p>Street Address Apt. #</p> <hr/> <p>City State Zip</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p>Participant Social Security Number</p> <hr/> <p>____ - ____ - ____ ____ - ____ - ____</p> <p style="text-align: center;">Date of Termination Date of Birth</p>
--	--

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____
Date of Termination

____ - ____ - ____
Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____
Date of Termination

____ - ____ - ____
Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____
Date of Termination

____ - ____ - ____
Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____ ____ - ____ - ____
Date of Termination Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____ ____ - ____ - ____
Date of Termination Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____ ____ - ____ - ____
Date of Termination Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____ ____ - ____ - ____
Date of Termination Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____ ____ - ____ - ____
Date of Termination Date of Birth

City State Zip

□ □ □ - □ □ - □ □ □ □

Participant Social Security Number

Participant Name

LAST KNOWN ADDRESS:

Street Address Apt. #

____ - ____ - ____ ____ - ____ - ____
Date of Termination Date of Birth

City State Zip

Complete Signature Section on next page.

Signature Section

I certify that I have followed the procedures outlined for handling **Mandatory Distributions of \$5,000 or Less**. In doing so, I have made every attempt to contact the Participant(s) and have requested that the Participant(s) complete and return a **Participant Request for Distribution** form. In conformance with IRS Regulations, the **Special Tax Notice Regarding Plan Payments** was also sent to the last known address of the Participant(s) at least 30 days but no more than 180 days ago.

I certify that no response has been received by the Participant(s) to any of these attempts to make contact. Therefore, since the estimated vested account balance of the Participant(s) is \$5,000 or less, I request that any participant listed with a vested balance of \$5,000 or less but greater than \$1,000 be liquidated as soon as administratively feasible and invested in a Safe Harbor IRA for the benefit of the Participant with MG Trust Company. If the vested account balance is less than \$1,000, I request the account be liquidated as soon as administratively feasible and processed as a cash distribution withholding the applicable taxes.

I have completed this form, and/or attached a listing, for the following number of participants. _____

Signature of Plan Representative

Date

OVERVIEW OF THE PROCEDURE ON DOMESTIC RELATIONS ORDERS (DROs) FOR PLAN SPONSORS

You have received a Domestic Relations Order (DRO) in relation to the divorce of one of your plan participants. These questions and answers will assist you in determining what the necessary actions are and when it is the appropriate time to take them.

What do I need to do with the DRO?

Your first step is to determine whether the DRO is **qualified**. A “qualified” DRO is one that has satisfied Internal Revenue Code Section (IRC§) 414(p). Until it is reviewed and determined to be **qualified**, the plan is not permitted to distribute any benefits to other parties (known as alternate payees).

How do I determine whether the domestic relations order is qualified under Internal Revenue Code section 414(p)?

You may make the determination as to whether the domestic relations order is qualified by one of the following methods:

Engaging an attorney to review the order and provide written verification that the order is qualified.

Making the determination on your own by reviewing the order against the requirements set forth in IRC§ 414(p).

Engaging CPI to make the determination. CPI charges \$450 for this service which is reduced to \$175 if CPI's standard format is used by the attorney, unmodified.

Once you decide how the determination is to be made, complete the ***Domestic Relations Order Transmittal Form and Engagement Agreement*** contained in this Administrative Forms Manual and follow its instructions as to how to send the order and other required information to CPI.

What happens when CPI receives the order?

If CPI is to review the order and determine that it is qualified, CPI will notify the Participant, alternate payee and their legal representatives of the procedures that will be used in making this determination. If the order is clear as to how the Plan benefit is to be divided, CPI will segregate the assets in anticipation of the order becoming qualified. CPI will review the order and determine if the requirements of IRC§ 414(p) have been met. If they have not been met, CPI will notify the attorney who drafted the order of its deficiencies and request that a corrected order be prepared and provided to CPI.

If the order has already been reviewed by legal counsel or other individual and has been determined to be qualified, then CPI will proceed with segregation of the account as provided for in the Qualified Domestic Relations Order (QDRO). Occasionally, questions arise as to the interpretation of the wording describing how the account is to be segregated. If this happens, CPI will contact the responsible party identified on the ***Domestic Relations Order Transmittal Form and Engagement Agreement***.

Once the account is segregated, CPI will notify the Plan Representative.

What should I do when I am notified that the participant's account has been segregated?

Once the account is segregated, the alternate payee must be provided with an ***Enrollment/Change Investment Election Form*** that is contained in the Administrative Forms Manual for the Plan so that they can make a beneficiary designation. The alternate payee should be provided a copy of the ***Interactive Voice Response System/Web Site*** form which provides instructions to the IVR/Web Site so that they learn how to access their account over the IVR or Web to initiate transactions such as transfers or realignments. If the alternate payee is eligible to receive a distribution, you should provide them with a ***Participant Request for Distribution*** form.

DOMESTIC RELATIONS ORDER (DRO)

TRANSMITTAL FORM AND ENGAGEMENT AGREEMENT

Please use this form to provide CPI the necessary information to process the Domestic Relations Order (DRO) and transmit it to CPI. Attach the DRO to this form and complete the appropriate section.

SECTION I - The domestic relations order has already been determined to be qualified.

The domestic relations order has already been determined to be qualified under Internal Revenue Code section 414(p) by the following individual in my organization. Please contact them with any question regarding its interpretation.

Name: _____ Phone Number: _____

The domestic relations order has already been determined to be qualified by the attorney named below. Please contact them with any question regarding its interpretation.

Name: _____ Phone Number: _____

Law Firm: _____

SECTION II - CPI is to make the determination that the domestic relations order is qualified.

I hereby engage CPI to review the domestic relations order that is being transmitted with this form. I agree to pay CPI \$450 for making this determination, which is reduced to \$175 if CPI's standard format is used, unmodified. The attorney named below prepared the domestic relations order and can be contacted with any question regarding the intentions of the named parties. I understand that changes may be requested to ensure that the domestic relations order is qualified under Internal Revenue Section 414(p).

Name: _____ Phone Number: _____

Law Firm: _____

AUTHORIZATION ON BEHALF OF THE PLAN SPONSOR:

I have completed the applicable section above and hereby direct CPI to take action in accordance with its instructions. Please proceed with segregating the account on behalf of the alternate payee(s). I authorize and agree to CPI's fee of \$85 per hour to segregate the participant's account. The segregation of account fee (and the qualification determination fee, if applicable) will be paid as follows based on my prior election:

100 % by Employer

Plan Representative

Date

Fax to CPI at (620) 793-7463 for proper handling.

KARUK TRIBE EMPLOYEES SAVINGS TRUST

STANDARD WORDING FOR A DOMESTIC RELATIONS ORDER (DRO) (You should incorporate this language within the body of the DRO)

1. In accordance with Paragraph _____ of the Voluntary Separation and Property Settlement Agreement between the parties dated _____, _____ (the "Alternate Payee"), hereby is granted and assigned an interest in the account balance of _____ (the "Participant") in the _____ (the "Plan"), as herein provided.

a. The Participant with respect to the Plan is _____, Social Security Number _____, whose address is _____.

b. The Plan Administrator (i.e., Plan Sponsor/Employer) is Karuk Tribe, whose address is _____.

c. The Alternate Payee with respect to the Plan is _____, Social Security Number _____, whose address is _____.

d. The amount to be assigned from the Plan to the Alternate Payee shall be (use one of the following options).

(Option 1) \$ _____ of the Participant's [account proportionately by source] [____ (list sources) _____] i.e., **deferral, employer matching, employer discretionary, rollover sources proportionately**. *The funds are to be segregated [solely from the vested portion of each source] [proportionately from the vested and non-vested portion of each source].* (With this option, no earnings will be allocated prior to segregating the account balance.)

(Option 2) \$ _____ of the Participant's [account proportionately by source] [____ (list sources) _____] i.e., **deferral, employer matching, employer discretionary, rollover sources proportionately** in the Plan as of _____, 20____, plus actual earnings, gains and losses on that amount from _____, 20____ through the date that Alternate Payee's interest is segregated into a separate account or separately accounted for. The funds are to be segregated **[solely from the vested portion of each source] [proportionately from the vested and non-vested portion of each source]**.

(Option 3) _____ percent (____%) of the Participant's [account proportionately by source] [____ (list sources) _____] i.e., **deferral, employer matching, employer discretionary, rollover sources proportionately** in the Plan as of _____, 20____, plus actual earnings, gains and losses on that amount from _____, 20____ through the date that Alternate Payee's interest is segregated into a separate account or separately accounted for. The funds are to be segregated **[solely from the vested portion of each source] [proportionately from the vested and non-vested portion of each source]**.

- e. If a Participant's account includes a loan,
 - (Option 1) the assets will be split equally, including the loan balance.
 - (Option 2) the loan will be netted against the cash for the Alternate Payee distribution.
 - (Option 3) the cash assets will be split equally and then the loan balance will be applied to the Participant.

f. Following such segregation or separate accounting, Alternate Payee's interest shall continue to increase and decrease at the rate of actual earnings and losses attributable to his/her interest in the Plan, until the entire interest is paid to him/her.

g. Alternate Payee may elect the distribution of his/her Plan interest, in the form elected by Alternate Payee and permitted under the terms of the Plan, on or after the Participant's "earliest retirement age" as defined in section 414(p) of the Internal Revenue Code, or as of any earlier date permitted by the Plan.

h. If the Participant should die prior to the payment to Alternate Payee of Alternate Payee's interest in the Plan, any such unpaid portion of Alternate Payee's interest in the Plan shall be paid to Alternate Payee in the form elected by him/her and permitted under the Plan. Alternate Payee shall have the right to designate a beneficiary(ies) with respect to his/her interest in the Plan. Any portion of Alternate Payee's interest which has not been paid to him/her upon Alternate Payee's date of death shall be paid to such beneficiary(ies) under the terms of the Plan applicable to payments to beneficiaries.

i. The terms and provisions of this Order do not and shall not require the Plan to provide any type or form of benefit, or any option, not otherwise provided under the Plan, nor do they or shall they require the Plan to provide increased benefits (determined on the basis of actuarial value). This Order does not and shall not require the Plan to provide benefits to an Alternate Payee under another Order previously determined to be a Qualified Domestic Relations Order.

2. Jurisdiction over the parties and the subject matter is expressly reserved for the purpose of amending this Order to cause it to meet the definition of a Qualified Domestic Relations Order ("QDRO") under section 414(p) of the Code, in the event that this Order is determined by a Plan Administrator or any court of competent jurisdiction not to meet that definition.

**SECTION III
PARTICIPANT LOAN FORMS**

INDEX

<u>FORM</u>	<u>TO BE GIVEN TO OR COMPLETED BY</u>
1. <u>Instructions for Processing Participant Loans</u>	<i>Plan Representative</i>
2. <u>Guidelines on Providing Plan Loans to Participants</u>	<i>Plan Representative</i>
3. <u>Participant Loan Application</u>	<i>Participant/Plan Representative</i>
4. <u>Loan Payoff Calculation and Remittance Form</u>	<i>Participant</i>

PARTICIPANT LOANS

INSTRUCTIONS FOR PROCESSING PARTICIPANT LOANS

Guidelines on Providing Plan Loans to Participants - These guidelines outline the requirements governing participant loans. Guidelines on both the prohibited transaction rules and the income tax rules with respect to participant loans are set forth. If not properly structured, participant loans can be considered prohibited transactions, which will result in penalty taxes being assessed on the sponsoring Employer and other disqualified persons involved. Also, if the requirements on the maximum loan amount, maximum loan term or payment frequency are not satisfied, all or a portion of a loan will be deemed a taxable distribution thereby becoming taxable income for the Participant. A copy of these guidelines should be provided to the participant at the time a request for a loan is made.

Participant Loan Application - Upon a participant's request for a loan from the Plan, the Participant and Plan Representative must complete this form. The Plan Representative must also provide to the Participant a copy of the **Guidelines on Providing Plan Loans to Participants**.

The following sections must be completed:

- ***Plan Information -***

This section already contains the plan name and reference number. Fill in the location name, if applicable.

- ***Participant Information -***

This section requests information on the Participant and the desired parameters for the loan - i.e., amount, frequency of payroll withholding for loan payments, length of payment period, etc. It must be completed as indicated in order for the loan application to be processed.

- ***Signatures -***

In this section the Participant authorizes payroll withholding for the loan payments and the deduction of loan fees from the loan proceeds. The Participant also authorizes the loan to be processed in accordance with the information provided.

- ***Loan Approval/Disapproval -***

In this section, the Plan Representative indicates if the loan is approved or disapproved. If the loan is approved, any modifications to the parameters requested by the Participant must be specified. The Plan Representative must also indicate whether the Participant has any other outstanding loans in any other plan of the Employer or related Employer.

- ***Effective Date of Loan -***

The effective date of the loan will be 10 calendar days from the date the loan request is processed so that there will be sufficient time to liquidate investments and distribute loan proceeds. The first payroll date will be calculated approximately 28 days from the date the loan is processed and in accordance with the Participant's payroll frequency. The Plan Representative signs in this section to certify that the loan application has been reviewed and approved/disapproved as indicated.

Please note: The Plan Representative must validate the signatures on this form.

Additional Steps Needed to Process a Participant Loan:

Once the **Participant Loan Application** is completed and the loan is approved, the form should be sent to CPI. For faster service, all forms may be faxed to CPI using the fax number listed on the **Participant Loan Application**. In order to expedite processing, it is CPI policy that all loans must be requested by using these forms. Phone requests or written requests, on other than CPI forms, will not be processed.

Upon receipt, CPI will process the request and prepare applicable loan paperwork (i.e. promissory note, security agreement and disclosure information) along with an amortization schedule. The loan paperwork will be forwarded to the Employer. The Employer will need to forward the amortization schedule to the payroll department to notify them of the amount and timing of the required payroll withholding.

Loan Payoff Calculation and Remittance Form - This form is used by participants to request the calculation of a loan payoff amount and to submit a payment that will repay a loan in full. To request calculation of the participant's amount required to payoff a participant's loan, complete the Loan Payoff Calculation section. Please enter the Participant's name and Social Security number and complete questions 1 through 3. The trustee or Plan Sponsor should sign the form and then fax this information back to CPI at **620-793-7463**. Please do not complete any other information at this time.

CPI will then calculate the loan payoff amount and return the form to you with that amount entered on the form.

For the participant to payoff the loan, the Loan Payoff Process section needs to be completed. To insure that the loan payment is properly identified and that your Plan can be properly reconciled, the bottom section of this form needs to be completed. The participant information gives MG Trust Company correct information to process the payoff. If the participant wants to pay by check, a check from the participant equal to the loan payoff amount provided by CPI should be attached to this form and mailed to the address listed. Also, a copy of the form should be signed and faxed to CPI at **620-793-7463**. The check should be made out to MG Trust Company as Custodian/Trustee (made out to either as Custodian or Trustee, not both). Please make sure you have included the Plan Name on the check. If you will be wiring the payoff amount, please follow the wiring instructions shown in the box on this form. After you complete the wiring procedure, this form should be faxed to CPI at **620-793-7463**.

GUIDELINES ON PROVIDING PLAN LOANS TO PARTICIPANTS

Participant loans will be considered a prohibited transaction unless the following requirements are met:

◆ **Availability:**

Loans must be available to all participants or beneficiaries on a reasonably equivalent basis.

◆ **Amount:**

Loans must not be made available to Highly Compensated Employees in amounts greater than the amounts made available to other Employees.

◆ **Plan Provisions:**

Loans must be allowed under the Plan document and made in accordance with its specific provisions. The Plan is required to adopt and maintain a loan program setting forth the procedures to be used in administering participant loans.

◆ **Interest Rate:**

Loans must bear a reasonable interest rate. According to Department of Labor regulations, a reasonable rate of interest is one that provides the Plan with a return commensurate with the prevailing interest rate charged on similar commercial loans by persons in the business of lending money. Consequently, the interest rate used must be deemed appropriate when taking into account such factors as the opportunity for gain and the risk of loss as compared to other investments available to the Plan, as well as appropriate regional factors. An interest rate that is deemed to be too low will cause the loan to be considered a prohibited transaction resulting in excise taxes. An interest rate that is deemed to be too high will result in the additional interest being considered contributions possibly causing an annual additions limit problem. The Participant Loan Program may establish a method by which the interest rate is determined.

◆ **Security:**

Loans from the Plan must be adequately secured. This security generally consists of the vested benefit of the Participant in the Plan. Department of Labor Regulations hold that no more than 50% of the Participant's vested benefit may be used to secure a participant loan. Other property may be used as collateral but only if permitted under the Participant Loan Program. It is also important that all of the appropriate legal filings to record the security are completed. All loans should be paid via payroll withholding.

Participant loans will be taxable as income unless the following requirements are met:

◆ **Maximum Loan Amount:**

Under the statutory rules, a loan to a plan participant may not exceed the greater of \$10,000 or 50% of the Participant's vested benefit up to a maximum of \$50,000. Plans may limit participant loans to no greater than 50% of their vested account balance. The \$50,000 maximum is reduced by the excess of the highest loan balance of the Participant in the past 12 months over the current loan balance of the Participant. The Participant Loan Program may limit the Participant to a lesser amount (i.e., no greater than 50% of vested benefit).

The maximum available loan amount determined above is reduced by the outstanding balance of all other loans of the Participant at the time of the loan to determine the additional loan amount available to the Participant. All Plans of the same employer or related employers are treated as one in computing loan limits.

◆ **Term of Loan:**

The loan agreement must provide that the loan will be repaid within five years unless the purpose of the loan is to purchase the principal residence of the Participant. A residential loan must be repaid within a reasonable period of time commensurate with the period allowed by commercial lenders for similar loans. It is the responsibility of the Plan Administrator to make sure proper liens are filed on all assets outside the Plan that are used as collateral.

◆ **Level Loan Payments:**

All loans made to a participant must be amortized with level payments of principal and interest made through payroll deduction from each payroll.

For ease of administration, all loan payments must be made in an amount that is either equal to the regular loan payment amount or in an amount that is a multiple of the regular loan payment. Since these payments will be applied in accordance with the amortization schedule, the payment will be allocated between loan principal and interest income in a corresponding manner.

Timely loan payments are important since any unpaid interest may be treated as an additional loan which could cause the loan to exceed the limits and be treated as a taxable distribution. It could also be considered an unauthorized extension of credit and thus, be treated as a prohibited transaction, thereby generating excise taxes.

◆ **Extra Loan Payments/Loan Payoff:**

For ease of administration, all loan payments must be made in an amount that is either equal to the regular loan payment amount or in an amount that is a multiple of the regular loan payment. Since these payments will be applied in accordance with the amortization schedule, the payment will be allocated between loan principal and interest income in a corresponding manner.

Payments in an amount necessary to pay the loan off in its entirety are also acceptable. To calculate the amount of the loan payoff, you will need to access the Plan Sponsor section of the www.myretirementfuture.com web site or use the ***Loan Payoff Calculation and Remittance Form*** to obtain the payoff amount.

If you pay off this loan early, there is no penalty. Any prepayment shall first be applied to accrued interest and then to pay principal.

◆ **Military Leave of Absence:**

Participant loan payments will be suspended for any period during which the Participant is performing service in the uniformed services regardless of whether the service is qualified military service under USERRA (Uniformed Services Employment and Reemployment Rights Act).

The Participant must provide written notice and a copy of the military order calling them to service, or any orders extending that service, within 180 days after their release from military service.

A Participant who suspended loan payments and returns to work after performing military service is required to fully repay a loan (including all interest subject to the limitations mentioned below) in substantially level installments by the end of the original term of the loan. This term may be extended by the duration of military service.

The interest rate on the loan during the period of military service cannot exceed 6% per annum in accordance with the Soldiers and Sailors' Relief Act. No change to the interest rate is necessary if the original rate was less than 6%. A participant can retain the higher interest rate by signing a waiver during or after the period of military service.

◆ **Non Military Leave of Absence:**

Participant loan payments may be suspended for up to 1 year for a bona fide leave of absence whether the leave is paid or unpaid. If the Participant is taking a paid leave of absence, the rate of pay after applicable taxes must be less than the amount of the installment payments under the terms of the loan agreement. Interest will be accrued during the leave of absence and once payments have been resumed, the amount withheld from the payroll must not be less than the original payment amount.

Payments on the loan must resume no later than the earlier of the last day of authorized leave of absence or the date which is 12 months following the date that the leave of absence started. It must be repaid, including all interest that accrued during the leave, by the latest permissible term of the loan (5 years from origination on a general loan).

◆ **Loans Treated as Distributions:**

Loans that exceed the maximum term or loan amount or do not comply with the payment schedule will be considered a taxable distribution to the Participant. A 1099 will be issued for the portion of the loan considered a taxable distribution. However, until the Participant is eligible for a distribution under the Plan, payment of the loan is still required. If a loan is treated as taxable, the Participant will have a basis in the Plan allowing an equivalent amount to be received income tax-free upon distribution from the Plan. A loan that is taxable to the Participant will also be subject to the 10% premature distribution penalty if the Participant has not reached age 59-1/2.

◆ **Deduction of Loan Interest:**

No interest deduction will be allowed for loans that are either secured by employee salary deferral contributions or are made to a key employee. (A key employee is generally an owner or officer of a business.) However, if the loan is secured by a qualifying residence, the interest will be eligible for the home mortgage interest deduction.

FOR PLAN SPONSOR USE ONLY:

FOR FASTER DISTRIBUTION SERVICE: Email: CPI-DistributionCorrespondence@cpigpc.com or Fax: (620) 793-5051

(If emailing or faxing these forms please do not mail the originals.)

Participant Loan Application

Please print legibly and use blue or black ink for clarity when completing this form.

If form is incomplete or inaccurate when submitted you may be asked to provide additional information before the request can be processed. In addition, if any election is crossed out/changed, please initial the change or the request may be returned for verification.

To Know Your Loan Status.....

To receive electronic updates regarding the status of the loan application please be sure your email address has been entered on the website at www.myretirementfuture.com. Click on My Retirement Account in the menu across the top and then My Profile and Contact Information on the left to review or change the email address on file. In the event you do not have an email address, you can check the status of the loan application at www.myretirementfuture.com. Click on My Retirement Account in the menu across the top and then in the left side menu, click on Loans and Loan Status.

You can check the status of the loan application at www.myretirementfuture.com. Click on My Retirement Account in the menu across the top and then in the left side menu, click on Loans and Loan Status.

Plan Information

Plan: 5056 / KTC

Karuk Tribe Employees Savings Trust

Plan Name

Location Name (if applicable)

Participant Information

This form must be completed by the Participant; approved by the Plan Representative/Administrative Committee and received by the Plan's recordkeeper **14** days prior to needing the loan.

1. Participant Name: _____

□ □ □ - □ □ - □ □ □ □

Social Security #

Address: _____

Daytime Phone: _____

Evening Phone: _____

2. Desired Loan Amount: Please check one box below.

Enter dollar amount \$ □ □ , □ □ □ . □ □

or

The maximum loan amount available.

If the amount requested exceeds the maximum amount available under the Plan, then the amount of the loan will be the maximum amount available.

3. Is the loan needed for hardship reasons?
 Yes No If no, a loan is not available. **DO NOT COMPLETE THIS FORM.**

If yes, you must indicate which one or more of the following immediate and heavy financial needs is applicable to your situation:

- a. _____ Medical expenses for the Participant, Participant's spouse, dependants or beneficiaries.
 - b. _____ Costs directly related to the purchase of a principal residence for the Participant (excluding mortgage payments).
 - c. _____ Payment of tuition and related educational fees (such as laboratory fees for science majors, music room fees for music majors, or other fees that are an integral part of education, including room and board) for the next 12 months of post-secondary education for the Participant, Participant's spouse, children, dependants or beneficiaries.
 - d. _____ Expenditures to prevent eviction of the Participant from the Participant's principal residence or foreclosure on a mortgage on that residence.
 - e. _____ Funeral or burial expenses for Participant's deceased parent, Participant's spouse, children, dependants or beneficiaries.
 - f. _____ Expenses for the repair of damage to the participant's principal residence that would qualify for the casualty income tax deduction.
4. Frequency of Payroll Withholding for Loan Payments: (This should match your payroll frequency.)

Bi-Weekly
(every other week)

5. Length of Loan Payment:

Maximum is five years unless the purpose of the loan is to purchase your principal residence. Loans to purchase your principal residence will be limited to the term allowed by commercial lenders for similar loans.

Is this loan to purchase a principal residence? Yes No

Note: No interest deduction is allowed for loans that are either secured by employee salary deferral contributions or are made to a key employee. (A key employee is generally an owner or officer of a business.)

Please complete the number of months you would like the loan amortized for: _____ Months

The loan will be withdrawn from the funds pro-rata unless the Plan document specifies differently.

Signatures

The interest rate used will be Prime plus 2%.

The cost for the initial setup of this loan is \$175.00.

I understand this is an agreement which covers my Participant Loan. By accepting the loan proceeds, I agree to the terms and conditions of the loan based on the above parameters and as outlined in the Security Agreement (that will be sent to me once this application has been processed). I authorize my employer to automatically withhold the loan payment (which will include interest and principal) from my paycheck according to the amortization created as a result of this application. I understand that failure to make such payments when due could jeopardize the status of this loan as a non-taxable transaction and could result in the IRS treating these loan proceeds as a taxable distribution to me. I understand that failure to repay this loan will reduce the benefits available to me from the retirement plan (by the amount of the outstanding loan balance plus accrued interest). I also understand that it will be my responsibility to monitor payroll deductions and to notify the Plan Administrator of any repayment errors.

Signature of Participant

Date

Return this form to: Employer/Plan Sponsor

Loan Approval/Disapproval

The Plan Representative/Administrative Committee must complete this section. If not completed, this application will be put on hold until all requested items are received.

In order to properly calculate the Participant's loan amount available all loan balances from this qualified plan and any other qualified plan of the employer covering the Participant must be known.

This loan will be processed based on the assumption the Participant has not had any other outstanding loans from any other related qualified plan of the employer or related employers during the last 12 months. If this is not correct, please provide the information below from the other related plan(s).

Outstanding loan balance as of the effective date of the new loan: \$ _____

Highest outstanding loan balance and corresponding date of that balance during the twelve month period ending on the day before the effective date of the new loan:

\$ _____ and Date _____

On the basis of the applicable provisions of the aforementioned Plan stated below, we hereby

approve the application.

approve the application with the modifications specified below.

Modifications:

disapprove the application.

Effective Date of Loan

The effective date of the loan will be 10 calendar days from the date the loan request is processed so that there is sufficient time to liquidate investments and distribute the loan proceeds.

The first payroll date will be calculated approximately 28 days from the date the loan is processed and in accordance with the participant's payroll frequency.

The Plan Representative/Administrative Committee has reviewed this loan application and has approved/disapproved the loan as indicated above.

Signature of Plan Representative for plan Karuk Tribe Employees Savings Trust

Date

The Plan Representative must validate the signature(s) on this form.

LOAN PAYOFF CALCULATION AND REMITTANCE FORM

(Please use one form per outstanding loan)

Plan Name: Karuk Tribe Employees Savings Trust

Location Name: _____ Location ID: _____ Plan: 5056 / KTC

To be completed by the Plan Representative:

- ◆ Please complete the Loan Payoff Calculation section below and **fax this form to CPI at 620-793-7463** to request the loan payoff amount.
- ◆ After receiving the payoff calculation and subsequently paying off the loan, complete the Loan Payoff Process section below.
- ◆ If this request is for a participant that is terminating employment, do not send termination paperwork for the distribution until confirming the Loan Payoff Process has been completed and the loan payoff deposit has been purchased for the participant.
- ◆ If this request is for a participant who is going to be requesting a new loan and wants this payoff to be taken into account when determining the new loan amount available, do not submit the new loan request until confirming that the Loan Payoff Process has been completed and the loan payoff deposit has been processed for the participant.

LOAN PAYOFF CALCULATION for _____ SSN: _____ - _____ - _____
 (Please print or Type) Participant Name

1. This request is for remittance and loan payoff calculation of Loan # _____ (Located on the amortization schedule or go to www.myretirementfuture.com, under the Account History tab, select "current loans", select "final payment date") (Please complete a separate form for each loan.)
2. The most recent payment that has already been submitted to CPI was for the **payroll period** ending ____/____/____ and was sent to CPI on ____/____/____.
3. Number of additional payments that will be submitted to CPI after the above payroll, but BEFORE the loan is paid off, will be:
 Number of payment(s) _____ @ \$ _____ each = Total deduction of \$ _____
NO FURTHER LOAN PAYMENTS SHOULD BE MADE.

IMPORTANT: If the payoff is based on the above information and the payroll date is not accurate or other incorrect information is provided on this form, additional fees will be incurred.

TO BE COMPLETED BY CPI*****

Based on the information received above, the calculation for the amount of the Loan Payoff is: \$ _____

CLIENT: LOAN PAYOFF PROCESS

- If a check is being sent, it should be attached to this form and mailed to the address below.
- In addition whether a check or wire is sent, **A COPY OF THIS FORM SHOULD BE FAXED TO CPI AT 620-793-7463** to ensure the proper handling of the loan payoff. (In-House Use Only Email Group- _Route to Loan Payoff Form)

If Mailed: _____ If Overnight Service or Two-Day Carrier: _____ If Wired: _____

MG Trust Company, LLC Attn: TPA 000107 FBO: Karuk Tribe Employees Savings Trust P.O. Box 46546 Denver CO 80201	MG Trust Company Attn: TPA 000107 FBO: Karuk Tribe Employees Savings Trust 717 17th Street, Suite 1300 Denver CO 80202	JPMorgan Chase 270 Park Ave New York NY 10017 ABA Routing Number: 021000021 Beneficiary Account Number: 886273556 Beneficiary Account Name: MG Trust Company, LLC Originator to Bene. Info: TPA 000107, 07C01326
Make check payable to: MG Trust Company Reference on Memo Line: TPA 000107, Karuk Tribe Employees Savings Trust		By Order Of: (Client/Plan bank account number)

LOAN PAYOFF CALCULATION AND REMITTANCE FORM

Please Complete:

Date: _____

Social Security Number

Participant Name: _____

□ □ □ - □ □ - □ □ □ □

(Please Print Clearly)

Mark one: Check Wire

Amount of Check/Wire \$ □ □ □ , □ □ □ . □ □