

CLAIM FORM
Distribution Election Form & Tax Withholding Request

PLAN: _____
(Identify by including the name of Employer)

PARTICIPANT: _____

Address: _____

Social Security Number: _____ - _____ - _____ Tel: () _____

Date of Hire: ___/___/___ Date of Birth: ___/___/___

Date of Separation: ___/___/___ Spouse Birth: ___/___/___

I request that my benefit under the plan be settled (paid) as follows:

- _____ Direct Transfer to an I.R.A (not for non-spouse death benefits)
- _____ Direct Transfer to another Qualified Plan
- _____ Leave on deposit in this Plan (if over \$5,000.00)
- _____ Check for Full Settlement, less Required Federal Tax Withholding -
Federal Tax Withholding: _____% (20% Minimum)
- _____ Joint & 50% Survivor Annuity Purchase
(Not available unless married and account exceeds \$5,000.00)
- _____ Other (_____).

I have received an explanation of the tax withholding & rollover implications. I have read both sides of this Form, and I request my account be settled as indicated above on this Form. I agree to have no further claim against this Plan or other Parties to the Plan other than in the form of the benefit I have herein chosen. I certify that the information I have entered on both sides of this form is accurate and true.

_____/_____/_____
Date

X _____
Participant's Signature

(If a Roll Over, also complete Page 2)

*** * IRA / ROLLOVER TRANSFER DIRECTIONS**

(Only if you are requesting a Direct Rollover)

If you wish to avoid taxation on the funds, you must elect to Roll Over the Funds directly into another Qualified Plan, or into an I.R.A. If this was your Election on page 1, you must complete this top section. You may request that the Trustees make a Direct Transfer to an I.R.A. or Qualified Plan, or you may request that the Trustees give the check to you for delivery to the new Trustee or I.R.A. Custodian and payable to them.

Make check payable to: _____

This is: = an **I.R.A.**, or = a **Qualified Plan**

If an I.R.A., Account Number, if assigned: _____

If another Qualified Plan, Plan Name: _____

Mail to: _____

_____ Tel: (_____) _____

Other information: _____

1. By signing this Form and completing the information above, if you have elected a Direct Transfer to an I.R.A or if you have elected a Direct Transfer to another Qualified Plan, you are thereby certifying to the Company, the Plan Trustee and the Plan Administrators, that your new investment vehicle is a Qualified Plan or an I.R.A., and that the new Trustee or Custodian can and will accept these funds on a direct rollover (tax deferred) basis.
2. If your account exceeds \$5,000.00 and you are married, in most cases both you *and your spouse* **must sign** a Joint & Survivor Waiver Form in order to elect any form of distribution allowed by the Plan other than a Life Annuity beginning at Retirement Age with a 50% Survivor Benefit payable as the death (survivor) benefit.