

NAME OF PLAN

ELECTION OF BENEFITS
(FOR DISTRIBUTION OF MORE THAN \$5,000)

As a former Participant in the [NAME OF PLAN] _____, I understand the value of my benefit is more than \$5,000 and that payment of my benefit will be deferred unless I consent in writing to this distribution.

As a former Participant in the [NAME OF PLAN] _____, I hereby acknowledge that I have been informed by the Administrator that my benefits under the Plan will be paid to me in the form of a "joint and 50% survivor annuity" if I am married or a "straight life annuity" if I am single; that I have the right to waive that form of payment provided that if I am married my spouse consents in writing to the waiver; that I understand the terms of a "joint and 50% survivor annuity" or "straight life annuity" and the financial effect of a waiver; and that I may revoke any waiver in effect.

[] I hereby elect to waive the "joint and 50% survivor annuity" or "straight life annuity" form of payment and to have my benefits distributed in the following manner:

[] single lump sum
[] installments to be paid over _____ years (may not exceed life expectancy) at the following intervals:

[] monthly [] quarterly [] semi-annually

[] joint and 75% survivor annuity
[] joint and 100% survivor annuity
[] annuity with _____ years certain
[] other form of annuity (specify) _____

Upon payment in full of my account in the Plan, I release the Plan Administrator, the Trustees of the Plan from and against any and all claims the undersigned may have or hereafter claim to have against said Administrator, Trustees but only with respect to my interest in said Plan. Nothing contained in this release is intended to relieve any fiduciary of an obligation or duty under ERISA, or to violate the provisions of Section 410 of ERISA.

EXECUTED this _____ day of _____, 2004 _____

Plan Administrator

Participant

[] I am not married

PLAN NAME

SPOUSE'S CONSENT TO WAIVER

I hereby consent to the foregoing election by my spouse, to have benefits under the ____NAME OF PLAN____ paid in the form specified therein rather than in the form of a "joint and survivor annuity". Further, I hereby acknowledge that I understand (1) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the waiver.

EXECUTED this _____ day of _____, 2004 _____

Witnessed by:

Participant's Spouse

Notary Public