

Pension Plus Retirement Plans

Beneficiary Name:	Date of Birth:		Social Security Number:	Phone Number:
		J		
Participant's Name:			Participant's Social Security Num	ber:
		I		,

NOTE: The following choices apply only if the participant had not already begun receiving his/her Required Minimum Distributions (RMD). If RMDs had already started, see Beneficiary Payout Request Form Instructions.

- The Payout Options described here are the minimum requirements for payment of a beneficiary account. You may elect to have your account paid out more rapidly.
- You must select a Payout Option by December 31 of the year of the participant's death.
- If the account balance is less than \$500, it will automatically be paid out to you in a lump sum if you take no action.

[] I am the participant's spouse. [] I am a non-spouse beneficiary.

[] One Lump Sum [] Monthly or [] Annual Installments over fiv	ars after the end of the year of the death of the participa ve years.
[] Payments distributed over the single life expecta	ancy of the beneficiary.
[] Spouse Beneficiary: Payments will start at the late participant or the end of the year in which the part	er of the end of the year after the year of the death of the icipant would have attained age 70½.
[] Non-Spouse Beneficiary: Payments will begin at	the end of the year after the year of the death of the participant
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Direct Deposit Information – Available for Monthly or An Please attach a voided check (required). Bank Name	
Please attach a voided check (required).	nnual Installments in Box 1 or Box 2.
Please attach a voided check (required). Bank Name Bank Account Number	nnual Installments in Box 1 or Box 2Account Type: [] Checking [] Savings
Please attach a voided check (required). Bank Name Bank Account Number [] Direct Rollover to an IRA or to an eligible retirem	nnual Installments in Box 1 or Box 2. Account Type: [] Checking [] Savings Bank Routing Number Thent plan.
Please attach a voided check (required). Bank Name Bank Account Number [] Direct Rollover to an IRA or to an eligible retirem [] Spouse Beneficiary: Roll over to an eligible Retired	nnual Installments in Box 1 or Box 2. Account Type: [] Checking [] Savings Bank Routing Number Bank Routing Number Dent plan. Ement plan or IRA/Roth IRA.
Please attach a voided check (required). Bank Name Bank Account Number [] Direct Rollover to an IRA or to an eligible retirem	nnual Installments in Box 1 or Box 2. Account Type: [] Checking [] Savings Bank Routing Number Bank Routing Number nent plan. ement plan or IRA/Roth IRA. ed IRA/Roth IRA.

Earliest payment will be made as soon as administratively feasible. It may take up to 60 days for Payout Options 1 or 2 to begin.

Payments to non-resident aliens are subject to a 30% federal withholding tax, and U.S. persons having their payment delivered outside the United States may be subject to a 30% federal withholding tax, unless they are eligible for a reduced rate or exemption under a tax treaty and the required IRS tax forms are submitted.

The participant/beneficiary/alternate payee certifies, under penalty of perjury that to the best of his/her knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

Signature	Date