

BENEFIT ELECTION FORM

1. Participant/Beneficiary Information			
Participant/Beneficiary Name			I certify that (check one): <input type="checkbox"/> I am not Married. <input type="checkbox"/> I am Married.
Address		Social Security Number	
City	State	Zip Code	
Date of Birth			

2. Distribution Option (Choose one)	
A.	<input type="checkbox"/> All of my vested account balance paid to me.
B.	<input type="checkbox"/> All of my vested account balance paid as a direct rollover to an IRA or Qualified Plan. Make the check payable to: _____
C.	<input type="checkbox"/> Installments for _____ months (enter number of monthly payments – either 60, 120 or 180 but cannot exceed the joint life expectancy of you and your beneficiary per Treas. Reg. 1.401(a)(9)-1). Such installments should commence on or about _____ (insert month, day and year).
D.	<input type="checkbox"/> Purchase of annuity contract. NOTE: The exact amount of your monthly payments will depend upon the current annuity rates being charged by the major insurance company at the time the annuity is actually purchased.
E.	<input type="checkbox"/> Reduced joint and 50% survivor annuity, with my spouse as my joint annuitant. Please furnish us your spouse's date of birth and we will compute the amount of this reduced annuity.
F.	<input type="checkbox"/> Reduced joint and 100% survivor annuity, with my spouse as my joint annuitant. Please furnish us your spouse's date of birth and we will compute the amount of this reduced annuity.
G.	<input type="checkbox"/> I elect to defer the receipt of my benefit until a future payment date but not beyond the first day of the following month after I attain age 65. My vested account balance must be at least \$5,000.

3. Authorization	
<p>I have read the Special Tax Notice regarding my distribution from the Plan. I acknowledge that the lump sum payment paid to me from the Plan is subject to a mandatory 20% withholding for Federal taxes and may be subject to state taxes.</p> <p>If I elect to directly rollover my account balance, I represent that the above named retirement plan is an individual retirement annuity plan or qualified retirement plan which accepts direct rollovers.</p> <p>I understand if I elect Distribution Option [ALL EXCEPT E-50%], I must complete the attached Joint and Survivor Annuity Notice and Waiver Form.</p> <p>I understand if I elect Distribution Option E or F above, a joint and survivor annuity form of payment provides me with a monthly payment for my life and, upon my death, a monthly payment for my spouse equal to either 50% or 100% respectively of the monthly payment I received prior to my death.</p> <p>I understand if I elect Distribution Option G above, it is my responsibility to contact the Plan Administrator in writing no earlier than 90 days prior to my payment commencement date, to commence my monthly benefit. Otherwise, my monthly benefit will commence on the first day of the month following my 65th birthday.</p> <p>I understand a Form 1099-R will be issued to the address listed above, postmarked by January 31 of the year following the year my distribution check(s) was/were dated. I further understand that it is my responsibility to notify the Plan Administrator in writing if I have an address change so I may receive the Form 1099-R on a timely basis.</p> <p>30 Day Notice: You have 30 days after you are provided the Special Tax Notice to make your election. You may however waive the 30-day notice requirement and make your election before the 30-day period expires. By returning the form before your 30-day period expires, you are officially waiving the 30-day notice requirement.</p>	
Participant's Signature _____	Date Signed _____

Return completed benefit election and annuity notice forms to the Plan Administrator

FOR OFFICE USE ONLY		
Type of Termination/Retirement: Retirement <input type="checkbox"/> Termination <input type="checkbox"/> Disability <input type="checkbox"/>	Date of Termination/Retirement: _____	If Death: Participant Name: _____ SSN: _____ Date of Death: _____ Is the beneficiary an employee: Yes No
Plan Administrator Signature _____		Date Signed _____

JOINT AND SURVIVOR ANNUITY NOTICE AND WAIVER FORM

Complete if you are married and/or you elected Distribution Option A, B, C, D or F of the Benefit Election Form.

Participant Information

Participant Name _____

Social Security Number _____

A. Joint and Survivor Annuity Notice

A joint and survivor annuity form of payment provides you with a monthly payment for your life and upon your death, a monthly payment for your spouse equal to 50% of the monthly payment you received prior to your death. Because your spouse will receive a 50% survivor payment, the relative financial effect of a joint and survivor annuity is to reduce the monthly payments you would otherwise have received had payments been made to you in the form of a single life annuity.

NOTE: The exact monthly payments will depend upon the current annuity rates being charged by a major insurance company at the time the annuity is actually purchased. If you and your spouse die before receiving the entire amount of money you have in the Plan at your retirement, no further payments will be made.

My signature below confirms that I have read the Joint and Survivor Annuity Notice and Waiver Form regarding my distribution from the Plan.

Participant's Signature _____

Date Signed _____

B. Participant's Election to Waive Joint and Survivor Annuity

As a Participant in the Plan, I hereby acknowledge (1) that I have the right to waive the joint and survivor annuity form of payment, provided that my spouse, if any, consents to the waiver; and (2) that I may revoke any waiver in effect prior to distribution of my account in the Plan.

I understand that if I elect a distribution option other than a joint and survivor annuity, the effect of that election is to waive my right to a joint and survivor annuity, and if I am married, my spouse must consent to such election.

I hereby elect to waive the joint and survivor annuity form of payment, and receive my retirement benefit in the form I have selected on the attached Benefit Election Form.

Participant's Signature _____

Date Signed _____

C. Spouse's Consent to Waiver

I hereby consent to the foregoing election by my spouse (the participant of the Plan) that any portion of his/her retirement benefit under the Plan be paid in the form selected on the attached Benefit Election Form and not in the form of a joint and survivor annuity with me as joint annuitant. Further, I hereby acknowledge (1) that I have read the Joint and Survivor Annuity Notice above; (2) that the effect of my consent may be to forfeit certain benefits I would otherwise be entitled to receive upon my spouse's death; (3) that my spouse's election is not valid unless I consent to it; and (4) that my consent is irrevocable unless my spouse revokes the election prior to distribution of his/her account in the Plan.

Spouse's Signature _____

Date Signed _____

Notarization by Notary Public

[Notary Seal]

State of _____

County of _____

Given Under My Hand and Seal This _____ Day of _____, 20_____.

My Commission Expires: _____
Notary Public in and for said County and State

Return completed annuity notice and benefit election forms to the Plan Administrator