

## ELECTION TO DEFER DISTRIBUTIONS AT AGE 70½ UNTIL RETIREMENT

<b>PLAN NAME</b>	Plan Name _____
<b>PARTICIPANT INFORMATION</b>	Name: _____ Date of Birth: _____
	Address: _____ Social Security: _____
	City: _____ State: _____ Zip: _____ Phone: _____
<b>ELECTION TO DEFER</b>	I am continuing to work for the Employer who sponsors this Plan and am an active Participant in the above referenced Plan, and I am not a more than a five percent (5%) owner of the Employer's business entity. I hereby elect to defer the commencement of my benefit payments until April 1 of the calendar year following the earlier of the calendar year in which I separate from service with my Employer or become a more than 5% owner. In addition, at the time the commencement of benefit payments is required, I agree to execute any applicable distribution form(s) required under the Plan and to obtain any applicable required spousal consent.
<b>PARTICIPANT'S SIGNATURE</b>	Participant's Signature _____ Date _____
<b>PLAN AUTHORIZATION</b>	Plan Administrator's Signature _____ Date _____
<b><u>Spousal Consent</u></b>	
<b>CONSENT OF SPOUSE TO BENEFICIARY DESIGNATION</b>	I hereby approve of, and consent to, my Spouse's election to defer commencement of retirement benefits as provided above.  Spouse Signature _____ Date _____  <i>The signature of the Spouse must be witnessed by a notary public OR Plan Administrator.</i>
	<b>NOTARY'S SIGNATURE/SEAL OR PLAN ADMINISTRATOR</b>
<b>WITNESS: Notary Public</b>	_____ Subscribed and sworn to before me on this _____ day of _____, 20_____  Signature _____ OR Plan Administrator's Signature _____
<b>CERTIFICATION OF MARITAL STATUS AND WITNESS BY NOTARIZATION OR PLAN ADMINISTRATOR</b>	I understand that if I become married in the future, my Spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my Spouse consents to my designation.  <input type="checkbox"/> I hereby certify that I am not now married and that there are no Plan benefits payable to a former Spouse under a prior Qualified Domestic Relations Order. <input type="checkbox"/> I hereby certify that I am not now married, however, there may be a reduction in my benefits as a result of a prior Qualified Domestic Relations Order. <input type="checkbox"/> I am married but I am legally separated. My spouse will be my primary Beneficiary unless my Spouse consents to the naming of another Beneficiary.  Participant's Signature _____  <i>The signature of the unmarried Participant must be witnessed by a notary public OR Plan Administrator.</i> <b>WITNESS: Notary Public</b> Subscribed and sworn to before me on this _____ day of _____, 20_____  Signature _____ OR Plan Administrator's Signature _____ The Plan Administrator may not witness his or her own form nor the form of any relative.
<b>PLAN AUTHORIZATION</b>	Plan Administrator's Signature _____ Date _____

**NOTE:** If you have previously completed an Election to Defer Distributions Form and wish to continue to defer the distribution, you do not need to complete this form again.