

DISTRIBUTION ELECTION FORM

Name of Plan: _____

Last Name	First Name	MI	Social Security Number		
Address - Number and Street			City	State	Zip
() Work Phone			() Home Phone		

Please check the reason for the distribution:

Retirement Termination – vested (All optional forms of payment and a lump sum in cash or in-kind) Inservice

Date: _____

Note to Participant: Sections V and VIII must be completed prior to any distribution. However, if your vested Cash Balance Account exceeds \$1,000, you should carefully review the entire form and also complete Section III and Section IV (if applicable). *This form remains valid for up to 180 days.*

I. NOTICE TO WAIVE JOINT AND SURVIVOR ANNUITY

In General. If you are married and your vested Cash Balance Account is greater than \$1,000, your benefit generally must be paid in the form of a Qualified Joint and Survivor Annuity ("QJSA"). However, your benefit may be paid in a form of distribution other than a QJSA if: (i) you (and your spouse) waive the QJSA as provided below, or (ii) the terms of a qualified domestic relations order provide otherwise. A "QJSA" is an annuity payable monthly for your lifetime with 50% of such monthly benefit payable to your spouse for your spouse's lifetime after your death. In addition, the Plan offers a qualified optional survivor annuity, which is an annuity payable monthly for your lifetime with 75% of such monthly benefit payable to your spouse for your spouse's lifetime after your death. You also have the right to waive the required QJSA and receive your benefit in the forms of distribution described in Section V. FORM OF PAYMENT.

Amount and Value of Distribution Forms. The following is a chart showing the estimated amount and value of the distribution forms that are available to you, at a representative range of ages for you (and your survivor) at the date payments begin.

CHART TO BE PROVIDED BY ACTUARY, INCLUDING RELATIVE VALUES AT YOUR REQUEST

You may obtain more accurate information about the levels of monthly income that would be paid in the form of an annuity by completing Part II and returning this form to the Plan Administrator.

Waiver. In order for a married Participant to obtain the benefits in a form other than a qualified joint and survivor annuity (such as a single sum distribution, if available), the Participant must waive the joint and survivor annuity and his or her spouse must consent in writing (unless the Participant certifies that he or she cannot locate the spouse). Parts III and IV of this form must be used for these purposes. The Participant has at least thirty days to consider whether to waive the joint and survivor annuity. The Participant may revoke such waiver prior to the date on which payments begin (or, if later, seven days after the date he or she waives the qualified joint and survivor annuity), but any revocation must be in writing. Waivers (properly completed copies of this form) and revocations of waivers are not effective until they are received by the Plan Administrator. In order for a single Participant to obtain the benefits in a form other than a single life annuity, the Participant must waive the annuity. The Third Party Administrator is JV Associates Ltd PO Box 520 Hutchinson MN 55350. Ph. 800-315-6551 FAX 800-258-4978.

II. ELECTION TO WAIVE JOINT AND SURVIVOR ANNUITY

As a Participant in the plan identified above, I hereby acknowledge that I have been informed by the Plan Administrator that if I am married at the time my benefits commence they must be paid in the form of a joint and survivor annuity (or in the form of a single life annuity if I am not married) unless I waive that form of payment and my spouse consents in writing. I have been further informed by the Plan Administrator that I have at least thirty days to consider whether to waive the joint and survivor annuity. If I am married and I waive the qualified joint and survivor annuity with my spouse's consent, I understand that I may revoke my waiver prior to the date on which payments begin (or, if later, seven days after the date I waive the qualified joint and survivor annuity).

(You must check one item below):

- A. I am married and I hereby elect to waive the payment of my benefits in the form of a qualified joint and survivor annuity with my spouse, subject to my spouse's written consent (Part IV of this form).
- B. I am married, but I hereby waive payment of my benefit in the form of a qualified joint and survivor annuity. Part IV of this form has not been completed because I do not know the whereabouts of my spouse. I agree to notify the Plan Administrator if I learn the location of my spouse before my benefit commences.
- C. I am not married, but I will notify the Plan Administrator if I do marry before receiving benefits under the Plan. I hereby elect to waive the payment of my benefits in the form of a single life annuity.
- D. I am married, but my spouse and I do not wish to waive the qualified joint and survivor annuity form of benefit. However, I understand that we may do so prior to the date on which payments begin or an annuity contract is purchased.

Dated at _____, this _____ day of _____ 20____

Witnessed by:

Signature of Participant

Name of Participant(print or type)

III. SPOUSE'S CONSENT (Must be completed if Participant checks A above)

I am the spouse of the Participant identified above. I hereby consent to my spouse's waiver of the payment of benefits in the form of a qualified joint and survivor annuity. I further acknowledge my understanding that:

1. My spouse's waiver of the qualified joint and survivor annuity is not valid unless I consent to it; and
2. My consent is irrevocable unless my spouse revokes the waiver.

Signature of Participant's Spouse

Name of Participant's Spouse (print or type)

Witnessed by:

Notary Public, State of _____

Name: _____

OR _____

Authorized Representative of the Plan Administrator

My Commission (is permanent/expires) _____

The party is personally known to me: _____

or Produced Identification: _____

Type of Identification Produced: _____

V. FORM OF PAYMENT

Note: This section should only be completed after consultation with your personal tax advisor.

I have received the Rollover Options I requested which explained the tax consequences of, and the direct rollover option available with respect to, the distribution of my vested Cash Balance Account under the Pension Plan (the "Plan"). I have the right to consider the information provided in that notice for a period of at least 30 days. If you submit this form prior to this time you are waiving any further consideration.

If you defer distribution of your benefit, your benefit may become larger or smaller as you grow older. The Actuary can provide a table which describes how your benefit will change if you defer the commencement of benefits:

Please note that your benefit may be distributed without your consent if your vested Cash Balance Account equals or falls below \$1,000. Please refer to the Summary Plan Description (particularly the sections entitled "VESTING-Forfeitures", "DISTRIBUTIONS" and "MISCELLANEOUS-Loss of Benefit") for any special rules that might affect your decision to defer payment.

I hereby elect to have my vested Cash Balance Account paid in the following manner and, to the extent distribution can be made prior to the expiration of 30 days from the date I received the notice of my rights, I waive my right to consider the contents of that notice for 30 days and consent to the distribution of my benefit as soon as administratively feasible. Please distribute the benefit as follows:

I hereby elect to have my benefit paid in the following manner:

- in the form of a Qualified Joint and 50% Survivor Annuity.
- in the form of a Qualified Optional Survivor Annuity (a Joint and 75% Survivor Annuity).
- in the form of a Joint and 50% or 100% Survivor Annuity, and I elect the following percent: _____%.
- in the form of a single life annuity.

If you select a distribution option that includes a term certain, you must also select a beneficiary. Please complete a beneficiary designation form.

- 100% in the form of a lump sum benefit.
- Cash Distribution
- Rollover – complete elections below.

Rollover to IRA Eligible Retirement Plan

Name of IRA or Plan: _____
 Address: _____
 City, State, Zip: _____
 Contact Name: _____
 Contact Phone Number: _____
 Account Number: _____

Please note that some payments such as annuities are not eligible for rollover.

VI. WITHHOLDING

- A. If an "eligible rollover distribution" is not rolled over to an IRA or another eligible retirement plan, it will be subject to 20% federal income tax withholding.

- B. A distributee who will receive a payment which is not an "eligible rollover distribution" generally must complete a Form W-4P.
- C. No withholding is required if the distribution is less than \$200.

VII. SIGNATURES

I hereby consent to the distribution requested on this form. I understand that if I do not roll over this distribution that a 10% penalty tax may apply unless I am at least 59-1/2 years old (or some other exception to the tax applies). If I am requesting that a portion of my distributions be rolled over, I hereby certify that the IRA or plan identified above is an "eligible retirement plan" authorized to accept the direct rollover I have specified and that it will accept a direct rollover of my Plan distribution.

Dated _____, 20__

Participant's Signature

As Plan Administrator, I hereby authorize the above distribution.

Plan Administrator's Signature

Date