



Steamfitters Local #449

BENEFIT FUNDS

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RETIREMENT SECURITY PLAN INSTRUCTIONS TO APPLICATION FOR DISTRIBUTION OF ACCOUNT

Application Form

Use the Participant's Application for Distribution Form to apply for the distribution of your Account under the Steamfitters Local 449 Retirement Security Plan upon your retirement, disability or eligible termination of employment covered by the Plan.

File the completed Application Form at the Contract Administrator's Office, along with (1) a copy of your birth certificate, (2) if married, a copy of your marriage license and a copy of your spouse's birth certificate, (3) if applicable (see "Federal Income Tax Withholding Election - IRS Form W-4P" below), a completed IRS Form W-4P, (4) if applying for distribution on account of disability, evidence of your total disability (see "Application for Distribution" below), and (5) if divorced, any qualified domestic relations order, divorce decree or property settlement that relates to your Account under the Plan. If a birth certificate is not available for you or your spouse, please contact the Contract Administrator's Office for alternative types of proof of age.

Once filed, by written notice to the Contract Administrator's Office, you may revoke your Application for Distribution at any time up to the later of (1) the date distribution of your Account begins or is made or (2) the end of the seven-day period following the date you are provided with these Instructions. After that date, it cannot be revoked.

Your Application for Distribution has important tax and legal consequences. You should consider it carefully and consult with your attorney or tax advisor before completing the Application.

Time of Distribution

Distribution of your Account will typically be made or begin within 60 days of the date you file a completed Application Form (subject to its approval).

However, distribution of your Account cannot be made or begin until you file the Application Form and your Application is approved. Nor can it begin before the end of the seven-day period following the date you are provided with these Instructions.

Under current IRS rules:

- You have the right to a 30-day period after you are provided with these Instructions and the IRS required Special Tax Notice Regarding Plan Payments to decide whether to apply for a distribution of your Account, decide what form of distribution to elect for the distribution of your Account (as discussed below), and to decide whether to elect a direct payment, a direct rollover or both (as discussed below) for an eligible distribution of your Account. You may waive that right by filing the Application for Distribution Form within this 30-day period.
- You must be provided with these Instructions and the IRS required Special Tax Notice Regarding Plan Payments no earlier than 90 days before the date of the distribution of your Account. Accordingly, if, when you return the Form, the distribution cannot be made within 90 days of the date you were provided with these Instructions and the Special Tax Notice, the distribution will not be made and you will have to obtain another set of Instructions and Special Tax Notice before you can apply for the distribution of your Account.

Application for Distribution - Section III of the Form

In order to receive a distribution of your Account, you must leave covered employment after attaining age 55 or retire and cannot have worked for a contributing employer for 60 days.

If applying for distribution on account of Total Disability, you must attach evidence of your Total Disability. Total Disability is explained in the Summary Plan Description for the Retirement Security Plan. Acceptable evidence of Total Disability consists of (1) an Award of Disability Benefits from the Social Security Administration or (2) a certification of your Total Disability by your physician. If you submit a certification of Total Disability from your physician, a physician selected by the Trustees must confirm your Total Disability. The Trustees may request additional evidence of your Total Disability.

In order to receive a distribution of your Account on account of the termination of your employment, you must terminate employment with all employers obligated to contribute to the Plan (including under reciprocal agreements) for at least 180 days and either fully and permanently withdraw from employment as a Steamfitter or completely and permanently have left the jurisdiction of Steamfitters Local Union No. 449. In addition, for your post February 28, 2001 balance, you cannot be working in a trade or craft requiring the direct or indirect application of skills and knowledge related to the trade and craft you worked in while participating in the Plan (including work for direct or indirect providers of products, supplies or services to contractors in the plumbing and pipefitting industry).

Form of Distribution - Section IV of the Form

Complete Section IV of the Form to elect a form for the distribution of your Account. Each form of distribution is described below.

Total Payment - The entire balance of your Account will be paid to you in a single payment.

Partial Payment - The amount you specify in your election is paid to you in a single payment.

Once a partial payment is made, you may elect to have another partial payment made at any time prior to the calendar year in which you attain age 70½ by filing another Application for Distribution Form with the Contract Administrator's Office. By the end of the calendar year in which you attain age 70½, you must elect on another Application for Distribution Form to have the remaining balance of your Account distributed in one of the available forms of distribution. If you do not make a timely election, the remaining balance of your Account will be distributed to you by the purchase of a Qualified Joint and Survivor Annuity (if married) or the purchase of a Single Life Annuity (if not married) by the time required by the minimum distribution rules of the Internal Revenue Code.

If you die before the entire balance of your Account is distributed, the remaining balance of your Account will be distributed in accordance with the applicable provisions of the Plan.

Until the entire balance of your Account is distributed, your Account will continue to be credited with the earnings and losses of the Plan in the same manner as the other Accounts.

Monthly Payments - The entire balance of your Account will be paid to you in monthly payments over the number of months you specify. You cannot specify less than 12 months nor more than 120 months for the monthly payments.

The amount of the monthly payment is initially calculated by dividing the value of your Account by the number of months you have selected for the monthly payments. Each year, the amount of the monthly payment is recalculated by dividing the then value of your Account by the remaining number of monthly payments.

If you die before the monthly payments are completed, the remaining monthly payments will be paid to the beneficiary you designate in Section V of the Form.

During the period the monthly payments are made, your Account will continue to be credited with the earnings and losses of the Plan in the same manner as the other Accounts.

Partial Payment and Monthly Payments - The amount you specify in your election as a partial payment is paid to you in a single payment. The remaining balance of your Account will be paid to you in monthly payments over the number of months you specify. You cannot specify less than 12 months nor more than 120 months for the monthly payments.

The amount of the monthly payment is initially calculated by dividing the remaining value of your Account after the partial payment by the number of months you have selected for the monthly payments. Each year, the amount of the monthly payment is recalculated by dividing the then value of your Account by the remaining number of monthly payments.

If you die before the monthly payments are completed, the remaining monthly payments will be paid to the beneficiary you designate in Section V of the Form.

During the period the monthly payments are made, your Account will continue to be credited with the earnings and losses of the Plan in the same manner as the other Accounts.

Qualified Joint and Survivor Annuity - If you elect the purchase of a Qualified Joint and Survivor Annuity, the value of your Account will be used to purchase an immediate joint and survivor annuity from an insurance company. Under the joint and survivor annuity, you will receive monthly benefits for your lifetime, and if you die before your spouse, your spouse will receive monthly benefits for life equal to 50% of the monthly benefit being paid to you during your lifetime.

Payments under the annuity will begin as soon as practicable after its purchase.

The amount of the monthly benefit under the annuity depends upon the purchase rates offered by the insurance company, your age and your spouse's age, and the value of your Account at the time the annuity is purchased.

You may elect a Qualified Joint and Survivor Annuity only if you are married when distribution of your Account is made.

Single Life Annuity - If you elect the purchase of a Single Life Annuity, the value of your Account will be used to purchase an immediate single life annuity from an insurance company. Under the single life annuity, you will receive monthly benefits for your lifetime. No monthly benefits are paid after your death.

Payments under the annuity will begin as soon as practicable after its purchase.

The amount of the monthly benefit under the annuity depends upon the purchase rates offered by the insurance company, your age, and the value of your Account at the time the annuity is purchased.

You may elect a Single Life Annuity only if you are not married when distribution of your Account is made.

Small Benefits - If the value of your Account does not exceed \$5,000, your Account will be distributed to you a lump sum payment only. In that case, you should still make the direct rollover/payment election in Section VI of the Form.

Term Certain Annuity For 12/1/97 Account Value - Although not listed in Section IV of the Form, until December 31, 2001, you may elect to have an immediate term certain annuity purchased with the value of your Account that is attributable to contributions made before December 1, 1997. In that case, you would elect one of the forms of distribution listed in Section IV of the Form for the distribution of the remaining balance of your Account.

Under the term certain annuity, you would receive monthly benefits for the number of months you specify, and no monthly benefits are paid thereafter. Payment would begin as soon as practicable after its purchase. The amount of the monthly benefit under the annuity would depend upon the purchase rates offered by the insurance company, the number of monthly benefits to be paid, and the value of the portion of your Account used to purchase the annuity. If you would die before payment of the monthly benefits are completed, the remaining monthly benefits would be paid to your designated beneficiary.

If you want to elect the term certain annuity for the distribution of this portion of your Account, please contact the Contract Administrator's Office for more details and additional forms.

Additional Information and Amounts Payable under the Forms of Distribution - Additional information on the forms for the distribution of your Account, including estimates of the amounts payable to you under the forms of distribution, is available from the Contract Administrator's Office.

Beneficiary Designation for Monthly Payments - Section V of the Form

Complete Section V of the Form if you elect monthly payments for the distribution of your Account to designate a beneficiary or beneficiaries to receive any remaining monthly payments at your death.

In Section V A. of the Form, you should designate one or more primary beneficiaries. A primary beneficiary is the person (or persons or trust) to whom any remaining monthly payments will be paid if you die before all of the monthly payments are paid to you. If you designate more than one primary beneficiary, they (or the survivor(s) of them) will receive equal shares of the installments unless you designate another percentage.

In Section V B. of the Form, you may also designate one or more contingent beneficiaries. If no primary beneficiary is living at your death, any remaining monthly payments will be paid to your contingent beneficiary. If you designate more than one contingent beneficiary, they (or the survivor(s) of them) will receive equal shares of the installments unless you designate another percentage.

If you designate a minor as your beneficiary, you may also designate a custodian to whom payments will be made for the benefit of the minor (if the beneficiary is a minor at the time of the payment). If you have made other arrangements for distribution to the minor, you should not designate a custodian on the form.

If you designate more than one beneficiary and also designate the percentage of the distribution each is to receive, and if one of the beneficiaries dies before you, then unless you thereafter change your beneficiary designation, the deceased beneficiary's share of the monthly payments will be allocated among the surviving beneficiaries in proportion to the percentages you designated for the surviving beneficiaries. This applies separately to the primary beneficiaries and contingent beneficiaries (i.e., if a primary beneficiary, the deceased beneficiary's share is allocated only among the surviving primary beneficiaries, and if a contingent beneficiary, the deceased beneficiary's share is allocated only among the surviving contingent beneficiaries).

If you wish to designate more than two primary beneficiaries or more than two contingent beneficiaries, attach a sheet of paper with the information requested by Section V A. or V B.

Direct Rollover/Payment Election - Section VI of the Form

Complete Section VI of the Form if you elect to have your Account distributed in:

- a total payment of the entire Account;
- a partial payment of \$200 or more; or
- fewer than 120 monthly payments from your Account.

In Section VI A. of the Form, you should elect one of the three following options for the distribution of the total payment, partial payment or monthly payments:

- direct payment of the entire eligible amount to you;
- direct rollover of the entire eligible amount to an Individual Retirement Account (IRA) or a qualified plan of another employer that accepts rollovers (Qualified Plan); or
- direct rollover of \$500 or more of the eligible amount to an IRA or a Qualified Plan and direct payment of the remaining amount to you.

Each of these options is discussed in the Special Tax Notice Regarding Plan Payments, which contains the IRS's explanation of your options to elect a direct payment and/or direct rollover for your distribution. Please contact the Contract Administrator's Office if you have not received a copy of this Special Tax Notice.

If you elect a direct payment subject to the 20% mandatory federal income tax withholding, you may elect to have an additional amount withheld in Section VI B. of the Form. If you make no election, no additional amount will be withheld from the direct payment. Additional information on the withholding of federal income tax can be found in the instructions to IRS Form W-4P.

Beginning with the calendar year in which you attain age 70½ and for each calendar year thereafter, your direct rollover/payment election and the 20% mandatory federal income tax withholding rules apply to only a portion of the total payment or monthly payments. This is discussed below under "Direct Rollover/Payment Election and Income Tax Withholding for Required Distribution Years."

Federal Income Tax Withholding Election - IRS Form W-4P

Complete and return the IRS Form W-4P if you elect to have your Account distributed in:

- 120 monthly payments from your Account;
- a partial payment of less than \$200; or
- the calendar year in which you attain age 70½ or in any later calendar year.

Note that if you are returning the IRS Form W-4P because distribution will be made in the calendar year in which you attain age 70½ or in any later calendar year, and if distribution will be made in a total payment or in monthly payments payable over less than 120 months, your income tax withholding election on IRS Form W-4P applies to only a portion of the total payment and the monthly payments. This is discussed below under "Direct Rollover/Payment Election and Income Tax Withholding for Required Distribution Years."

Information on the withholding of federal income tax, including a worksheet for calculating the number of withholding allowances, can be found in the instructions to IRS Form W-4P.

Direct Rollover/Payment Election and Income Tax Withholding for Required Distribution Years

Under the minimum distribution rules of the Internal Revenue Code, (once retired), beginning with the calendar year in which you attain age 70½, and for each calendar year thereafter, a required minimum distribution must be made to you. The required minimum distribution is not eligible for rollover to an IRA (by direct rollover or otherwise), and it is not subject to the 20% mandatory federal income tax withholding rules. Instead, the required minimum distribution is subject to the federal income tax withholding election you make on IRS Form W-4P.

Accordingly, if you receive a total payment or monthly payments (payable for a total of less than 120 months) in a calendar year for which a minimum distribution is required to be made, your direct rollover election in Section VI of the Form and the 20% mandatory federal income tax withholding will apply only to the portion of the total payment or monthly payments that is in excess of the required minimum distribution for the calendar year. The portion of the total payment and monthly payments that is not in excess of the required minimum distribution will be paid to you and subject to the federal income tax withholding election you make on IRS Form W-4P.

For example, assume that (1) you elect to have your \$50,000 Account distributed to you in the calendar year in which you attain age 70½, (2) you elect that the entire amount be distributed by direct rollover to your IRA, and (3) the required minimum distribution for the calendar year is \$3,000. In that case, \$3,000 of the distribution would be paid to you (and not by direct rollover to your IRA) and would be subject to the federal income tax withholding election you make on IRS Form W-4P, and the remaining \$47,000 of the distribution would be paid by direct rollover to your IRA.

Assume the same facts, except that you elect to have the entire amount of your \$50,000 Account distributed by direct payment to you. In that case, \$3,000 of the distribution would be subject to the federal income tax withholding election you make on IRS Form W-4P, and the remaining \$47,000 of the distribution would be subject to the mandatory 20% federal income tax withholding.

As another example, assume that (1) you elect to have your Account distributed in fewer than 120 monthly payments, (2) you are to receive \$10,000 of monthly payments in the calendar year in which you attain age 70½, (3) you elect that the entire amount of each monthly payment be distributed by direct rollover to your IRA, and (4) the required minimum distribution for the calendar year is \$3,000. In that case, the first \$3,000 of the monthly payments made to you for that calendar year would be paid to you (and not by direct rollover to your IRA) and would be subject to the federal income tax withholding election you make on IRS Form W-4P, and the remaining \$7,000 of the monthly payments would be paid by direct rollover to your IRA.

Assume the same facts, except that you elect that the entire amount of each monthly payment be distributed by direct payment to you. In that case, the first \$3,000 of the monthly payments made to you for that calendar year would be subject to the federal income tax withholding election you make on IRS Form W-4P, and the remaining \$7,000 of the monthly payments would be subject to the mandatory 20% federal income tax withholding.

Participant's Signature – Section VII of the Form

You must have your signature notarized prior to submitting the application for withdrawal or direct rollover.

Spouse's Consent - Section VIII of the Form

If you are married, and if you elect in Section IV of the Form to have your Account distributed in a total payment, a partial payment, monthly payments, or a combination of a partial payment and monthly payments, your spouse must consent to your election by completing Section VIII A. of the Form. Otherwise, your election will not be effective, and your Account will be distributed by the purchase of a Qualified Joint and Survivor Annuity.

Also, if you are married and elect to have your Account distributed in monthly payments, unless you designate your spouse in Section V of the Form as the sole primary beneficiary to receive any monthly payments remaining payable at your death, your spouse must consent to your beneficiary designation by completing Section VIII B of the Form. Otherwise, your beneficiary designation will not be effective, and your spouse will be the sole primary beneficiary.

Although your spouse's consent is voluntary, once given, it is irrevocable, unless you later change the form of distribution you elect or your beneficiary designation (see "Subsequent Changes" below).

Note that if you elect to have your Account distributed in a partial payment, your later election of a form of distribution other than the purchase of a Qualified Joint and Survivor Annuity for the distribution of the remaining balance of your Account will also require your spouse's consent.

Additional Tax for Distribution to Participants Under Age 59½

If you are under age 59½ when you receive a distribution from your Account, you will be responsible for the payment of an additional 10% income tax penalty on the distribution unless you terminated employment under the Plan at or after age 55, you are

totally and permanently disabled (within the meaning of the Internal Revenue Code), or certain other limited exceptions apply. The additional 10% income tax penalty does not apply to any portion of the distribution rolled over to an IRA or a qualified plan of another employer that accepts rollovers.

Required Distribution Date/Right to Defer Distribution

Distribution of your Account to you must be made or begin by the April 1 following the later of (1) the calendar year in which you attain age 70½ or (2) the calendar year in which you retire (regardless of whether you have applied for the distribution). You have the right to defer the distribution of your Account until the required date of distribution. This is done by not filing the Application Form.

Subsequent Changes

You may change your elections by filing another Application for Distribution Form with the Contract Administrator's Office before the later of (1) the date distribution of your Account is made or begins or (2) the end of the seven-day period following the date you are provided with these Instructions. No change can be made after that date to your election of a form of distribution. If you elect monthly payments from the Account for the distribution of your Account, you may change your beneficiary designation, and as applicable, your direct rollover/payment election or federal income tax withholding election, at any time after that date by filing the appropriate form with the Contract Administrator's Office. A change of your beneficiary designation will require your spouse's consent (unless the change is to designate your spouse as the sole primary beneficiary).



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RETIREMENT SECURITY - APPLICATION FOR DISTRIBUTION OF ACCOUNT

Section I: Participant Information

Name: _____ Soc. Sec. No: _____
Address: _____ Birth Date: _____
City: _____ State: _____ Zip Code: _____ Telephone: _____

Section II: Martial Status/Spouse Information

I am not married.
 I am married. Spouse's Name: _____ Date Married: _____
Spouse's Soc. Sec. No: _____ Spouse's Birth Date: _____

Section III: Application for Distribution

I hereby apply for distribution of my Account under the Plan on account of:

Retirement (Age 55 at Termination and No Work for Contributing Employer for 60 days) Last Day Worked: _____
 Disability (Attach Evidence of Total Disability) Date Disabled: _____
 Termination (No Work for Contributing Employer for 180 Days and No Work in Industry) Last Day Worked: _____

Section IV: Election of Form of Distribution

I hereby elect that my Account be distributed by: (Elect only one)

Total Payment of Entire Account
 Partial Payment from Account of \$ _____ (Only for Calendar Years Before Age 70½)
 Monthly Payments from Account for _____ Months (12-120 Monthly Payments Only)
 Partial Payment from Account of \$ _____ and Monthly Payments for _____ Months (12-120 Monthly Payments Only)
 Purchase of Immediate Qualified Joint and Survivor Annuity (Married Participants Only)
 Purchase of Immediate Single Life Annuity (Single Participants Only)

Section V: Beneficiary Designation for Monthly Payments

(Complete if you elect monthly payments for the distribution of your Account)

A. Primary Beneficiary

I hereby designate the following as my primary beneficiary(ies) to receive (if surviving) any remaining monthly payments from my Account upon my death:

Name: _____ Soc. Sec. No: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip Code: _____ Date of Birth: _____
Custodian: _____ Percent Designated: _____
(only for minor beneficiary and if no other arrangements made for distribution)

Name: _____ Soc. Sec. No: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip Code: _____ Date of Birth: _____
Custodian: _____ Percent Designated: _____
(only for minor beneficiary and if no other arrangements made for distribution)

B. Contingent Beneficiary

I hereby designate the following as my contingent beneficiary(ies) to receive (if surviving) any remaining monthly payments from my Account upon my death in the event my primary beneficiaries predecease me.

Name: _____ Soc. Sec. No: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip Code: _____ Date of Birth: _____
Custodian: _____ Percent Designated: _____
(only for minor beneficiary and if no other arrangements made for distribution)

Name: _____ Soc. Sec. No: _____
Address: _____ Relationship: _____
City: _____ State: _____ Zip Code: _____ Date of Birth: _____
Custodian: _____ Percent Designated: _____
(only for minor beneficiary and if no other arrangements made for distribution)

Section VI: Direct Rollover/Payment Election and Acknowledgements for Eligible Payments

(Complete if you elect a total payment, a partial payment of \$200 or more, or fewer than 120 monthly payments from your Account for the distribution of your Account. The election applies differently beginning with the calendar year you attain age 70½. See the Instructions for an explanation.)

- A. I hereby elect that each eligible payment be distributed by: (Elect only one)
- direct payment to me; or
 - direct rollover to the IRA or Qualified Plan designated in C. below; or
 - direct rollover to the IRA or Qualified Plan designated in C. below in the amount of \$_____ (\$500.00 minimum) with the remaining balance of the payment distributed by direct payment to me.
- B. I hereby elect for any direct payment subject to the 20% mandatory federal income tax withholding:
- withholding of only the 20% mandatory federal income tax withholding; or
 - withholding of the 20% mandatory federal income tax withholding plus an additional \$_____.
- C. The direct rollover, if any, I elected in A. above is to be made to: (only one IRA or Qualified Plan may be designated)
- Name of IRA or Qualified Plan: _____
- Trustee/Custodian of IRA or Qualified Plan: _____
- Address of IRA or Qualified Plan: _____
- Account Number (if applicable): _____
- D. I certify that the IRA or Qualified Plan I designated in C. above is an eligible retirement plan to which a direct rollover can be made, and I acknowledge that any portion of my Account eligible for the direct rollover/payment election that is distributed to me by direct payment is subject to 20% mandatory federal income tax withholding.

PLEASE NOTE THAT WITHDRAWAL WILL NOT BE PROCESSED UNTIL ALL INFORMATION REQUIRED IS PROVIDED AND VERIFIED TO BE ACCURATE.

Section VII: Wire Instructions

(Complete if you elect to have the payment sent via wire directly to the financial institution)

- A. Name of Financial Institution: _____
- ABA/Routing Number: _____
- Account Number _____

Section VIII: Participant Signature and Certification

I hereby certify that the information furnished above is true and correct to the best of my knowledge, and I hereby authorize all action necessary to implement the elections made above. I understand that all payments are governed by the document for the Retirement Security Plan, and I agree to reimburse the Retirement Security Plan for any payments not provided for by the document.

Signature: _____ Date: _____
(Sign in Presence of Notary Public)

State of: _____ County of: _____ On _____, 200__, the above named person appeared before me and acknowledged that he or she signed this form for the reasons set forth herein.

[SEAL] Notary Public: _____
Commission Expires: _____

Section IX: Spouse's Consent

A. Spousal Consent for Form of Distribution (If you are married, your spouse must consent to your election in Section IV above to have your Account distributed to you in a form other than by the purchase of a Qualified Joint and Survivor Annuity.)

I certify that I am the lawful spouse of the above named Participant, and I hereby consent to the form of distribution elected by my spouse in Section IV above for the distribution of his or her Account under the Plan.

I hereby acknowledge that:

1. The effect of my consent is that a Qualified Joint and Survivor Annuity will not be purchased for the distribution of my spouse's account under which I could receive lifetime survivor benefits if my spouse died before me.
2. My consent is voluntary, but once given is irrevocable. However, if my spouse has elected to have his or her account distributed by a partial payment, my consent applies only for the partial payment
3. I will have the right to consent to his or her later election of a form of payment other than the purchase of a Qualified Joint and Survivor Annuity for the distribution of the remaining balance of his or her account.
4. Without my consent, my spouse's account would be distributed by the purchase of a Qualified Joint and Survivor Annuity under which I could receive lifetime survivor benefits if my spouse died before me.

Spouse's Signature: _____ Date: _____
(Sign in Presence of Notary Public)

State of: _____ County of: _____ On _____, 200__, the above named spouse appeared before me and acknowledged that he or she signed this Spouse's Consent for the reasons set forth herein.

[SEAL] Notary Public: _____
Commission Expires: _____

B. Spousal Consent for Beneficiary Designation (If you elect to have distribution of your Account made in monthly payments, your spouse must consent to your beneficiary designation in Section V above, unless you designate your spouse as the sole primary beneficiary.)

I certify that I am the lawful spouse of the above named Participant, and I hereby consent to my spouse's designation in Section V above of a beneficiary or beneficiaries other than or in addition to me to receive any remaining monthly payments from his or her Account upon his or her death.

I hereby acknowledge that:

1. The effect of my consent is that any such monthly payments will be paid to the other beneficiary rather than to me, or paid to the other beneficiary in addition to me.
2. My consent is voluntary, but once given is irrevocable unless my spouse changes the beneficiary designation.
3. Without this consent, I would be the only beneficiary for any monthly payments payable upon my spouse's death.

Spouse's Signature: _____ Date: _____
(Sign in Presence of Notary Public)

State of: _____ County of: _____ On _____, 200__, the above named spouse appeared before me and acknowledged that he or she signed this Spouse's Consent for the reasons set forth herein.

[SEAL] Notary Public: _____
Commission Expires: _____

Section X: Administrative Office Use Only

A. Participant's Application for Distribution and Instructions sent to Participant on _____.

By: _____

B. Participant's Application for Distribution received from Participant on _____.

By: _____