

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

Participant: _____

As a Participant in the Plan, 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.

Your proposed distribution date is _____. The proposed distribution date is the earliest date the Plan permits you to commence distribution of your vested account balance or the date which you elected to commence distribution under a prior election to delay distribution.

Value of total account balance: \$_____

Vested portion: \$_____

Nonvested portion: \$_____

These values are from the latest valuation of your account. There may be a later valuation before your actual distribution.

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 and whether to elect a direct rollover of any portion of your eligible rollover distribution. If you sign and return the attached PARTICIPANT DISTRIBUTION ELECTION form to the Plan Administrator less than 30 days after you receive this notice, the Plan Administrator'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.

1. We have provided you the following forms:

PARTICIPANT DISTRIBUTION ELECTION. Use this form to elect payment of your benefits. See the explanation of your benefit options in 2. below.

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. This notice explains your right to elect a direct rollover of your Vested account balance to another plan or to a traditional IRA. This notice also explains the income tax withholding rules if you elect to receive a direct payment from the Plan.

POSTPONEMENT OF DISTRIBUTION ELECTION. If you do not wish to receive payment or elect a direct rollover at this time, complete this form instead of the PARTICIPANT DISTRIBUTION ELECTION form. You cannot use this form if you have reached the latest time under the Plan for commencing distribution. See 3. below.

2. Benefit payment options. The Plan permits you to elect distribution in the following forms:

- a. Direct rollover.
- b. Lump-sum payment.
- c. Partial withdrawals (may not be less than \$1.00).
- d. Installments over a specified period of time.

You also may elect one form of payment for one part of your vested account balance and another form 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 payment or installments for the other part. See the 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 a 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. Postponement of Distribution. If you do not wish to commence distribution at this time, you must complete the POSTPONEMENT OF DISTRIBUTION ELECTION form. This form allows you to elect a delayed distribution date. You will receive a notice from the Plan shortly before that delayed distribution date explaining your distribution rights. Under a postponement election, your Vested account balance will be subject to adjustment for investment gains or losses. Because of the investment performance of the trust fund, the amount the Trustee ultimately pays 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 the PARTICIPANT DISTRIBUTION ELECTION form or if you fail to specify a later distribution date in the POSTPONEMENT OF DISTRIBUTION ELECTION form, then the Plan Administrator will treat your failure as an election to defer your distribution until the later of age 62 or Normal Retirement Age. However, unless the Plan imposes a restriction on the timing of your distribution, you may revoke your election to defer distribution and receive a distribution in accordance with the Plan.

4. Financial Effect of Distribution Options. A direct rollover means the Plan pays the distribution amount directly to another plan or to a traditional IRA. See SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS, included with your package. 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. If you are married, your spouse must consent to the beneficiary designation unless your spouse is the only designated beneficiary.

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.

5. Further information. If you have any question regarding the information provided in this notice or any form included with your distribution package, please contact the Plan Administrator.

Date

Signature of Plan Administrator

Date Received

Signature of Participant

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

Participant: _____

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 3. below.
- b. A direct rollover of the following portion of my vested account balance to the traditional IRA or to the plan designated in 3. below:
\$_____ (not less than \$500), with the balance paid in lump-sum, less income tax withholding. (Complete 3. below.)
- c. A lump-sum payment of my entire vested account balance, less any income tax withholding.
- d. If receiving installment payments, I elect a direct rollover of the following portion of my payments (not less than \$500):
\$_____. Pay me the remaining amount. (Complete 3. below.)
- e. I elect a direct rollover of my installment payments. This election applies until revoked. Note: This option is not available unless you elect installment payment over a period of years which is less than 10 years. (Complete 3. below.)
- f. Installment payments. The installment method election form will permit you to split your distribution between installments and lump-sum and to elect a direct rollover of any payment which is an eligible rollover distribution. (Complete 2. below.)

2. Installment election. I hereby elect:

- a. my entire vested account balance in installments.
- b. \$_____ in lump-sum, with the rest of my vested account balance in installments.

Installment Term. (Complete c. and d.)

- c. I request payment of installments: monthly quarterly
 semi-annually annually
- d. I elect the following installment term (Choose i., ii. or iii. below.)
- i. _____ years.
- ii. My life expectancy, as determined under Treasury regulations: (Choose A. or B. below.)
- A. determine my life expectancy once, when I commence distribution.
- B. recalculate my life expectancy each year.
- iii. The joint life and last survivor expectancy, as determined under Treasury regulations, of my designated beneficiary and me: (Choose A. or at least one of B. and C.).
- A. determine the joint expectancy term once, when I commence distribution.
- B. recalculate the joint expectancy term by adjusting my life expectancy on an annual basis.
- C. recalculate the joint expectancy term by adjusting my spouse's life expectancy on an annual basis. Note: You cannot elect C. unless your spouse is your designated beneficiary.

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.

Note: You may not revoke ii.A., ii.B., iii.A., iii.B. or iii.C. after you attain age 70 1/2.

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.

3. 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 _____

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. 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 _____.

Signature of Participant

Social Security Number