

DISTRIBUTION ELECTION FORM

(Please complete and return this form for all distributions)

Plan Name: _____

Participant Name and Address (please print)

Name: _____

Street: _____

City/State/Zip: _____

Social Security Number: _____ Phone Number: _____

SECTION I - Distribution Election

A. Distribution Notice

You are entitled to a distribution from the retirement plan(s) of the company named above. This distribution can be:

- paid to you directly;
- paid in a Direct Rollover to an individual retirement arrangement (IRA) or to the defined contribution plan of another employer; or
- paid in part to you directly and in part as a Direct Rollover.

The part of the distribution paid to you directly is subject to federal income tax withholding at the rate of 20%. The part of the distribution paid as a Direct Rollover is not subject to withholding. For more information regarding the tax consequences of your distribution, please read the enclosure, "Special Tax Notice Regarding Plan Payments".

B. Distribution Options (check one)

- 1 Pay the distribution directly to me. 20% federal income tax will be withheld. **(If you checked this option, go to Section III.)**
- 2 Pay the distribution as a Direct Rollover. **(If you checked this option, go to Section II.)**
- 3 Pay \$ _____ (indicate dollar amount or percentage) of the distribution directly to me, withholding 20% federal income tax, and \$ _____ (indicate dollar amount or percentage) of the distribution as a Direct Rollover. Direct Rollover portion must be at least \$500. **(If you checked this option, go to Section II.)**

SECTION II - Selection of IRA or Employer Plan

A. Information Regarding Direct Rollover.

Because you chose either Option 2 or 3 in Section I, please specify the individual retirement arrangement (IRA) or employer plan that you have selected.

A check will be made payable to the IRA or employer plan but will be **delivered to you**. Therefore, **you** are responsible for delivering the check to the Trustee of the IRA or the employer plan.

B. Selection of IRA or Employer Plan.

If you chose Option 2 or 3 in Section 1, check one of the following and provide the information requested.

IRA. Contact the financial institution you selected for your IRA and find out how the check should be made payable. Indicate here

Employer Plan. Contact the human resource office of the employer and find out how the check should be made payable. Indicate here:

Go to Section III.

SECTION III - Other Important Information

Under the law, you have 30 days from the date you receive the "Special Tax Notice Regarding Plan Payments" to decide whether your distribution will be paid as a Direct Rollover. You may waive the 30 day period and have the payment made to you or directly rolled over as soon as administratively possible.

I hereby elect to waive the 30-day period.

I do not elect to waive the 30-day period.

Signature:

Date:

(signature of spouse if participant is deceased and spouse is beneficiary)

Mail completed form to:

BenefitWorks P O Box 1209 Lebanon, PA 17042