

APPLICATION FOR BENEFITS

As a Participant in _____ PLAN, I hereby request payment of my benefit as provided below:

1. Name: _____
Street Address: _____
City, ST Zip: _____
Social Security No.: _____
Birth Date: _____
2. Reason for Payment

- Termination of Employment
 Attainment of age 59-1/2 (only available under a profit-sharing plan)
 Plan Termination

3. Date for Payment

- As soon as administratively feasible subject to Employer's approval
 Defer payment until _____ (date cannot be later than April 1 of year following age 70-1/2) (5% owner)
 Defer payment until the later of Normal Retirement Date or _____ (date cannot be later than April 1 of year following age 70-1/2) (Non-5% owner)
 Defer payment until _____ (date cannot be later than April 1 of year following the date the Participant would have attained age 70-1/2) (Non-5% owners Surviving Spouse)

4. Form of Payment*

- Lump Sum (NOTE: Plan must withhold 20% in federal income tax.)
 Direct Rollover (NOTE: You must complete election form designating the new plan or IRA.)

* Plan may provide a lump sum if the value of your account balance is \$_____ or less.

Participant's Signature

Date