Central Laborers' Annuity Fund Benefit Application
PO Box 1267 ◆ Jacksonville, IL 62651-1267
Phone 217/ 243-8521 or 800/ 252-6571
Fax 217/ 245-1293

Part I – Member Information

Name _____ Date of birth _____
(last) (first) (middle) Month/Day/Year

Address _____
(number and street) (city) (state) (zip code)

Telephone Number _____ Social Security Number _____

Are you legally married at this time? ☐ Yes ☐ No (If "yes" please complete the following)

Spouse's name _____ Spouse's SSN _____

Spouse's date of birth _____ Date of marriage _____

Are you considering or currently in the process of obtaining a divorce: ☐ Yes ☐ No
Were you previously married and divorced: ☐ Yes ☐ No
If "yes", please provide a complete, certified copy of the Divorce Decree and Property/Marital settlement agreement.

Part II – Annuity Benefit Information

Type of Withdrawal: ☐ Partial ☐ Total
If Partial, specify the amount of withdrawal **AFTER** taxes: $_____

Date of Withdrawal* (first day of a given month): _____

Please check the applicable item(s) below (a-g) and complete the sections specified:

☐ a. I am age 65 but do not plan to retire soon. **Please attach proof of age to this form and complete Sections E and F of this application.**

☐ b. I am (or will soon be) retired. **Please complete Sections A, E and F of this application.**

☐ c. I am totally and permanently disabled. **Please complete Sections B, E and F of this application.**

☐ d. *Contributions made to the Fund prior to October 1, 2004*: I have left employment with an employer who has a Collective Bargaining Agreement requiring contributions to this Plan and there have not been any contributions made on my behalf for at least eight (8) consecutive months. **Please complete Sections C, E and F of this application.**

☐ e. *Contributions made to the Fund on and after October 1, 2004*: I have left employment with an employer who has a Collective Bargaining Agreement requiring contributions to this Plan and there have not been any contributions made on my behalf for at least twelve (12) consecutive months. **Please complete Sections C, E and F of this application.**

☐ f. I have left covered employment and entered the Armed Forces of the United States and have served for at least 90 days. **Please complete Sections D, E and F of this application.**

☐ g. I wish to receive my Annuity benefits as an "eligible rollover distribution." **Please complete Sections E and F of this application.**

Individual annuity account balances are valued twice each year, on March 31 and September 30. Distribution of an individual annuity account between valuation dates does not consider interest or administrative expense.

Section A – Retirement Information

Date you retired or intend to retire: _____
Month/Year

Will you receive a pension from Central Laborers' Pension Fund upon your retirement? ☐ Yes ☐ No

If you do not participate in the Central Laborers' Pension Fund, have you applied for Social Security Benefits?
☐ Yes ☐ No If "yes", please attach a copy of the Social Security award.

Section B – Disability Information

Date you became disabled: _____
Month/Day/Year

Nature of Disability: _____

_____

Name and address of your Doctor:

Name: _____

Address: _____
(number and street) (city) (state) (zip code)

Have you applied for a Disability Pension from the Central Laborers' Pension Fund? ☐ Yes ☐ No

If you do not participate in the Central Laborers' Pension Fund, have you applied for Social Security Disability Benefits?
☐ Yes ☐ No If "yes", please attach a copy of the Social Security award.

Section C – Dates of Covered Employment

When did you last work as a covered employee requiring contributions to the Central Laborers' Annuity Fund?

_____
Month/Year

Are you continuing to work in a similar craft in the geographic jurisdiction of the Union? ☐ Yes ☐ No

Section D – Armed Forces Information

When did you enter the Armed Forces of the United States? _____
Month/Day/Year

Please submit proof of military service in the Armed Forces of the United States. This proof must include the Beginning Date of Service. A copy of such proof is sufficient. If you submit an original copy it will be returned to you.

Section E – Signature of Applicant

I have reviewed and understand the Central Laborers' Annuity Fund's Plan Rules and Regulations, and I agree to be bound by all such Rules and Regulations. I hereby apply for benefits from the Central Laborers' Annuity Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement. I further understand and acknowledge that my annuity distribution will be deposited directly to an account at a financial institution designated by me.

Participant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Section F – Rollover Election Form

Before completing this form you should carefully read the Special Tax Notice Regarding Plan Payments. You also may wish to consult your tax advisor before making this election.

** Complete Part A of this Form if you will receive a payment in a Lump Sum or as an Eligible Rollover Distribution.
** Complete Parts A and B of this Form if you elect a Direct Rollover.

Part A – Lump Sum or Eligible Rollover Distribution

Participant's Name _____ SSN _____
(last) (first) (middle)

Address _____
(number and street) (city) (state) (zip code)

If you will receive your benefits as an "eligible rollover distribution", you may elect to have that distribution transferred directly to a traditional or Roth Individual Retirement Account (IRA) or an eligible employer plan (if it accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or an eligible employer retirement plan, Central Laborers' is required to withhold 20 percent of the payment for federal income taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe. For further information on direct rollovers and withholding, please read the *Special Tax Notice Regarding Plan Payments* that the Plan has given you.

Please check one of the three options:

☐ I **do not** want to roll over my payment to an IRA or an eligible employer plan. Pay me the full amount of my benefits, after withholding 20 percent for federal income taxes as required by law.

☐ I **want** to roll over my payment directly to an IRA or an eligible employer plan that accepts rollovers. The IRA or other retirement plan is named in Part B of this form (next page).

☐ I would like to have **only part** of my payment directly rolled over. Please roll over $_____ to the IRA or eligible employer plan named on this page and pay the remainder of my benefit to me, after withholding 20 percent for federal income taxes as required by law.

Part B – Authorization for Direct Rollover of Annuity Benefit:

If you elected a direct rollover in Part A (previous page), you must provide all of the following information. A direct rollover cannot be made until this Section is completed and returned to the Fund Office.

_____ _____

(Name of IRA Trustee or Eligible Employer Plan) (Account Number)

Mailing Address: _____

(number & street) (city) (state) (zip code)

_____

IRA Type (Traditional IRA or Roth IRA)

If you have elected a direct rollover of your annuity benefit, please read and sign the following statement:

I certify that the recipient of the direct rollover that is named in Section B (above) is an Individual Retirement Account, or an Eligible Employer Plan that accepts rollovers. I understand that payment of my benefits to the trustees of the IRA or eligible employer plan will release the Trustees of the Central Laborers' Annuity Plan from any further obligations or responsibilities with respect to the benefits so paid.

_____ _____

(Signature) (Date)

Central Laborers' Annuity Fund

DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE COMPLETE ALL FIELDS, INCLUDING YOUR SIGNATURE, AND RETURN THIS FORM

DIRECT DEPOSIT IS REQUIRED

NAME: **SSN:** **XXX-XX-**

Please attach a bank account verification form from the financial institution or voided check for the account listing the account holder's name with routing and account number.

Please note: the direct deposit can only be issued to an account in your name.

Primary Account (check one) ☐ Checking or ☐ Savings

Financial Institution _____

City and State _____

Account No. _____ Bank Routing No. _____

AUTHORIZATION STATEMENT

I hereby authorize Central Laborers' Annuity Fund ("CLAF") and the financial institution listed above to deposit my CLAF benefit electronically to my account. If funds to which I am **not** entitled are deposited to my account, I authorize the financial institution to return said funds to CLAF if so directed by CLAF. Also, I authorize the financial institution to disclose to CLAF the mailing address associated with my account upon the financial institution's receipt of an affidavit from CLAF's Executive Director confirming that such information is needed to allow CLAF to comply with Internal Revenue Code requirements for retirement plans to locate missing retirees and beneficiaries. This authorization will remain in effect until I have signed a new authorization or until I cancel my participation.

PLEASE ATTACH THE FOLLOWING:

- **BANK ACCOUNT VERIFICATION FORM FROM THE FINANCIAL INSTITUTION; OR**
- **VOIDED CHECK FOR THE ACCOUNT LISTING THE ACCOUNT HOLDER'S NAME WITH ROUTING AND ACCOUNT NUMBER.**

PLEASE NOTE: THE DIRECT DEPOSIT CAN ONLY BE ISSUED TO AN ACCOUNT IN YOUR NAME.

_____ _____

SIGNATURE DATE

_____

PHONE NUMBER

CENTRAL LABORERS' ANNUITY FUND
PROOF OF AGE

In applying for benefits, the Fund office needs to receive proof of your age as well as your spouse's age (if married). The following list shows the type of documents that may be submitted. Some documents are preferred over others, and the list is arranged in order of preference.

Please furnish the best type of proof of age that is available. Additional proof may be required if the document you submit cannot be accepted. Photocopies of the documents may be submitted.

NOTE: Naturalization Papers, United States Passports and Immigration Papers **MAY NOT** be photocopied. If any of these documents are the only proof of age you have, please submit the original document and it will be returned to you.

1. Birth Certificate
2. A baptismal certificate or statement as to the date of birth shown by a church record, certified by the custodian of such record
3. Notification of registration of birth in public registry of vital statistics
4. Hospital birth record, certified by custodian of such record
5. A foreign church or government record
6. A signed statement by a physician or midwife who was in attendance at birth, as to the date of birth shown on their records
7. Naturalization Records
8. Immigration Papers
9. Military Record
10. Passport
11. School record, certified by the custodian of such record
12. Vaccination record, certified by the custodian of such record
13. An insurance policy which has been in force at least ten (10) years and which shows the age or date of birth
14. Marriage records showing date of birth or age (application for Marriage License or church record, certified by the custodian of such record, or Marriage Certificate)
15. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting record, etc.
16. Certification of record of age by the United States Census Bureau
17. Illinois Real ID with Gold Star Designation (standard ID or driver's license cannot be accepted)

PROOF OF MARRIAGE: A photocopy of your Marriage License will be accepted; however, it is preferred that you submit the original. A copy will be made and the original will be returned to you.

PROOF OF DIVORCE: Your complete certified divorce records for all former spouses, including all Orders of the Court (adequate waiver of claim language or an award of benefits to an alternate payee per a Qualified Domestic Relations Order is required).

MILITARY SERVICE: If you have served in the Armed Forces of the United States, please submit a copy of your discharge documents.

CENTRAL LABORERS' PENSION AND ANNUITY FUNDS' AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

YOUR ENTITLEMENT TO CERTAIN BENEFITS AS A RESULT OF YOUR MEMBERSHIP IN YOUR LOCAL UNION OR AS A PARTICIPANT IN OTHER FRINGE BENEFIT FUNDS MAY DEPEND ON YOUR STATUS WITH THE CENTRAL LABORERS' PENSION AND ANNUITY FUNDS. ADDITIONALLY, YOUR LOCAL UNION OR DISTRICT COUNCIL MAY REQUIRE INFORMATION REGARDING YOUR WORK/CONTRIBUTION HISTORY IN ORDER TO CLASSIFY YOU FOR EMPLOYMENT OR TO REPRESENT YOU. THIS AUTHORIZATION PERMITS THE DISCLOSURE OF PERSONAL INFORMATION TO YOUR LOCAL UNION AND/OR DISTRICT COUNCIL AND FRINGE BENEFIT FUNDS UPON REQUEST.

SECTION A – EMPLOYEE/PARTICIPANT/BENEFICIARY INFORMATION

Print Name: _____

Social Security #_____

Local Union No. _____

SECTION B – DEFINITION OF PERSONAL INFORMATION

I understand that Personal Information is information that includes my name, address, Social Security number, telephone numbers, email address, earnings/tax records, beneficiary information, eligibility status, benefit history, and amounts and/or value of benefits, and I hereby authorize the Central Laborers' Pension and/or Annuity Funds to disclose such Confidential Information to my Local Union, affiliated District Council, and any Fringe Benefit Fund in which I participate (including as an example only, the North Central Illinois Laborers' Health and Welfare Fund, Southern Illinois Laborers' and Employers Health and Welfare Fund, and other applicable funds).

SECTION C – PARTICIPANT'S ACKNOWLEDGMENT AND SIGNATURE

I hereby acknowledge that I have had an opportunity to read and consider the contents of this authorization, and I understand that, by signing this form, I am confirming my approval and authorization of the use and/or disclosure of my Personal Information, as described in this form. I further acknowledge that my signature on this Authorization is voluntary and that if I refuse to sign this form it will not affect my benefits under the Plan. I understand that I have a right to revoke this Authorization, but any such revocation must be in writing and submitted to the Fund Office.

_____

Signature

Date: _____

CENTRAL LABORERS' ANNUITY FUND

Delaying the Date You Receive a Distribution of Your Individual Account Could Affect Your Benefit Amount

Although you have applied for a distribution of your Individual Account, the law requires that we advise you of your right to postpone a distribution until a later time and the consequences if you choose to take your distribution now rather than deferring it to a later date.

Eligibility for Distribution of Benefits. As explained on page 26 of your Summary Plan Description, you are eligible to receive a distribution of your benefits from the Annuity Fund when:

- You retire;
- You die;
- You become totally and permanently disabled;
- With respect to any Contributions made on or after October 1, 2004, plus earnings on such Contributions, you have not worked in Covered Employment requiring Employer Contributions on your behalf to this Fund or in a similar craft in the geographic jurisdiction of the Union, for at least 12 consecutive months and you are not working in Covered Employment or in a similar craft in the geographic jurisdiction of the Union at the time the payment of your benefits is made;
- With respect to Contributions made prior to October 1, 2004, plus earnings on such Contributions, you have not worked in Covered Employment requiring Employer Contributions on your behalf to this Fund, for at least 8 consecutive months and you are not working in Covered Employment at the time the payment of your benefits is made; or
- You separated from Covered Employment to enter the Armed Services of the United States for at least 90 consecutive days.

If you are under age 59½ at the time you begin receiving benefits, you may be subject to an early withdrawal tax penalty, in addition to income tax at your normal income tax rate.

Delaying Retirement May Increase Your Benefit. If you delay leaving covered employment and receiving a distribution of your Individual Account, your Defined Contribution Annuity Fund benefits may increase because you are earning additional benefits. In addition, the market value of your account may increase.

Right to Defer. Under the Plan's rules, you may defer receiving your benefits until April 1 of the year following the year you reach age 70½. Of course, you may elect to start your benefits at any time before that date, provided you meet the eligibility requirements noted above.

Consequences of Failing to Defer Your Distribution. If you postpone the distribution, your account will continue to be adjusted for any gains, losses, or administrative fees, as described on page 24 of your Summary Plan Description.

If you have any questions about this information, please review your Summary Plan Description booklet and subsequent announcements, or contact the Fund Office at (217) 243-8521.

Central Laborers' Annuity Fund

LUMP SUM PAYMENT

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

This notice contains important information for your review before you decide how to receive your benefits from the Plan.

Your Rollover Options

You are receiving this notice because all or part of the payment that you will soon receive from the Central Laborers' Annuity Fund (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan that are *not* from a designated Roth account (a type of account with special tax rules in some employer plans). Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

General Information About Rollovers

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash received). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- Corrective distributions of contributions that exceed tax law limitations

The Plan administrator can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to $10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

This notice does not describe any State or local income tax rules (including withholding rules).

Special Rules and Options

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline upon certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, *Individual Retirement Arrangements (IRAs)*.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

If you roll over your payment to a Roth IRA

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than $100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to $10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, *Individual Retirement Arrangements (IRAs).*

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a Plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than $200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

Unless you elect otherwise, a mandatory cashout of more than $1,000 will be directly rolled over to an IRA chosen by the Plan administrator. A mandatory cashout is a payment from a plan to a participant made before age 62 (or normal retirement age, if later) and without consent, where the participant's benefit does not exceed $5,000 (not including any amounts held under the plan as a result of a prior rollover made to the plan).

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, *Armed Forces' Tax Guide*.

For More Information

You may wish to consult with the Plan administrator or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590, *Individual Retirement Arrangements (IRAs)*; and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

Your Right to Waive the 30-Day Notice Period

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan administrator.