

RESPONSE FORM
YOU MUST COMPLETE THIS FORM

See instructions in the attached letter. This Response Form must be completed and returned in order to be paid. If the participant is deceased and we have not included appropriate forms, call our office for further forms and instructions to claim survivors' benefits.

PLAN NAME PARTICIPANT NAME

Claim Form and Tax Election

I wish to accept the benefit as computed and to notify you of my tax election for disbursement. Check one box, then sign this form in the Signature Block below.

CHECK ONLY ONE OF THESE BOXES - A, B, OR C

- A. Pay the lump sum distribution, less 20% federal income tax withholding, directly to me.
 NOTE: If you are an estate representative or a non-spousal beneficiary, this distribution is not eligible for rollover. Such payees may, however, elect to have no income tax withheld by checking this box.
- B. Rollover the entire amount to my IRA or qualified plan (provide account details below).
- C. Rollover _____% (choose even percent from 1% to 99%) of the benefit distribution (provide account details below). The check will be made payable to my IRA and will be mailed directly to me for deposit. Pay any balance, less 20% federal income tax withholding, directly to me.

Rollover Account details: If you checked B or C above, you must provide the following information:

Name of IRA or Qualified Retirement Plan (name and number of the account)

Name of Trustee or Custodian (e.g. the bank)

Locator fee: Approved Objection

If the "Locator Fee" on page 3 of this notice reflects a dollar amount, this indicates that a locator was used to obtain your address. If you check "Approved" in the box above as your election, or if no election is made, 10% of the gross benefit (up to a maximum of \$1,000) may be withheld for the locator service that supplied the address.

SIGNATURE BLOCK.

I hereby swear and affirm that I am the individual who worked for the company listed on this form, or the surviving spouse or estate representative of such person, and that any statements made by me on this form are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Print Name: _____ SSN: _____ - _____ - _____

New Address: _____ City: _____

State: _____ ZIP: _____

Daytime telephone number: (_____) _____ - _____

Place this completed form, and any required documentation, in the postage-paid reply envelope. If you have any problems or questions completing this form, call us for help.