

PARTICIPANT DISTRIBUTION ELECTION

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

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

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

1. Election. After reading the PARTICIPANT DISTRIBUTION NOTICE and the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS, I, the undersigned Participant, make the following distribution election: (Choose one)

a.  A direct rollover of my entire vested account balance to the traditional IRA or to the plan designated in 2. below.

b.  A direct rollover of the following portion of my vested account balance to the traditional IRA or to the plan designated in 2. below: \$\_\_\_\_\_ (not less than \$500), with the balance paid in lump-sum, less income tax withholding. (Complete 2. below.)

c.  A lump-sum payment of my entire vested account balance, less any income tax withholding.

Note: Failure to elect a direct rollover will result in income tax withholding on any payments that are eligible rollover distributions. See the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS included with your distribution package.

2. Information for Direct Rollover.

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

Name of traditional IRA or retirement plan \_\_\_\_\_

\_\_\_\_\_

Name of trustee(s), custodian(s), or insurer \_\_\_\_\_

\_\_\_\_\_

Address to send direct rollover \_\_\_\_\_

\_\_\_\_\_

3. 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.

4. 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.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Street Address (include apartment no.)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City                      State                      Zip Code