

APPLICATION FOR PENSION BENEFITS

Board of Trustees
Northwestern Ohio Plumbers & Pipefitters
7570 Caple Blvd, Suite B
Northwood, Ohio 43619
419-662-1388 phone

I hereby apply, under the Plan of the Northwestern Ohio Plumbers & Pipefitters Pension Fund for:

- ☐ Normal Retirement Benefit- 65 years old.
- ☐ Early Retirement Benefit - Unreduced - Rule of 90 - 30 Years of Service
Under age 65 - Reduced
- ☐ Terminated Vested

Desired Effective Date: _____ 1, _____.

Please note, this application will be valid only if returned to the Fund Office within 90 days of your effective date. Your effective date will be no sooner than the first of the month after your application has been received in the Fund Office.

I hereby submit the following personal information about me and my spouse:

Participant Information

Name _____

Social Security Number _____ Date of Birth _____ | _____ | _____ Age _____

Address _____

Home Phone Number _____ Cell Phone Number _____

The date you last worked or the date you last expect to work before retirement. _____

Spouse Information

Name _____

Social Security Number _____ Date of Birth _____ | _____ | _____ Age _____

CERTIFICATION

I hereby certify that all information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. I understand that is completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at that time, proof of my spouse's age and a copy of our marriage certificate. I understand that if I have ever been divorced and/or widowed. I must also provide the Fund Office with a complete copy of all my Judgments of divorce and or Qualified Domestic Relations Orders and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

Your Signature X _____ Date _____

Northwestern Ohio Plumbers & Pipefitters Pension Plan

Pension Benefit Option Election Form

Printed Name of Retiree/Beneficiary _____ SS # _____

Printed Name of Spouse _____ SS# _____

I hereby acknowledge that I understand my rights to benefits from the Northwestern Ohio Plumbers & Pipefitters Pension Plan. I hereby elect to receive my monthly benefits in the form indicated below. I understand that, if I am married on my effective date, I will receive my benefits in the 50% Joint and Survivor form UNLESS I elect another form of benefit and, if I elect to receive benefits in one of the alternate forms of benefit, my spouse consents to my waiver of the 50% Joint and Survivor form by signing the Spousal Consent to Waiver of 50% Joint and Survivor form at the bottom of this form.

I hereby choose to receive my Pension Benefit in option as indicated below (check one):

- | | |
|----------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 100% Joint and Survivor form \$ _____ | <input type="checkbox"/> 75% Joint and Survivor Form* \$ _____ |
| <input type="checkbox"/> 5 Year Certain* \$ _____ | <input type="checkbox"/> 10 Year Certain* \$ _____ |

Participant Signature _____ Date _____

***SPOUSAL CONSENT TO WAIVER OF 50% JOINT & SURVIVOR FORM OF BENEFIT**

I am the legal spouse of _____. With my consent, my spouse has elected to waive the normal form of benefit in the 50% Joint and Survivor Form and has instead elected an alternative form of benefit as offered by the plan and chosen above.

** Spouse Signature: _____ Date: _____

Before me, the Pension Plan Coordinator of the Northwestern Ohio Plumbers & Pipefitters Pension Plan. Personally appeared the above named Pensioner _____, and spouse _____, each of whom read the foregoing election form, was given the opportunity to ask any and all questions he or she may have about the same, and executed and delivered this agreement as his or her free and voluntary act and deed for the purposes therein set forth, all in my presence this _____ day of _____.

Plan Representative: _____ Date _____.

Witnessed By Notary Public: Subscribed to and sworn to before me,
This _____ day of _____, 20____.

Notary Public, _____ County
State of _____
My Commission expires _____

****THIS FORM MUST BE SIGNED BY THE SPOUSE IN FRONT OF A PENSION COORDINATOR OR NOTARY PUBLIC.**

By signing this form, my spouse and I understand that once benefits commence, the benefit option cannot be changed to any other form of benefits'. Also, under the joint and 50%, 100%, and 75% survivorship options, if my spouse dies before me, an alternate beneficiary may not be designated. In addition, should my spouse and I divorce after my retirement commencement date; I understand that the spouse listed above will continue to be eligible for the survivor benefit chosen, despite any future marriage into which I may enter.

We acknowledge receipt of the notice forms provided by the Trustees of the Plan explaining the joint and survivorship options, and we understand them and we also acknowledge that we have had the opportunity to consult with advisors of our choosing with regard to this notice.

ACKNOWLEDGEMENT OF RETIREEE ELIGIBILITY RULE

Participant Name _____ Social Security Number _____

Retirement Date: _____ 1, 20____.

- Retiree benefits have been granted by the Trustees as a privilege, not a right.
- The Trustees may expand, reduce or cancel the retiree program, change the self payment rate, and otherwise exercise their prudent discretion at any time without legal right or recourse by a retiree or any other person.
- To maintain eligibility, I, _____, must make the required self payments, in the amount and by the due date established by the Trustees.
- If I return to covered employment after my retirement date, and wish to maintain coverage as a Retiree, employer contributions made to the Plan shall inure to the benefit of the Plan to help fund the cost of Retiree benefits. (I will not receive individual credit for these hours, except for \$1.30 per hour that will be credited to my Supplemental Credit Reserve Account.)

_____ Witness	_____ Date		_____ Participant Signature	_____ Date
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APPLICATION FOR RETIREE BENEFITS

Board of Trustees
Northwestern Ohio Plumbers & Pipefitters Welfare Plan
7570 Caple Blvd, Suite B
Northwood, Ohio 43619

I hereby apply for Retiree insurance benefits from the Northwestern Ohio Plumbers and Pipefitters Health and Welfare Plan, to be effective (when bank hours run out) _____, and for this purpose, submit the following information:

Name of applicant _____

Applicant's address _____

Date of birth of applicant ____|____|____ Retiree Date ____|____|____

My health care premium will be taken out of

**PENSION CHECK -MONTHLY
SUPPLEMENTAL CHECK-QUARTERLY
SELF-PAYMENT-QUARTERLY**

Applicant's Signature

Social Security Number

Date

NORTHWESTERN OHIO PLUMBERS & PIPEFITTERS WELFARE PLAN RETIREE PROGRAM

The amount of your payment will be determined by the number of years of service, Medicare status, and the status of your spouse, if you are married.

Years of service are determined by Pension Credits earned through date of retirement. Rates are subject to change each January.

NOTE: The Plan requires that the self-payment be made in three month installments, or what is called a quarterly basis. Also, the payment is due one month prior to the beginning of the three month coverage period. Below is the schedule of due dates:

Retiree Insurance Coverage For:	Payment Due By:
January, February, and March	December 1
April, May and June	March 1
July, August, and September	June 1
October, November, and December	September 1

SPECIAL NOTICE- MONTHLY PAYMENTS

It is possible to make your payment on a monthly basis, ONLY if you authorize the payment to be withheld from your monthly Pension check. The amount of the monthly cost will be one-third (1/3) of your quarterly payment rate.

If you want to have automatic withholding, it is necessary that you complete the authorization Form and return it to our office. Note, you may make the election any time; however, we must have the form one month prior to the month you want the automatic withholding to start.

The month of the withholding is the month for which you purchase coverage. The self-payment withheld from the January Pension check will pay for January's coverage, and so on.

TERMINATION

Failure to make the proper quarterly payment will result in the termination of your coverage.

REINSTATEMENT

You may re-qualify for coverage at the annual reenrollment date. The reenrollment date is January 1.

Monthly Self Payment Rates for Retirees
At January 1, 2007

RETIREES AND SURVIVING SPOUSES – AGE 60 OR OLDER

MEDICARE ELIGIBLE

NON-MEDICARE ELIGIBLE

<i>Years of Service</i>	<i>Monthly Payment Person</i>	<i>Years of Service</i>	<i>Monthly Payment Per Person</i>
10	\$107.00 Per Person	10	\$239.00 Per Person
11	\$106.00 Per Person	11	\$231.00 Per Person
12	\$105.00 Per Person	12	\$224.00 Per Person
13	\$101.00 Per Person	13	\$219.00 Per Person
14	\$ 99.00 Per Person	14	\$212.00 Per Person
15	\$ 96.00 Per Person	15	\$201.00 Per Person
16	\$ 94.00 Per Person	16	\$195.00 Per Person
17	\$ 93.00 Per Person	17	\$189.00 Per Person
18	\$ 90.00 Per Person	18	\$182.00 Per Person
19	\$ 89.00 Per Person	19	\$176.00 Per Person
20	\$ 87.00 Per Person	20	\$165.00 Per Person
21	\$ 83.00 Per Person	21	\$157.00 Per Person
22	\$ 82.00 Per Person	22	\$153.00 Per Person
23	\$ 79.00 Per Person	23	\$146.00 Per Person
24	\$ 76.00 Per Person	24	\$140.00 Per Person
25	\$ 73.00 Per Person	25	\$131.00 Per Person
26	\$ 72.00 Per Person	26	\$123.00 Per Person
27	\$ 71.00 Per Person	27	\$117.00 Per Person
28	\$ 68.00 Per Person	28	\$109.00 Per Person
29	\$ 66.00 Per Person	29	\$102.00 Per Person
30	\$ 65.00 Per Person	30	\$ 96.00 Per Person
31	\$ 62.00 Per Person	31	\$ 87.00 Per Person
32	\$ 61.00 Per Person	32	\$ 80.00 Per Person
33	\$ 59.00 Per Person	33	\$ 79.00 Per Person
34	\$ 55.00 Per Person	34	\$ 77.00 Per Person
35	\$ 54.00 Per Person	35	\$ 76.00 Per Person
36	\$ 49.00 Per Person	36	\$ 75.00 Per Person
37	\$ 48.00 Per Person	37	\$ 74.00 Per Person
38	\$ 45.00 Per Person	38	\$ 74.00 Per Person
39	\$ 43.00 Per Person	39	\$ 74.00 Per Person
40	\$ 41.00 Per Person	40	\$ 73.00 Per Person

Retirees Under Age 60

Surviving Spouse- Under Age 60

AGE	PAYMENT		
59	\$250.00	SINGLE	\$147.00
58	\$304.00		
57	\$358.00	WITH DEPENDENTS	\$319.00
56	\$411.00		
55	\$464.00		
54	\$518.00		

**Authorization for Deduction of Retiree
Program Monthly Self-Contributions
From Monthly Pension Benefit**

I hereby authorize and request that you direct the Administrative Manager of the Northwestern Ohio Plumbers and Pipefitters Pension Plan to deduct from my monthly Pension benefits, the prevailing charges for the monthly self-contributions to the Northwestern Ohio Plumbers and Pipefitters Health and Welfare Plan and Trust.

I am aware of the conditions for continued participation in the Northwestern Ohio Plumbers and Pipefitters #50 Welfare Plan, and that the amount of the deduction is in accordance with the current self-payment schedule. The deduction is to be credited in my behalf for Retiree Insurance coverage in the Northwestern Ohio Plumbers & Pipefitters #30 Welfare Plan. I will receive credit for coverage for the month in which the deduction is made from my Pension check.

Please check the appropriate space(s) to determine coverage:

_____Retiree/Beneficiary

☐

Covered by Medicare

☐

NOT covered by Medicare

_____Spouse/Children

☐

Covered by Medicare

☐

NOT covered by Medicare

☐

Single

☐

Do not want Spouse covered

Witnessed by:

Retiree/Beneficiary Signature

Social Security #

Date

Application for Supplemental Credit Reserve Account
Authorization for Deduction of Retiree Self-Payments

Members/Name

Social Security Number

Retire/Beneficiary



Covered by Medicare



NOT covered by Medicare

Spouse/Children



Covered by Medicare



NOT covered by Medicare



Single



Do not want Spouse covered

I hereby authorize the Northwestern Ohio Plumbers and Pipefitters Health and Welfare Plan to deduct from my Supplemental Credit Reserve Account, the prevailing charges for the monthly self-contribution due the Health and Welfare Plan. I understand that these payments will be deducted on a quarterly basis.

SUPPLEMENTAL CREDIT BALANCE as of ____/____/____ \$_____

QUARTERLY AMOUNT \$_____

Date

Signature

By signing this form, I understand that benefits shall be paid in accordance with the Supplemental Credit Reserve Account eligibility requirements and limitations established by the Board of Trustees, through the Promulgation of Rules and Regulations.

FORM A

SPOUSAL ELECTION AGAINST SURVIVOR ANNUITY

KNOW ALL MEN BY THESE PRESENTS, that

WHEREAS, the undersigned participant (the "Participant") in the Northwestern Ohio Plumbers & Pipefitters Pension Plan and Trust (the "Plan") has applied to the Board of Trustees (the "Trustees") of the Plan for a retirement benefit under the Plan; and

WHEREAS, the Participant and the undersigned lawful spouse of the Participant (the "Spouse") acknowledge that they have been advised that the standard form of benefit available to them is a monthly retirement benefit for the life of the Participant with a joint and survivor benefit (50%, 75% or 100% survivor benefit) to the Spouse of the Participant for the remainder of the Spouse's life, if she survives the Participant (a "qualified joint and survivor annuity benefit"); and

WHEREAS, the Participant and the Spouse have been advised of their rights not to receive the qualified joint and survivor annuity benefit and, instead, to elect to have the benefit paid in another of the optional forms of benefit; and

WHEREAS, the Participant and the Spouse acknowledge that after having been fully advised of all of their joint and several rights and after having been given an opportunity to consult with advisors of their choosing, individually and together, the Participant desires to exercise his right not to receive the qualified joint and survivor annuity and the Spouse desires to consent to the Participant's election of the waiver of the qualified joint and survivor annuity benefit.

NOW, THEREFORE, in consideration of these premises, the agreement of the Trustees to act upon the application of the Participant for a retirement benefit under the Plan, and other good and valuable consideration, the undersigned Participant and Spouse jointly and severally warrant and represent to the Trustees as follows:

1. We, and each of us, have carefully read this form and understand the above statements and representations.
2. The statements and representations are true and correct.
3. The Participant knowingly waives his right to receive the qualified joint and survivor annuity benefit under the Plan and elects to receive instead an optional form of benefit available to vested Plan participants. The optional form is indicated below, and the Participant, by marking the appropriate space, and signing this form, acknowledges that he fully understands his choice, and the implications thereof.

Choice (Mark one)

5-Year Certain Form \$ _____ (per month) _____

10-Year Certain Form \$ _____ (per month) _____

4. The Spouse, knowingly and willingly, being fully advised of her rights, having had the opportunity to consult with advisors of her choosing, and fully understanding the financial and legal implications thereof, does hereby consent, agree and elect to waive her rights to insist upon a joint and survivor annuity benefit in favor of an alternate form of benefit for the Participant. The Spouse, by her signature below, indicates that she understands the options presented to her, and agrees to the above election, as marked.
5. We, and each of us, have been fully advised of all of our rights and of the facts in connection with this application, election and waiver of the joint and survivor annuity benefit; and we, and each of us, have been given the opportunity to consult with advisors of our individual and joint choice before filing the application and making this election.
6. We jointly and severally acknowledge receipt of the notice forms provided by the Trustees of the Plan explaining the qualified joint and survivor annuity benefit, that we have read them, that we have understood them, and that we have had to opportunity to consult with advisors of our joint and several choosing with regard to said notice.

Dated at Northwood, Ohio this _____ day of _____, 20__

Participant's Signature

Spouse's Signature

Address

Address

Social Security No.

Social Security No.

Date

Date

Before me, the Administrative Manager of the Northwestern Ohio Plumbers & Pipefitters Pension Plan and Trust personally appeared the above named _____, Participant, and _____, Spouse, each of whom read the foregoing election form, was given the opportunity to ask any and all questions he or she may have about the same, and executed and delivered this agreement as his or her free and voluntary act and deed for the purposes therein set forth, all in my presence this _____ day of _____, 20__

Administrative Manager*

***If the witness is a notary public, the following acknowledgment must be completed by the notary public.**

STATE OF _____)

) SS:

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 200 , by

Notary Public

VERIFICATION OF NONAPPLICABILITY OF JOINT AND SURVIVOR OPTION

KNOW ALL MEN BY THESE PRESENTS, that

WHEREAS, the undersigned is a participant in the Northwestern Ohio Plumbers & Pipefitters Pension Plan and Trust (the "Plan"); and

WHEREAS, the undersigned has applied to the Board of Trustees ("the Trustees") of the Pension for a retirement benefit under the Pension Plan; and

WHEREAS, the undersigned acknowledges that he has been advised that the standard form of retirement benefit available under the Pension Plan is a joint and survivor spousal annuity benefit; and

WHEREAS, the undersigned has been advised that the benefit must be calculated and paid in this form unless, for a married participant, the spouse elects out of the form or, for an unmarried participant, the participant satisfies the requirements of the Trustees for evidence that no spouse exists or can be located; and

WHEREAS, the participant has represented to the Trustees in his application for pension benefits that he has no lawful spouse (or that he has a lawful spouse who cannot be located); and

WHEREAS, the undersigned desires to make the necessary and appropriate representations to the Plan's Administrative Manager of this fact so the Trustees may act upon his application for a retirement benefit under the Pension Plan.

NOW, THEREFORE, in consideration of these premises, the agreement of the Trustees to act upon the application of the undersigned for a retirement benefit under the Pension Plan and other good and valuable consideration, the undersigned warrants and represents to the Trustees as follows:

1. At the present time, I am an unmarried person and have no lawful spouse.

1(a) I am a married person with a lawful spouse, but she cannot be located because

2. I have received and read the explanations of the joint and survivor annuity and the pre-retirement survivor annuity from the Plan's Administrative Manager, and I am fully advised as to the standard form of benefit applicable under the Pension Plan.

3. The statements and representations made by me in this application are true, correct and complete.

4. The Trustees of the Pension Plan and the Plan's Administrative Manager may rely upon my representations in processing and reviewing my application for retirement benefits.

5. I have been fully advised of all my rights and the facts in connection with my application for retirement benefits, including this verification of nonspousal situation, and I have been given the opportunity to consult with advisors of my choice and before filing the application and making these representations.

Signature _____

Address _____

Social Security No. _____

Before me, the Administrative Manager, personally appeared _____ a participant in the Northwestern Ohio Plumbers & Pipefitters Pension Plan and Trust, who completed the foregoing form in my presence, of his own free and voluntary act and deed after the opportunity to review the same, to discuss it with me, and to consult with advisors of his choice, at Northwood, Oho, this _____ day of _____, 20____.

Plan Representative*

If the witness is a notary public, the following acknowledgement must be completed by the notary public.

STATE OF _____)
 _____) SS:
 COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____.

Notary Public

SEAL:

WAIVER OF 30-DAY WAITING PERIOD

I understand that my Pension benefits will not begin for at least 30 days after I receive the information that explains my benefit options, including the Joint and 50% Percent Survivor Benefit. I also understand and I may waive that 30-day waiting period.

I hereby request that my Pension benefits begin before 30 days have passed. If I am married, my spouse must sign below.

Participant's Signature

Date _____

I have read the above and understand that my spouse's Pension benefits will not commence for at least 30 days but that my spouse has waived that 30-day waiting period. I hereby consent to my spouse's waiver.

Spouse's Signature

Date _____

REQUEST FOR STATE INCOME TAX WITHHOLDING

Name:

Social Security Number _____|_____|_____

Address:

City, State & Zip Code

MARRIED OR SINGLE

Amount to be withheld \$

X

Participant Signature

Date

DIRECT DEPOSIT AGREEMENT
PENSION FUND

Name of Payee _____

Social Security Number _____

Address _____

Telephone Number _____

Bank Account Information - Attach a voided check from your account and/or complete the information below.

See sample check at the bottom of the page for help completing this section. PLEASE PRINT CLEARLY

Routing No.

Account No. _____

Type of Account

Checking

Savings

Financial Institution

Name _____

Telephone Number _____

Address _____

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund ("the Pension Fund") to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first, if at any time the Pension Fund should credit my account for a benefit to which I am entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature _____

Date _____

Attention Surviving Spouses, Beneficiaries, and Alternate Payees: You are receiving this pension benefit as a Beneficiary of a Participant in the pension fund; therefore, please write the name and social security number of that Participant below:

Participant _____ Social Security No. _____

Acceptance

I, the undersigned duly authorized officer of the depository bank indicated below, for the consideration of said deposits above authorized forbearance in enforcing the legend on the reverse of each check requiring the beneficiary's personal endorsement, hereby agrees to accept such deposit and, in consideration thereof, agrees to repay the Northwestern Ohio Plumbers and Pipefitters Pension Fund, the amount of any benefit payment or payments so deposited to which it shall be found the beneficiary above named was not entitled by reason of death prior to such time payment or payments were made.

Depository
Institution

Depositor Account Title

Routing Number

Savings
Checking

CERTIFICATION OF MARITAL/SINGLE STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of our pension benefits. As such, it is necessary that we request the following certification and supporting documentation. Failure to complete this form fully and providing ALL documentation requested, will result in a delay of the processing of your application.

Participant Name:	SSN
Current marital status:	<input type="radio"/> SINGLE-NEVER MARRIED
	<input type="radio"/> SINGLE-PREVIOUSLY MARRIED*
	<input type="radio"/> MARRIED-NO PREVIOUS MARRIAGES
	<input type="radio"/> MARRIED, WITH PREVIOUS MARRIAGES*
	<input type="radio"/> LEGALLY SEPARATED
*If you have had previous marriages, please list the names	Of your ex-spouses, the dates of marriage and date of
Divorce or separation (if any of your previous marriages	Ended due to death of your spouse at the time, please list
The date of death):	
<u>EX-spouse's Name</u>	<u>Date of Divorce/Death</u>
<u>Date of Marriage</u>	
1.	
2.	
3.	
4.	

Please provide COMPLETE copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouse(s) have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

Participant's Signature

Date

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN SPECIAL TAX NOTICE

YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the **Northwestern Ohio Plumbers and Pipefitters Pension Plan** (the “Plan”) 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.

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. 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 lives or joint life expectancy of you and your beneficiary)

required minimum distributions after age 70½ (or after death).

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 made due to disability

Payments after your death

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.

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 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 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 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 does 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 surviving spouse. If you receive a payment from the Plan as the surviving spouse 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.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan after December 31, 2009 because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. A distribution from the Plan to a beneficiary other than a surviving spouse prior to January 1, 2010, is not eligible for rollover. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

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 your payments for the year are less than \$200, 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 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 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.