

PARTICIPANT RELEASE AGREEMENT

I, _____, hereby acknowledge that I have terminated my employment with _____ and participation under the _____ 401(k) Plan. I understand that the vested value of my account as of the date of my termination is \$_____.

I hereby acknowledge I have received payment in full of the above amount in my account in said Plan through (indicate all which apply)

- receipt of check number _____ in the amount of \$_____
- a direct rollover to _____ (name of IRA account or qualified plan) in the amount of \$_____

This amount represents my vested Account Balance less income tax withheld of \$_____. I hereby release the Trustees of the Plan, the Plan Administrator, and my former Employer from and against any and all claims I may have or hereafter claim to have against said Administrators, Trustees, or Employer, with respect to my interest in the Plan.

IN WITNESS WHEREOF, the undersigned have hereto set their hand and seals this _____ day of _____, _____.

Participant's Signature

Social Security Number

Witness

Plan Administrator