

**PARTICIPANT DISTRIBUTION ELECTION
(VESTED ACCOUNT BALANCE EXCEEDS \$5,000)**

Participant Information

Name _____

Address _____

Last 4 digits of Social Security Number _____

1. **Election.** After reading the PARTICIPANT DISTRIBUTION NOTICE and the TAX NOTICE (ROLLOVER OPTIONS), I, the undersigned Participant, make the following distribution election: (select one)

NOTE: If your Vested benefit under the Plan does not exceed \$5,000, then such benefit may only be paid to you in a lump-sum payment or as a direct rollover.

- a. A direct rollover of my entire vested account balance to the IRA or to the plan designated in 3. below.
- b. A direct rollover of the following portion of my vested account balance to the IRA or to the plan designated in 3. below: \$_____ (not less than \$500), with the balance paid in a lump-sum payment, less income tax withholding. (Complete 3. below.)
- c. A lump-sum payment of my entire vested account balance, less any income tax withholding.
- d. Installment payments, as follows: (Complete 1. or 2.)
 - 1. I elect my entire vested account balance in installments.
 - 2. I elect \$_____ in a lump-sum payment, with the rest of my vested account balance in installments.

Installment Term. (Complete 3. and 4, and, if you wish, 5.)

- 3. I elect payment of installments: monthly quarterly semi-annually annually
- 4. I elect the following installment term (Choose i., ii. or iii. below.)
 - i. _____ years.
 - ii. My life expectancy, as determined under Treasury regulations.
 - iii. The joint life and last survivor expectancy, as determined under Treasury regulations, of my designated beneficiary and me.

If I am over 70 1/2 years of age, I understand my installment payments for a calendar year will be adjusted if necessary to satisfy the minimum distribution requirements under the Plan.

- 5. I elect a direct rollover of my installment payments. (Complete 2. below.) This election applies until revoked. Note: This option is not available unless you elect installment payments over a period of years that is less than 10.

Note: Failure to elect a direct rollover will result in income tax withholding on any payments that are eligible rollover distributions. See the TAX NOTICE (ROLLOVER OPTIONS) included with your distribution package.

2. Information for Direct Rollover.

I represent that the IRA or retirement plan of another employer designated below is a proper recipient for a direct rollover.

Name of IRA or retirement plan _____

Account number for IRA or retirement plan _____

Name of trustee(s), custodian(s), or insurer _____

Address to send direct rollover _____

Note: Failure to elect a direct rollover will result in income tax withholding on any payments that are eligible rollover distributions. See the TAX NOTICE (ROLLOVER OPTIONS) included with your distribution package.

3. Information for Direct Rollover.

() I elect a direct rollover to the IRA or to the plan designated below (unless I indicate below which account balances are subject to this first rollover). I represent that the IRA or retirement plan of another employer designated below is a proper recipient for a direct rollover.

Name of IRA or retirement plan _____

Account number for IRA or retirement plan _____

Name of trustee(s), custodian(s), or insurer _____

Address to send direct rollover _____

Portion (or dollar amount) of my accounts to be sent to the above IRA or plan _____

Election of Second Direct Rollover.

() I elect that any remaining funds be directly rolled over to the IRA or to the plan designated below. I represent that the IRA or retirement plan of another employer designated below is a proper recipient for a direct rollover.

Name of IRA or retirement plan _____

Account number for IRA or retirement plan _____

Name of trustee(s), custodian(s), or insurer _____

Address to send direct rollover _____

4. Beneficiary designation. If you previously signed a DESIGNATION OF BENEFICIARY form, you need not sign another DESIGNATION OF BENEFICIARY form unless you want to change your beneficiary.

5. Distribution charge. I understand the Plan may charge a reasonable fee for the processing of the distribution.

6. Waiver of minimum notice period. I consent to an immediate distribution of my vested account balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

7. Acknowledgement/Authorization

EXECUTED this _____ day of _____, 20_____.

Print Name of Participant

Signature of Participant

Street Address (include apartment no.)

Last 4 digits of Social Security Number

City State Zip Code