

DISTRIBUTION PACKAGE
TERMINATION OF EMPLOYMENT

PLANS NOT SUBJECT TO QJSA

**DISTRIBUTION ELECTION FORM – TERMINATION OF EMPLOYMENT
(VESTED ACCOUNT BALANCE IN EXCESS OF \$5,000)**

("Plan")

1. PARTICIPANT INFORMATION		
Participant's Name (Last, First, Middle Initial)	Social Security Number	Date of Birth
2. CURRENT VALUE OF VESTED ACCOUNT BALANCE		\$ _____
<p>[<i>Note:</i> The current value of your vested Account Balance is an estimate based on the value of your Account Balance at the time this form is completed. The actual value of your vested Account Balance may be different as of the date of distribution. The Plan Administrator will provide you with exact distribution amounts at the time your distribution is processed.]</p>		
3. DISTRIBUTION ELECTION		
<p>You may elect to receive a distribution of your vested Account Balance in any form designated below. If you do not consent to a distribution from the Plan, your vested Account Balance will remain in the Plan until such time as you consent to a distribution or the Plan is required to make a distribution. (See the <i>Summary Plan Description</i> for a description of the required distribution provisions under the Plan.) For more information regarding the distribution options under the Plan, see the <i>Qualified Plan Distribution Notice</i>. You may receive a copy of the <i>Qualified Plan Distribution Form</i> from the Plan Administrator.</p>		
<p><input type="checkbox"/> Lump sum distribution. I elect to have my entire vested Account Balance (less income tax withholding) distributed to me in a lump sum. (See the <i>Special Tax Notice Regarding Plan Distributions</i> for a description of the rollover and withholding rules that apply to your distribution.)</p>		
<p><input type="checkbox"/> Total Direct Rollover. I elect to have my entire vested Account Balance directly rolled over to an IRA or to another qualified plan. (See #4 below.)</p>		
<p><input type="checkbox"/> Partial Direct Rollover. I elect to have \$_____ (not less than \$500) of my vested Account Balance directly rolled over to an IRA or another qualified plan. (See #4 below.) I elect to have the remainder of my vested Account Balance distributed in a lump sum, less income tax withholding. (See the <i>Special Tax Notice Regarding Plan Distributions</i> for a description of the rollover and withholding rules that apply to your distribution.)</p>		
<p><input type="checkbox"/> Annuity distribution. I elect to receive distribution in the form of an Annuity distribution, as described in the <i>Qualified Plan Distribution Notice</i>.</p>		
<p><input type="checkbox"/> Installment distribution. I elect to receive distribution in the form of installment payments, as described in the <i>Qualified Plan Distribution Notice</i>. To request an installment distribution, you also must complete an <i>Installment Distribution Election Form</i>.</p>		
4. IDENTIFICATION OF IRA OR QUALIFIED PLAN		
<p>If a Total or Partial Direct Rollover is elected under #3 above, complete this #4 to identify the IRA or qualified retirement plan to which the distribution will be rolled over.</p>		
<p>Name of IRA or qualified plan: _____</p>		
<p>Address to send Direct Rollover: _____</p> <p>_____</p>		

5. ACKNOWLEDGEMENT AND CONSENT

I hereby acknowledge that I have read and understand my rights as described in the *Qualified Plan Distribution Notice* and the *Special Tax Notice Regarding Plan Distributions*. I also acknowledge that any IRA or qualified plan described in #4 above, is a proper recipient to receive a Direct Rollover.

I understand that distribution will be made as soon as administratively feasible following my completion of this election form. I understand that I may consider my elections under this *Distribution Election Form* for at least 30 days. I also understand that I may waive the 30-day election period by submitting this completed form to the Plan Administrator before the expiration of the 30-day period. (I have reviewed the *Qualified Plan Distribution Notice* for a detailed description of my election rights.) I hereby authorize the Plan Administrator to make a distribution in accordance with the elections in this *Distribution Election Form* and, if this form is submitted prior to the end of the 30-day notice period, I hereby waive any unexpired portion of such 30-day period.

Participant Signature

Date

INSTRUCTIONS TO PARTICIPANT

DISTRIBUTION ELECTION FORM – (VESTED ACCOUNT BALANCE EXCEEDS \$5,000)

*This Distribution Election Form (Vested Account Balance Exceeds \$5,000) permits you to elect a distribution from the Plan upon termination of employment. This Distribution Election Form only applies if your vested Account Balance at the time of distribution exceeds \$5,000. If your vested Account Balance exceeds \$5,000, you will not receive a distribution from the Plan until such time as you consent to a distribution or the Plan is allowed to make a distribution without your consent. (For more information regarding the distribution options under the Plan and the effect of not consenting to a distribution upon termination of employment, see the Summary Plan Description (SPD), the *Qualified Plan Distribution Notice*, the *Special Tax Notice Regarding Plan Distributions*, or contact your Plan Administrator or other Plan representative.)*

The following instructions are designed to assist you in completing the *Distribution Election Form*.

- 1. PARTICIPANT INFORMATION.** Insert your name, Social Security number, and date of birth in the appropriate spaces.
- 2. CURRENT VALUE OF VESTED ACCOUNT BALANCE.** The current value of your vested Account Balance should be inserted in the appropriate space. The Plan Administrator may provide this value as of any date following your termination of employment. If you do not know the current value of your vested Account Balance, you should contact the Plan Administrator to obtain the current value of your Vested Account Balance. The current value of your vested Account Balance must be in excess of \$5,000 to use this form. (If your vested Account Balance does not exceed \$5,000, you should complete a *Distribution Election Form (Vested Account Balance Not in Excess of \$5,000)* to request a distribution from the Plan. The actual value of your vested Account Balance at the time of distribution may be different than the amount designated under the form, due to the allocation of earnings or additional contributions or forfeitures. The Plan Administrator will provide you with an exact value of your vested Account Balance at the time of distribution.)
- 3. DISTRIBUTION ELECTION.** Check the form in which you wish to receive your distribution from the Plan. For more information regarding the available distribution options, see the *Qualified Plan Distribution Notice*. You may obtain a *Qualified Plan Distribution Notice* from the Plan Administrator. For more information regarding the tax effect and withholding rules applicable to distributions from the Plan, see the *Special Tax Notice Regarding Plan Distributions*.
- 4. IDENTIFICATION OF IRA OR QUALIFIED PLAN.** If you elect to receive your distribution in the form of a Total or Partial Direct Rollover, you must complete the section designating the name of the IRA or qualified plan to which the rollover will be made. In addition, you must designate the address of the IRA or qualified plan where your distribution is to be sent. The IRA or qualified plan must be a proper recipient to receive a Direct Rollover. For more information regarding the availability of a Direct Rollover and the tax effects of electing a Direct Rollover, see the *Qualified Plan Distribution Form* and the *Special Tax Notice Regarding Plan Distributions*.
- 5. ACKNOWLEDGEMENT AND CONSENT.** By signing this *Distribution Election Form*, you acknowledge that you have read and understood the *Qualified Plan Distribution Notice* and the *Special Tax Notice Regarding Plan Distributions*. You may request a copy of these *Notices* from the Plan Administrator. By completing this *Distribution Election Form* you also consent to a distribution of your vested Account Balance in the designated form and waive any unexpired portion of the 30-day consent period described in the *Qualified Plan Distribution Notice*. If you fail to properly complete this *Distribution Election Form*, your vested Account Balance will remain in the Plan until you until such time as you consent to a distribution or the Plan is required to make a distribution. (See the *Summary Plan Description* for a description of the required distribution provisions under the Plan and for forfeiture provisions that apply where you do not consent to a distribution from the Plan upon termination of employment.)
- 6. PARTICIPANT SIGNATURE.** Sign and date the form. Your distribution elections will not be effective unless you have signed and dated the *Distribution Election Form*.

**DISTRIBUTION ELECTION FORM – TERMINATION OF EMPLOYMENT
(VESTED ACCOUNT BALANCE OF \$5,000 OR LESS)**

 (“Plan”)

1. PARTICIPANT INFORMATION		
Participant’s Name (Last, First, Middle Initial)	Social Security Number	Date of Birth
2. CURRENT VALUE OF VESTED ACCOUNT BALANCE		\$ _____
<p>[<i>Note:</i> The current value of your vested Account Balance is an estimate based on the value of your Account Balance at the time this form is completed. The actual value of your vested Account Balance may be different as of the date of distribution. The Plan Administrator will provide you with exact distribution amounts at the time your distribution is processed.]</p>		
3. DISTRIBUTION ELECTION		
<p>You may elect to receive a distribution of your vested Account Balance in any form designated below. If you do not consent to a distribution from the Plan, the Plan contains special rules regarding the treatment of your vested Account Balance. For more information, see the <i>Notice to Employees – Failure to Consent to Distribution</i>. For more information regarding the distribution options under the Plan, see the <i>Qualified Plan Distribution Notice</i>. You may receive a copy of the <i>Qualified Plan Distribution Form</i> from the Plan Administrator.</p> <p><input type="checkbox"/> Lump sum distribution. I elect to have my entire vested Account Balance (less income tax withholding) distributed to me in a lump sum. (See the <i>Special Tax Notice Regarding Plan Distributions</i> for a description of the rollover and withholding rules that apply to your distribution.)</p> <p><input type="checkbox"/> Total Direct Rollover. I elect to have my entire vested Account Balance directly rolled over to an IRA or to another qualified plan. (See #4 below.)</p> <p><input type="checkbox"/> Partial Direct Rollover. I elect to have \$_____ (not less than \$500) of my vested Account Balance directly rolled over to an IRA or another qualified plan. (See #4 below.) I elect to have the remainder of my vested Account Balance distributed in a lump sum, less income tax withholding. (See the <i>Special Tax Notice Regarding Plan Distributions</i> for a description of the rollover and withholding rules that apply to your distribution.)</p>		
4. IDENTIFICATION OF IRA OR QUALIFIED PLAN		
<p>If a Total or Partial Direct Rollover is elected under #3 above, complete this #4 to identify the IRA or qualified retirement plan to which the distribution will be rolled over.</p> <p>Name of IRA or qualified plan: _____</p> <p>Address to send Direct Rollover: _____</p> <p>_____</p>		
5. ACKNOWLEDGEMENT AND CONSENT		
<p>I hereby acknowledge that I have read and understand my rights as described in the <i>Qualified Plan Distribution Notice</i> and the <i>Special Tax Notice Regarding Plan Distributions</i>. I also acknowledge that any IRA or qualified plan described in #4 above, is a proper recipient to receive a Direct Rollover.</p> <p>I understand that distribution will be made as soon as administratively feasible following my completion of this election form. I understand that I may consider my elections under this <i>Distribution Election Form</i> for at least 30 days. I also understand that I may waive the 30-day election period by submitting this completed form to the Plan Administrator before the expiration of the 30-day period. (I have reviewed the <i>Qualified Plan Distribution Notice</i> for a detailed description of my election rights.) I hereby authorize the Plan Administrator to make a distribution in accordance with the elections in this <i>Distribution Election Form</i> and, if this form is submitted prior to the end of the 30-day notice period, I hereby waive any unexpired portion of such 30-day period.</p>		
_____	_____	
Participant Signature	Date	

INSTRUCTIONS TO PARTICIPANT

DISTRIBUTION ELECTION FORM – (VESTED ACCOUNT BALANCE OF \$5,000 OR LESS)

*This Distribution Election Form (Vested Account Balance of \$5,000 or Less) permits you to elect a distribution from the Plan upon termination of employment. This Distribution Election Form only applies if your vested Account Balance at the time of distribution does not exceed \$5,000. If your vested Account Balance exceeds \$5,000, you will not receive a distribution from the Plan until such time as you consent to a distribution or the Plan is allowed to make a distribution without your consent. (For more information regarding the distribution options under the Plan and the effect of not consenting to a distribution upon termination of employment, see the Summary Plan Description (SPD), the *Qualified Plan Distribution Notice*, the *Special Tax Notice Regarding Plan Distributions*, or contact your Plan Administrator or other Plan representative.)*

The following instructions are designed to assist you in completing the *Distribution Election Form*.

- 1. PARTICIPANT INFORMATION.** Insert your name, Social Security number, and date of birth in the appropriate spaces.
- 2. CURRENT VALUE OF VESTED ACCOUNT BALANCE.** The current value of your vested Account Balance should be inserted in the appropriate space. The Plan Administrator may provide this value as of any date following your termination of employment. If you do not know the current value of your vested Account Balance, you should contact the Plan Administrator to obtain the current value of your Vested Account Balance. The current value of your vested Account Balance must be \$5,000 or less to use this form. (If your vested Account Balance exceeds \$5,000, you should complete a *Distribution Election Form (Vested Account Balance in Excess of \$5,000)* to request a distribution from the Plan. The actual value of your vested Account Balance at the time of distribution may be different than the amount designated under the form, due to the allocation of earnings or additional contributions or forfeitures. The Plan Administrator will provide you with an exact value of your vested Account Balance at the time of distribution.)
- 3. DISTRIBUTION ELECTION.** Check the form in which you wish to receive your distribution from the Plan. For more information regarding the available distribution options, see the *Qualified Plan Distribution Notice*. You may obtain a *Qualified Plan Distribution Notice* from the Plan Administrator. For more information regarding the tax effect and withholding rules applicable to distributions from the Plan, see the *Special Tax Notice Regarding Plan Distributions*.
- 4. IDENTIFICATION OF IRA OR QUALIFIED PLAN.** If you elect to receive your distribution in the form of a Total or Partial Direct Rollover, you must complete the section designating the name of the IRA or qualified plan to which the rollover will be made. In addition, you must designate the address of the IRA or qualified plan where your distribution is to be sent. The IRA or qualified plan must be a proper recipient to receive a Direct Rollover. For more information regarding the availability of a Direct Rollover and the tax effects of electing a Direct Rollover, see the *Qualified Plan Distribution Form* and the *Special Tax Notice Regarding Plan Distributions*.
- 5. ACKNOWLEDGEMENT AND CONSENT.** By signing this *Distribution Election Form*, you acknowledge that you have read and understood the *Qualified Plan Distribution Notice* and the *Special Tax Notice Regarding Plan Distributions*. You may request a copy of these *Notices* from the Plan Administrator. By completing this *Distribution Election Form* you also consent to a distribution of your vested Account Balance in the designated form and waive any unexpired portion of the 30-day consent period described in the *Qualified Plan Distribution Notice*. If you fail to properly complete this *Distribution Election Form*, the Plan contains special rules regarding the treatment of your vested Account Balance. For more information, see the *Notice to Employees – Failure to Consent to Distribution*. (See your *Summary Plan Description* for the forfeiture provisions that apply where you do not consent to a distribution from the Plan upon termination of employment.)
- 6. PARTICIPANT SIGNATURE.** Sign and date the form. Your distribution elections will not be effective unless you have signed and dated the *Distribution Election Form*.

QUALIFIED PLAN DISTRIBUTION NOTICE

(“Plan”)

This *Qualified Plan Distribution Notice* describes the rights of Plan participants and their spouses upon receipt of benefits under the Plan. For more information concerning the availability of a distribution under the Plan, see your Summary Plan Description.

PART 1- FORMS OF PAYMENT

When you terminate employment, you may elect to receive a distribution of your vested Account Balance under the above-referenced Plan. Upon your termination of employment, the Plan Administrator will provide you with a *Distribution Election Form* setting forth the value of your vested Account Balance and providing you with the ability to elect the form in which your distribution will be paid. The *Distribution Election Form* will also allow you to elect to rollover your distribution to an IRA or to another qualified plan. The available distribution forms under the Plan vary depending on the amount of your vested Account Balance under the Plan.

Vested Account Balance Exceeding \$5,000

If the value of your vested Account Balance upon termination exceeds \$5,000, you will be entitled to receive a distribution in the following form:

- **Lump sum.** A lump sum payment of your vested Account Balance. (See the discussion under the attached *Special Tax Notice Regarding Plan Distributions* for a discussion of the rollover and tax withholding requirements that apply if you elect to receive a lump sum distribution.)
- **Installment payments.** Your vested Account Balance will be paid in periodic payments over the period elected in the *Installment Distribution Election Form*. If you elect an installment form of distribution, your periodic payments will be determined by dividing your vested Account Balance (as of the most recent valuation date) by the number of remaining installment payments. If you receive distribution in the form of installments, you may elect to accelerate the payment of all, or any portion, of the installment distribution. If you should die before the end of the installment period, the remaining payments will continue on behalf of your designated beneficiary.
- **Annuity distribution.** Your vested Account Balance will be used to purchase an annuity from an insurance company that provides for payments over a period that does not extend beyond your life or life expectancy (or the joint life or life expectancy of you and your designated beneficiary). The level of payments provided under the annuity contract will depend on the terms of the contract purchased from an insurance company.

Each distribution option offered under the Plan is actuarially equivalent. If you would like more information concerning the exact amount of your payments under the alternative distribution forms, contact your Plan Administrator.

Vested Account Balance Not Exceeding \$5,000

If the value of your vested Account Balance upon termination does not exceed \$5,000, you will receive a distribution of your vested Account Balance in a single lump sum. (See the discussion under the attached *Special Tax Notice Regarding Plan Distributions* for a discussion of the rollover and tax withholding requirements that apply to lump sum distributions.)

PART 2 - FEDERAL INCOME TAX RULES AND CONSEQUENCES

The Plan contains specific rules for determining the availability of distributions under the Plan. The Summary Plan Description contains specific information regarding distribution events and the consent requirements that must be satisfied to receive a distribution under the Plan. Generally, if your vested Account Balance exceeds \$5,000, you must consent to any distribution that occurs prior to the later of normal retirement age or age 62. (See the Summary Plan Description for the Plan's definition of normal retirement age.) The Plan may require your consent for other distributions as well. For example, a plan may require consent for distributions of vested Account Balances of less than \$5,000. See the Summary Plan Description for details regarding the distribution and consent rules under the Plan.)

If you do not consent to a distribution from the Plan upon termination of employment at a time when your consent is required, you will be deemed to have elected to defer distribution until the latest time allowed under the Plan. If you defer your distribution until a later time, your Account Balance will continue to be invested under the Plan. (See the Summary Plan Description for rules regarding the forfeiture of nonvested benefits following termination of employment.) Subject to the Plan's distribution provisions, you may elect to commence distribution at any time permitted by the Plan. However, in no event may you delay distribution beyond the later of age 70½ or your date of termination. This date is referred to as your Required Beginning Date. (See the Summary Plan Description for special rules that may apply to 5% owners.)

If you do not consent to a distribution when your consent is not required, the Plan will make an involuntary distribution within a reasonable time following your termination of employment. For this purpose, an involuntary distribution will be deemed to have been made within a reasonable period of time if it is made within 30 – 90 days after you receive this *Qualified Plan Distribution Notice*. If an involuntary distribution is made from the Plan, special distribution rules apply. See the *Notice to Employees – Failure to Consent to Distribution* for a description of the distribution rules that apply to involuntary distributions under the Plan.

Your distribution will be subject to Federal income tax in the year in which you take your distribution. In addition to Federal income tax, the taxable portion of your distribution will be subject to a 10% early payment penalty if you receive the distribution before you reach age 59½. However, the 10% penalty does not apply to (i) any payment that is made after you have terminated employment with the employer maintaining the Plan, if you terminate employment during or after the year in which you reach age 55, or (ii) any payment that is part of a series of substantially equal payments made over your life or life expectancy (or the joint lives or joint life expectancies of you and your beneficiary).

If you elect to take your distribution in the form of a lump sum, you may rollover your distribution to another qualified plan or to an IRA. See the *Special Tax Notice Regarding Plan Distributions* for more information regarding your rollover rights. If you receive distribution in the form of a lump sum and do not elect to have your distribution directly rolled over to another qualified plan or IRA, your distribution will be subject to automatic withholding equal to 20% of the taxable distribution. (See the *Special Tax Notice Regarding Plan Distributions* for more information.)

You are solely responsible for the effect and validity of the distribution options you select. Neither the Plan Administrator nor any other Plan representative is responsible for the elections made under the *Distribution Election Form*. It is strongly suggested that you seek advice of legal counsel if there is any concern as to whether the elections in the *Distribution Election Form* accomplish your intentions. If you have any questions regarding your distribution options, please contact your Plan Administrator.

NOTICE TO EMPLOYEES FAILURE TO CONSENT TO DISTRIBUTION

("PLAN")

THIS NOTICE SUPPLEMENTS THE *SPECIAL TAX NOTICE REGARDING PLAN DISTRIBUTIONS* ADDRESSING DISTRIBUTIONS UPON TERMINATION OF EMPLOYMENT. AS DESCRIBED IN THE *SPECIAL TAX NOTICE REGARDING PLAN DISTRIBUTIONS*, YOU MAY ELECT TO RECEIVE A DISTRIBUTION IN CASH OR ELECT TO HAVE YOUR DISTRIBUTION DIRECTLY ROLLED OVER TO AN IRA OR QUALIFIED PLAN. HOWEVER, DUE TO LAW CHANGES, NEW RULES APPLY IF YOU DO NOT PROPERLY COMPLETE A *DISTRIBUTION ELECTION FORM* DESIGNATING HOW YOU WANT YOUR DISTRIBUTION MADE FROM THE PLAN.

VESTED ACCOUNT BALANCE EXCEEDS \$5,000. IF YOUR VESTED ACCOUNT BALANCE EXCEEDS \$5,000 AND YOU DO NOT ELECT A CASH DISTRIBUTION OR ROLLOVER, YOUR BENEFIT WILL REMAIN INVESTED UNDER THE PLAN.

VESTED ACCOUNT BALANCE OF \$1,000 OR LESS. IF YOUR VESTED ACCOUNT BALANCE IS \$1,000 OR LESS AND YOU DO NOT ELECT TO RECEIVE A CASH DISTRIBUTION OR ROLLOVER, YOUR VESTED ACCOUNT BALANCE AUTOMATICALLY WILL BE DISTRIBUTED TO YOU IN CASH.

VESTED ACCOUNT BALANCE BETWEEN \$1,000 AND \$5,000. IF YOUR VESTED ACCOUNT BALANCE IS ABOVE \$1,000, BUT IS NOT ABOVE \$5,000, AND YOU DO NOT ELECT A CASH DISTRIBUTION OR ROLLOVER, YOUR VESTED ACCOUNT BALANCE WILL BE AUTOMATICALLY ROLLED OVER INTO AN IRA MAINTAINED BY THE FOLLOWING IRA PROVIDER:

UPON ROLLOVER TO THE IRA, YOUR BENEFIT WILL BE INVESTED IN INVESTMENT VEHICLES DESIGNED TO PRESERVE PRINCIPAL, SUCH AS A MONEY MARKET, CERTIFICATE OF DEPOSIT, OR STABLE VALUE FUND. THE IRA PROVIDER WILL CHARGE FEES AGAINST YOUR IRA ACCOUNT FOR ESTABLISHING AND MAINTAINING THE IRA. YOU MAY MODIFY THE INVESTMENT CHOICES UNDER THE IRA OR TRANSFER YOUR BENEFIT FROM THE IRA AT ANY TIME BY CONTACTING THE IRA PROVIDER.

IF YOU HAVE ANY QUESTIONS REGARDING YOUR DISTRIBUTION OPTIONS UPON TERMINATION OF EMPLOYMENT, BE SURE TO READ THE DISTRIBUTION NOTICES. IF YOU STILL HAVE QUESTIONS, YOU MAY CONTACT THE PLAN ADMINISTRATOR DESCRIBED IN YOUR SUMMARY PLAN DESCRIPTION AND YOUR DISTRIBUTION NOTICES.

INSTALLMENT DISTRIBUTION ELECTION FORM

(“Plan”)

1. PARTICIPANT INFORMATION		
Participant's Name (Last, First, Middle Initial)	Social Security Number	Date of Birth
2. FREQUENCY OF PAYMENTS		
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		
<i>[Any selection under this Section must be consistent with the Plan terms and Plan procedures. For example, installment payments may be permitted only upon certain distribution events and may not be available in all periods listed above. Please contact the Plan Administrator to verify the availability of the installment distribution option selected under this Section.]</i>		
3. INSTALLMENT PERIOD		
<p>I elect to receive equal and periodic payments over the term designated below. The amount of each periodic payment will be determined by dividing my vested Account Balance as of a payment by the number of remaining installment payments. For this purpose, the value of my vested Account Balance as of a payment date will be determined based on the most recent valuation date occurring prior to such payment date. Any reference to number of periods is a reference to the periods designated in #2 above.</p> <input type="checkbox"/> Life Expectancy <input type="checkbox"/> Period certain over _____ periods (<i>may not exceed the Participant's life expectancy</i>)		
<i>[Any selection under this Section must be consistent with the Plan terms and Plan procedures. For example, installment payments may be permitted only upon certain distribution events and may be subject to limitations on the period over which such distribution may be made.. Please contact the Plan Administrator to verify the availability of the installment distribution option selected under this Section.]</i>		
4. INSTALLMENT ELECTION		
<p>I, the above named Participant, hereby request a distribution, as permitted under the Plan, in the form of equal and periodic installment payments. I understand that by completing this <i>Installment Distribution Election Form</i> that my vested Account Balance will be paid from the Plan in periodic payments over the periods selected in this <i>Installment Distribution Election Form</i>. I also understand that I may elect at any time to accelerate the payment of my installment distribution by completing a new <i>Distribution Election Form</i> indicating my desire to modify this distribution election. If I should die prior to receiving a distribution of my entire vested Account Balance, the remaining portion of my vested Account Balance will be distributed to my designated beneficiaries, as set forth in the most recent <i>Beneficiary Designation Form</i>. If I do not have a valid <i>Beneficiary Designation Form</i> on file, distribution will be made in accordance with the default distribution provisions as described in the Summary Plan Description.</p> <p>_____</p> <p>Participant Signature Date</p>		