

ELECTION TO DEFER COMMENCEMENT OF MINIMUM DISTRIBUTION

As a Participant in the _____ Plan I, _____ hereby acknowledge that I have been informed by the Plan Administrator of my option to receive a minimum distribution for the plan years after my reaching age 70-1/2 or my electing not to receive the minimum distribution until I retire.

() I hereby elect to defer the commencement of my minimum benefit distribution until I retire.

() I hereby elect to receive my minimum benefit distribution

EXECUTED this ____ day of _____, 20__.

Participant's Signature

Social Security Number

Witness