



## U. A. Locals No. 375 and 367 Supplemental Pension Trust Request for Distribution Form

### PERSONAL INFORMATION

My Name (if new, must include documentation of name change)

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Social Security number

Mailing Address ☐ check here if new

( ) -

Phone Number

E-mail Address

If further information is required to process my request, I am best reached by: ☐ Phone ☐ E-mail ☐ Mail

### DISTRIBUTION ELIGIBILITY & AMOUNT

I understand that I may request this Distribution only if I am no longer employed by U.A. Locals No. 375 or 367 and meet the eligibility requirements for my selection indicated below. I further understand that:

- My distribution cannot be processed before Milliman receives my final payroll and confirmation of my last day worked.
- It may take up to 45 business days to process my distribution after I submit this form.
- If I am not eligible for the distribution requested, my request will be returned to me.
- If I have questions regarding withdrawal eligibility or about completing this form, I should contact Milliman's Benefits Service Center at 1.866.767.1212 prior to submitting my request.

#### TERMINATION INFORMATION (complete):

Date of separation of service: \_\_\_\_/\_\_\_\_/\_\_\_\_ (last day worked). Due to (choose one):

- ☐ Retirement
- ☐ Death (include copy of death certificate, and complete Beneficiary Information section at end of form)
- ☐ Total and permanent disability (employer must confirm)
- ☐ Other

#### ELIGIBILITY: I AM ELIGIBLE FOR AND REQUEST THE FOLLOWING DISTRIBUTION (choose one Option A, B, C, D, E or F):

- ☐ **Option A - Direct Rollover to an IRA or Qualified Plan** – I elect to roll over my account to an IRA or Qualified Plan.
- ☐ **Option B - Cash Distribution** – I elect a cash-out distribution of my account, to have it paid directly to me and to pay federal and any applicable state taxes on the distribution.

#### AVAILABLE IF YOUR VESTED ACCOUNT BALANCE IS \$7,000 OR MORE:

- ☐ **Option C - Installment Payments** – I elect to have my distribution paid to me in substantially equal periodic installments, and to pay federal and any applicable state taxes on the distributions.
- ☐ **Option D - Single Life Annuity** – I elect to have my account paid to me in the form of a Single Life Annuity. A Single Life Annuity provides me with monthly payments for the rest of my life. Upon my death, payments will cease and no death benefit will be available to my beneficiaries.
- ☐ **Option E - Joint & Survivor Annuity** – I elect to have my account paid to me in the form of a Joint & Survivor Annuity. A Joint & Survivor Annuity provides me with monthly payments for the rest of my life and, upon my death, a monthly payment for my Joint Annuity's lifetime equal to 50%, 75%, or 100% of the monthly payment I received prior to my death.

#### AMOUNT: MY DISTRIBUTION REQUEST APPLIES TO THE FOLLOWING AMOUNT OR PORTION OF MY BALANCE (choose one):

- ☐ **Full distribution.** I request a distribution of my total vested account balance.
- ☐ **Partial distribution. The minimum amount that may be paid is \$7,000 and no more than one partial lump sum distribution may be made in any calendar year.** I request a distribution of a portion of my balance, taken pro rata from eligible sources and funds under the distribution option selected above, in the amount of: \$ \_\_\_\_\_. (Note: You may want to increase your withdrawal amount to account for the payment of any Federal and/or State taxes.)

**OPTION A - ROLLOVER** (complete this section if you are requesting a Rollover):**PRE-TAX FUNDS** (i.e., **EMPLOYEE PRE-TAX, ROLLOVER, AND EMPLOYER ACCOUNTS**) (choose 1 or 2 below):

- ☐ **1) Total direct rollover** of my pre-tax distribution to: ☐ IRA **or** ☐ Qualified Plan

Payee instructions (e.g., Rollover Institution (or Qualified Plan) name FBO your name):

Account Number (if available): \_\_\_\_\_

- ☐ Check here if you are rolling over to multiple accounts. Indicate the dollar or percentage here: \_\_\_\_\_ % **or** \$ \_\_\_\_\_ for this account, and complete and include additional copies of this page with your rollover information for the other account(s).
- ☐ Check here if the above request is to convert your pre-tax account(s) to a Roth IRA outside of the U.A. Locals No. 375 and 367 Supplemental Pension Trust. **This is a taxable Roth Conversion: \*Important: This is a taxable transaction.** Please review the Special Tax Notice for general tax information and also consult your tax advisor to make sure you understand the tax implications. Neither Milliman nor your employer can provide tax advice.

- ☐ **2) Partial direct rollover** of my pre-tax distribution to: ☐ IRA **or** ☐ Qualified Plan

Complete one of a) or b) below by indicating a dollar amount or percent for a) or b):a) Amount to roll over: \_\_\_\_\_ % **or** \$ \_\_\_\_\_ and the remainder as a cash payment to me.**OR** b) Amount to receive as a cash payment: \_\_\_\_\_ % **or** \$ \_\_\_\_\_ and the remainder as a rollover.

Payee instructions (e.g., Rollover Institution (or Qualified Plan) name FBO your name):

Account Number (if available): \_\_\_\_\_

- ☐ Check here if you are rolling over to multiple accounts. Indicate the dollar or percentage here: \_\_\_\_\_ % **or** \$ \_\_\_\_\_ for this account, and complete and include additional copies of this page with your rollover information for the other account(s).
- ☐ Check here if the above request is to convert your pre-tax account(s) to a Roth IRA outside of the U.A. Locals No. 375 and 367 Supplemental Pension Trust. **This is a taxable Roth Conversion: \*Important: This is a taxable transaction.** Please review the Special Tax Notice for general tax information and also consult your tax advisor to make sure you understand the tax implications. Neither Milliman nor your employer can provide tax advice.

**DELIVERY INSTRUCTIONS** (choose one):

- ☐ **Check mailed to my mailing address** (on page 1) via first-class mail. I understand that I will need to forward the check to my Rollover Institution or Qualified Plan.

- ☐ **Check to my Rollover Institution or Qualified Plan** via first-class mail. Mailing address:

Name of Rollover Institution or Qualified Plan: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Please note:** the Plan's trust company will mail the rollover check and cannot include any paperwork or other materials with the check. If your rollover institution requires paperwork, you should either send the paperwork separately to the rollover institution or have the rollover check mailed to you to forward everything together. If you do not make a selection on this page, your rollover check will be mailed to your mailing address (on page 1).

**OPTION B - CASH DISTRIBUTION** (complete this section if you are requesting a Cash Distribution):

- ☐ I do not wish to roll over my requested distribution, and I **instead elect to receive a taxable cash distribution** delivered via the method indicated below.

**TAX WITHHOLDING:**

I understand that a mandatory **federal tax** withholding of 20% applies to my distribution of pre-tax account(s), and that additional taxes and penalties may be assessed when I file my tax return. My distribution may also be subject to a 10% excise tax for early distribution if I have not attained age 59½.

**Federal** (choose one):

- ☐ I elect the mandatory 20% to be withheld for federal income tax.
- ☐ Instead of the mandatory 20% withholding, I elect to have more than 20% withheld for federal income tax. The amount that I would like to be withheld is (choose one): \_\_\_\_\_ % **or** \$ \_\_\_\_\_. (If the percent or dollar amount is not higher than 20%, I understand that my election in this section will be disregarded, and 20% will be withheld.)

I understand that **state tax** may also apply to my distribution and, depending on my state's tax rules, may be automatically withheld if I make no election below. In addition, if tax withholding is mandatory in my state (as determined by my "mailing address" provided on page 1), taxes must be withheld at or above that rate.

**State** (choose one):

- ☐ I would like state tax to be withheld in the amount of (choose one): \_\_\_\_\_ % **or** \$ \_\_\_\_\_. (If the percent or dollar amount is not higher than my state's mandatory withholding rate, if applicable, or if my state does not have income tax, I understand that my election in this section will be disregarded.)
- ☐ I do not want to have state tax withheld. (I understand that if my state has a mandatory withholding rate, my election in this section will be disregarded.)

*Note: payees with foreign addresses (outside of the United States) will have 30% withheld for Federal Income Taxes. If your current mailing address is outside of the United States, you must MAIL an ORIGINAL completed Form W-9 or W-8BEN to Milliman.*

**DELIVERY INSTRUCTIONS (choose one):**

- ☐ **Check** mailed to my mailing address (on page 1) via first-class mail.
- ☐ **ACH (direct deposit) to my personal account.** Note: Generally your account should be credited with the deposit 48 hours after the trust company submits the ACH instructions to your bank.

**Please see below for what constitutes valid ACH information.** If you provide ACH information that does not meet the requirements below, or if you do not submit any ACH information, your distribution funds will be mailed to you as a check.

## Attach Check Here

Deposit slips cannot be accepted.

Your legible check copy must include your imprinted legal name (matching your name on record), bank name, and account and routing numbers.

If you do not have checks, you may attached a counter check or bank letter, provided that the bank name, your name, and account and routing numbers are all pre-printed (and not handwritten) on the bank letter.

**OPTION C - INSTALLMENT PAYMENTS** (available only if your vested account balance is **\$7,000** or more - complete this section if you are requesting Installment Payments):

- ☐ **I elect to receive my vested account balance in equal periodic installments** delivered via the method indicated below. I understand that the period of time over which my account will be paid cannot be greater than my life expectancy or the joint life and last survivor expectancy of myself and my designated beneficiary.

Payment Type (choose one below):

- ☐ Periodic Payments: I elect to receive my vested account balance in equal monthly installments. Payout Period (select one option only):
- ☐ 60 Months
  - ☐ 120 Months
  - ☐ 180 Months
- ☐ Monthly Payments: I elect to receive my vested account balance in equal monthly installments in a multiple of \$100 (for example. \$100, \$200, \$300, etc.).

Payout Amount multiple of \$100, for example. \$100, \$200, \$300, etc. (complete the below):

\$\_\_\_\_00.00

**TAX WITHHOLDING:**

I understand that if my Installments are paid over 10 years or less, the mandatory **federal tax** withholding of 20% will apply to my distribution of pre-tax account(s) (and some earnings on designated Roth and/or after-tax funds), and that additional taxes and penalties may be assessed when I file my tax return. My distribution may also be subject to a 10% early excise tax if I have not attained age 59½.

**Federal** (choose one):

- ☐ I elect the mandatory 20% to be withheld for federal income tax.
- ☐ If you elect Installments to be paid over 10 years or more, instead of the mandatory 20% withholding, I elect to have \_\_\_\_% or \$\_\_\_\_\_ withheld.
- ☐ If you elect Installments to be paid over 10 years or less, Instead of the mandatory 20% withholding, I elect to have more than 20% withheld for federal income tax. The amount that I would like to be withheld is: \_\_\_\_% or \$\_\_\_\_\_. (If the percent or dollar amount is not higher than 20%, I understand that my election in this section will be disregarded, and 20% will be withheld.)

I understand that **state tax** may also apply to my distribution and will be withheld unless I elect otherwise below or it is mandatory in my state (as determined by my "mailing address" provided on page 1).

**State** (choose one):

- ☐ I would like state tax to be withheld in the amount of: \_\_\_\_% or \$\_\_\_\_\_. (If the percent or dollar amount is not higher than my state's mandatory withholding rate, if applicable, or if my state does not have income tax, I understand that my election in this section will be disregarded.)
- ☐ I do not want to have state tax withheld. (I understand that if my state has a mandatory withholding rate, my election in this section will be disregarded.)

**DELIVERY INSTRUCTIONS (choose one):**

- ☐ **Check** mailed to my mailing address (on page 1) via first-class mail.
- ☐ **ACH (direct deposit) to my personal account.** Note: Generally your account should be credited with the deposit 48 hours after the trust company submits the ACH instructions to your bank.

**Please see below for what constitutes valid ACH information.** If you provide ACH information that does not meet the requirements below, or if you do not submit any ACH information, your distribution funds will be mailed to you as a check.

**Attach Check Here**

**Deposit slips cannot be accepted.**

**Your legible check copy must include your imprinted legal name (matching your name on record), bank name, and account and routing numbers.**

**If you do not have checks, you may attached a counter check or bank letter, provided that the bank name, your name, and account and routing numbers are all pre-printed (and not handwritten) on the bank letter.**

**OPTION D – SINGLE LIFE ANNUITY** (available only if your vested account balance is **\$7,000** or more - complete this section if you are requesting Single Life Annuity):

- ☐ I elect payment of my vested account balance in the form of a Single Life Annuity with monthly payments to me beginning (enter date) \_\_\_\_/\_\_\_\_/\_\_\_\_ and continuing for my lifetime.

**DELIVERY:**

I understand that such payments to me will be provided through the purchase of an annuity from an insurance company.

**OPTION E – JOINT & SURVIVOR ANNUITY** (available only if your vested account balance is **\$7,000** or more - complete this section if you are requesting Joint & Survivor Annuity):

- ☐ I elect payment of my vested account balance and continuing for my lifetime in the form of a Joint & Survivor Annuity with monthly payments to me beginning (enter date) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that upon my death, if my Joint Annuitant survives me, monthly payments be continued for my Joint Annuitant's lifetime equal to \_\_\_\_\_% (specify 50%, 67%, 75%, or 100%) of my monthly payment.

Joint Annuitant's Name: \_\_\_\_\_

Joint Annuitant's Relationship: \_\_\_\_\_

Joint Annuitant's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Joint Annuitant's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DELIVERY:**

I understand that such payments to me will be provided through the purchase of an annuity from an insurance company.

**CERTIFICATIONS (ALL participants must complete this section):****TAX NOTICE AND WAITING PERIOD:**

The IRS currently requires a 30-day waiting period following receipt of the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. The purpose of this waiting period is to allow plan participants sufficient time to review their distribution options and tax implications before a distribution. By signing below, I acknowledge that I have read the enclosed SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS and elect to waive the 30-day waiting period. I hereby authorize payment of my distribution as indicated on this form. I understand that submitting this form waives the 30-day waiting period for my distribution.

**ANNUITY WAIVER:**

The Plan includes the option to have my benefits payable as a Qualified Annuity Benefit. Information regarding this benefit option is provided in the notice on the pages that follow. I understand that by submitting this distribution request, I am waiving the right to receive the Qualified Joint & Survivor Annuity benefit and/or the Qualified Annuity Benefit of the Optional Survivor Annuity Benefit, and am instead rolling over or cashing out my account or portion of my account, as requested. If I have elected an annuity option, however, I am not waiving that option. If I am married and have elected payment in any form other than the Joint & Survivor Annuity, my spouse's notarized consent is also required in the next section.

I certify that I am: ☐ Not married -or- ☐ Married (*your spouse must complete the 'Notarized Spousal Consent' section below.*)

I understand that it may take up to 5 business days to process my distribution after my completed request is received and approved. Under no circumstances can my distribution be made until at least 7 days after my signature date.



Participant's Signature

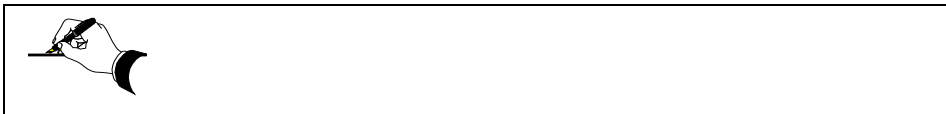
\_\_\_\_/\_\_\_\_/20\_\_\_\_

Today's Date

If any additions to my account are allocated after this total distribution request is processed, those amounts will be distributed automatically in the same manner as elected on this form if fewer than 180 days have elapsed since I signed and dated this form. The preceding does not apply if this is not a total distribution request.

**NOTARIZED SPOUSAL CONSENT (The SPOUSE of ALL MARRIED participants must complete this section):**

I, \_\_\_\_\_ (print name of participant's spouse), spouse of the Participant, hereby consent to the waiver of the Qualified Annuity Benefit and the Qualified Optional Survivor Annuity Benefit and to the timing and form of distribution elected on this form. I have received (on the pages that follow) a written explanation of the Qualified Annuity Benefit and the Qualified Optional Survivor Annuity Benefit, my right not to consent to this waiver election, the waiver election period, and the financial effect of the election not to receive benefits in the form of the Qualified Annuity Benefit or the Qualified Optional Survivor Annuity Benefit. I understand my consent is irrevocable unless my spouse revokes the waiver election. I understand any change in this form of benefit election is subject to my consent, unless my spouse elects to receive the Qualified Annuity Benefit or the Qualified Optional Survivor Annuity Benefit.



Participant's Spouse's Signature

\_\_\_\_/\_\_\_\_/20\_\_\_\_

Today's Date

**NOTE: The spousal consent must be witnessed by either an authorized Plan Representative or a Notary Public.**

This consent was acknowledged before me by the above named spouse of the participant on this date of:

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Employer/Plan Sponsor\_\_\_\_\_  
Notary Public (Signature AND Stamp or Seal)

State of: \_\_\_\_\_ My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

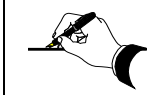
**BENEFICIARY INFORMATION** (complete ONLY if plan participant is deceased):

Beneficiary's Name \_\_\_\_\_

Beneficiary's Social Security number 

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Relationship to Participant \_\_\_\_\_



Signature of Beneficiary

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Today's Date

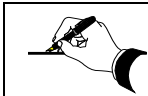
**If the Beneficiary is not an individual, such as a trust or estate, provide the following information:**

Trust or Estate Taxpayer ID. Number: \_\_\_\_\_

Name of Trustee / Estate Administrator (please print): \_\_\_\_\_

If the Beneficiary is an Estate, attach letters testamentary or letter of administration.

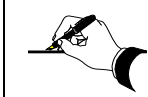
If the Beneficiary is a Trust, attach first page, signature and certification page and page designating trustee from Trust document. Also, attach Trustee acceptance of appointment document signed by the current Trustee. The Trustee must certify that the Trust meets the requirements of section 1.401(a)(9)-4 of the Treasury Regulations by signing here:



Signature of Trustee / Estate Administrator

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Today's Date

**SUBMIT YOUR COMPLETED FORM TO MILLIMAN** (via one of the methods below):**Mail:** BeneSys Inc., PMB #116, 5331 S Macadam Avenue, Suite 258, Portland, OR 97239**Delivery:** BeneSys Inc., 5331 S Macadam Avenue, Suite 220, Portland, OR 97239**APPROVAL**

Union Trustee's Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Today's Date



Employer Trustee's Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Today's Date

Delivered to Milliman on: \_\_\_\_/\_\_\_\_/20\_\_\_\_



## U. A. Locals No. 375 and 367 Supplemental Pension Trust

### Waiver of Annuity Form Information

As a Participant in Plan name, you have accumulated benefits that will be paid to you under the provisions of the Plan. This notice explains your distribution options and rights under the Plan.

The proposed distribution date is the earliest date the Plan permits you to commence distribution of your vested account balance, the date on which you elected to commence distribution under a prior election to delay distribution, or if you have attained the Plan's normal retirement age (or age 62, if later), the date the Plan must commence distribution.

- 1. Minimum Notice Period.** For at least 30 days after you receive this notice, you have the right to consider your decision whether to consent to a distribution of your vested account balance in the form of a Qualified Annuity Benefit or whether to waive the Qualified Annuity Benefit (see paragraph 3.) and consent to another benefit payment option (see 2. below), and whether to elect a direct rollover of all or any portion of your distribution eligible for rollover. If you sign and return the attached **Request for Distribution Form** to the Plan's Recordkeeper (Plan Sponsor) less than 30 days after you receive this notice, then the Plan Recordkeeper's (Plan Sponsor's) receipt of your signed form is your affirmative waiver of any unexpired portion of the minimum 30 day period and your affirmative election of a distribution or a direct rollover. If you affirmatively elect distribution under a method other than the Qualified Annuity Benefit, then you have the right to revoke that election until the "annuity starting date," or if later, for at least 7 days after you receive this notice.

The "annuity starting date" is the actual distribution date if you elect to receive a lump sum distribution. If you elect to receive distribution other than in a lump-sum, the annuity starting date may be before you receive the first payment under that distribution method.

- 2. Benefit payment options.** Unless you elect another method of payment, the Plan requires payment to you of a Qualified Annuity Benefit (see paragraph below.). Instead of a Qualified Annuity Benefit, you may elect distribution under the following methods:

- Direct rollover.
- Lump sum payment.
- Purchase of an alternative annuity on your behalf.
- Installments over a specified period of time.
- Purchase of a qualified optional survivor annuity on your behalf.

You also may elect one method of payment for part of your vested account balance and another method of payment for another part of your vested account balance. For example, you may elect direct rollover for part of your vested account balance and a lump-sum or installment payments for the other part. See the attached SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS for rules on splitting your distribution.

If you are less than 100% vested in your account balance and you elect to receive your entire vested interest in the Plan (called a "cash out") prior to the time you have incurred five consecutive breaks in service, then the nonvested portion of your account balance will be forfeited. Your election of a cash out distribution is your consent to this forfeiture. If you return to employment with the Employer before your fifth consecutive break in service, the Plan provides you a 5 year period during which you may repay the entire amount of your cash out distribution and restore your forfeited nonvested account balance.

- 3. Qualified Annuity Benefit and Qualified Optional Survivor Annuity.** If you are married, the Qualified Annuity Benefit is a joint and 50% survivor annuity. A joint and 50% survivor annuity is a level monthly payment for your life and, if your spouse survives you, a level monthly payment for your spouse equal to 50% of the monthly amount payable during your joint lives. If you are not married, the Qualified Annuity Benefit is a life annuity. A life annuity is a level monthly payment for your lifetime, with the monthly payments stopping upon your death. These payments are guaranteed for your lifetime and, if you are married, your spouse's lifetime.

The Plan allows you to elect a Qualified Optional Survivor Annuity if you are married and do not elect the Qualified Annuity Benefit. The Qualified Optional Survivor Annuity is a joint and 75% survivor annuity. A joint and 75% survivor annuity is a level monthly payment for your life and, if your spouse survives you, a level monthly payment for your spouse equal to 75% of the monthly amount payable during your joint lives. These payments are guaranteed for your lifetime and, if you are married, your spouse's lifetime.

The Plan will use your vested account balance to purchase an annuity contract from an insurance company. The Plan then will distribute the contract to you as evidence of your right to receive the annuity payments from the insurance company. The actual level monthly payments made under the annuity contract will depend on the annuity purchase rates used by the insurance company, your age (and if you are married, your spouse's age at the time the distribution begins), and the amount of your vested account balance at the time the annuity contract is purchased. Your account will be charged for the cost incurred to purchase the annuity contract.

The monthly payments you will receive under the Qualified Annuity Benefit and the Qualified Optional Survivor Annuity as of the proposed distribution date is set forth on the first page of this notice. To determine the approximate level monthly payments you will receive under other forms of annuities, divide your vested account balance by the annuity factor below which most closely approximates your situation. Determine your age and, if you are married, your spouse's age as of the birthday nearest the proposed distribution date. The Plan Administrator, upon request, will provide you with a more precise calculation.



Annuity Factor Table for Married Participants				
Married Participant's Age	Spouse's Age	Joint and 50% Annuity Factor	Joint and 75% Annuity Factor	Joint and 100% Annuity Factor
50	45	165.14	171.13	177.12
50	50	162.90	167.77	172.64
50	55	160.77	164.58	168.38
55	50	154.65	161.52	168.38
55	55	151.88	157.36	162.84
55	60	149.29	153.48	157.66
60	55	142.40	150.03	157.66
60	60	139.06	145.00	150.96
60	65	136.00	140.43	144.86
65	60	128.50	136.68	144.86
65	65	124.59	130.82	137.04
65	70	121.16	125.66	130.17
70	65	113.43	121.80	130.17
70	70	109.09	115.29	121.48
70	75	105.32	109.64	113.95

Annuity Factor Table for Single Participants	
Single Participant's Age	Annuity Factor
50	153.16
52	148.45
54	143.49
55	140.93
57	135.59
59	130.02
60	127.15
61	124.23
62	121.26
63	118.25
64	115.21
65	112.14
66	109.07
68	102.91
70	96.69

*Note: We have based these annuity factors on the UP 1984 mortality tables, assuming a 6% interest rate. The insurance company from which the annuity contract is purchased may use different factors. Different factors will produce a different monthly payment.*

The quotient of your annuity factor divided into your vested account balance represents the approximate monthly payment you will receive during your lifetime if you elect to commence distribution on the proposed distribution date. If you are married, the monthly payment your spouse will receive after your death is equal to the survivor annuity percentage times the monthly amount that you would receive during your lifetime.

For example, if you and your spouse both are 65 and your vested account balance is \$10,000, your approximate monthly payment as a Joint and 50% Annuity is \$80.26 (\$10,000 divided by 124.59) and, if your spouse survives you, the approximate monthly payment to your surviving spouse is \$40.13 (\$80.26 X 50%). If you are unmarried, age 65, and your nonforfeitable account balance is \$10,000, your approximate lifetime monthly payment is \$89.17 (\$10,000 divided by 112.14). These monthly payments are only estimates. The Plan Administrator, upon request, will provide you with a more precise calculation.

4. **Postponement of Distribution.** Under a postponement election, your vested account balance will be subject to adjustment for investment gains or losses. Because of earnings or losses on investments, the amount ultimately paid to you at your postponed distribution date could be more or less than the value of your vested account balance described in this notice. If you fail to complete and return a **Request for Distribution Form**, the Plan Administrator will treat your failure as an election to defer your distribution until the later of age 62 or your Normal Retirement Age, except that if you have attained the later of age 62 or Normal Retirement Age, the Plan Administrator in case of your failure will distribute to you the Qualified Annuity Benefit. Unless the Plan imposes a restriction on the reconsideration of your election, you may revoke any election to defer distribution and receive a distribution in accordance with the Plan.
5. **Financial effect of distribution options.** Under a Qualified Annuity Benefit, you will receive lifetime income. If you are married and your spouse predeceases you, the annuity payments will continue until your death. If you are married and your spouse survives you, then the Qualified Annuity Benefit will make the joint life payments until your death, and continue 50% of the joint life payments until your spouse's death. The Qualified Annuity Benefit will not pay any death benefits to other beneficiaries. If you waive the Qualified Annuity Benefit, then you may receive your vested account balance in any form described in above.

A direct rollover means the Plan pays the distribution amount directly to another plan or to an IRA. See the attached SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. A lump-sum payment means you receive a single payment of the distribution amount. Under an installment distribution, the Plan makes periodic payment of your vested account balance over a specified period of time. Because of earnings or losses on investments, the total amount ultimately paid to you could be more or less than the value of your vested account balance as of the proposed distribution date or as of the date of the termination of your employment with the Employer. If you elect an installment distribution, you should also complete a **Designation of Beneficiary Form**. See that form as to spousal consent requirements.

If you elect installment payments directly from the Plan, then the Plan will calculate each annual installment payment by dividing your latest vested account balance by the remaining installment period. After commencing an installment distribution, you may accelerate the payment of all, or any portion, of your unpaid vested account balance at any time. Under a nontransferable annuity contract, the Plan will apply your entire vested account balance to the purchase of the contract and the contract will provide payments over the elected installment term. The level of payments provided under the contract will depend on the terms of the contract you choose.

Failure to elect a direct rollover will result in income tax withholding on any payments that are eligible rollover distributions. See the attached SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS.