

**PARTICIPANT’S WAIVER OF 30-DAY NOTICE REQUIREMENT  
UNDER SECTION 402(f)**

I wish to have my distribution from the plan made as soon as possible in accordance with the Benefits Election Form(s) that I returned to the Plan Administrator.

Therefore, I, \_\_\_\_\_,  
Hereby waive the 30-day time period otherwise required between the date the “IRC Section 402(f) Notice” (the “Special Tax Notice Regarding Plan Payments”) was provided to me and the date that my election regarding my distribution is implemented.

In connection with this Waiver, I hereby confirm the following:

1. That I acknowledge receipt of a written “IRC Section 402(f) Notice,” setting forth the various distribution options available to me.
2. That I understand that I am entitled to a reasonable period of not less than 30 days from the date the Notice was provided to me in which to decide whether to make or not make a direct rollover of my distribution.
3. That, notwithstanding my Waiver, I continue to have the opportunity within the 30-day period to reconsider my decision of whether or not to elect a direct rollover until my election is actually implemented.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_