

APPLICATION FOR BENEFITS

(Refer to the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS as you complete this form.)

PLAN NAME: _____

Name of Participant: _____ Phone #: _____

SSN: _____ Date of Birth: _____

Address: _____ Date of Hire: _____

City, State, Zip: _____ Date of Termination: _____

DISTRIBUTION REASON (check one) Termination ___ Retirement ___ Death ___ Disability ___
YOUR PLAN PROVISIONS MAY NOT ALLOW FOR IMMEDIATE DISTRIBUTION. THE PLAN SPONSOR WILL BE NOTIFIED IF THIS IS THE CASE. PLEASE REFER TO THE SUMMARY PLAN DESCRIPTION.

PAYMENT ELECTION If the balance of your account is \$5,000 or less, the benefit will automatically be paid as a single sum distribution. If your account exceeds \$5,000, then select one of the following:

- Single Sum Payment (Cash Distribution or IRA Rollover or Transfer to Qualified Plan).
Periodic Distributions - NOTE: This option may not be available. Refer to your Summary Plan Description for available benefit payment options. I understand that these are equal payments which cannot exceed my life expectancy or the joint life expectancy of my spouse and me.

Specify frequency: Monthly ___ Quarterly ___ Annually ___ Beginning Date: _____

DISTRIBUTION ELECTION I understand that this distribution will be reported to the Internal Revenue Service and the State, if applicable, and will be subject to income taxes unless I complete a direct rollover of the funds into an Individual Retirement Account (IRA) or other Qualified Plan. I further understand that if I receive this distribution before age 59 1/2 or due to separation from service before age 55, the distribution may be subject to a 10% penalty tax in addition to the income taxes otherwise due.

- Option I I elect a cash distribution. Please issue a check in my name to the address above.
Option II I elect a direct rollover to the following (check one): Qualified Plan [] or IRA []. If you need assistance in choosing an IRA, contact the Plan broker or United Benefit Pensions Inc.

IF YOU HAVE ELECTED OPTION II, PLEASE COMPLETE THE FOLLOWING (PLEASE PRINT):

Make Check Payable to: _____

Account Number / Plan Name: _____

Participant Name (FBO): _____ SSN: _____

Check Address: _____

OUTSTANDING PARTICIPANT LOAN If you have an outstanding loan, select one of the following:
[] Yes, I will repay my loan. Please contact the Trustee for the loan balance amount. NOTE: The distribution will not occur until your loan repayment check has been deposited into your account.

[] No, I will not repay my loan. I understand that the Trustee will default the loan and report the taxable distribution to the IRS. In addition, if I select a cash payment, income taxes will be withheld for the outstanding loan balance.

INCOME TAX WITHHOLDING Any distribution or portion of a distribution which is NOT a direct rollover (but is eligible for rollover) will have Federal Income Tax withheld, as required by law, at a 20% flat rate and State Income Tax withheld at the appropriate rate (if applicable). If you wish additional withholdings, please indicate ___% or \$___. If the distribution is less than \$200, withholding is not mandatory.

VESTING You are always 100% vested in your 401(k) contributions, if applicable. Employer contributions are subject to the vesting schedule. Employer Accounts vest according to the vesting provisions in the Summary Plan Description.

PARTICIPANT CERTIFICATION I hereby certify and acknowledge that I have read and I understand the Special Tax Notice Regarding Plan Payments and under penalty of perjury, that all information contained herein is true and correct, and further that I have received all notices, read and understood them, and hereby release the Employer and his agents from responsibility therefore.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND MUST BE SIGNED BY THE TRUSTEE.

Participant Signature _____ Date: _____

ACKNOWLEDGED BY: **Trustee Signature** _____ Date: _____

By signing this form as Participant and Trustee, you are liable for reviewing the distribution upon receipt of the money and verifying that it is correct.