

REQUIRED MINIMUM DISTRIBUTION ELECTION FORM

If you are over age 70 ½, you may be required to receive a Required Minimum Distributions (also called an RMD). If you are required to receive an RMD, and you fail to do so, **YOU could be penalized with a 50% excise penalty tax!** Please note that this penalty is charged solely against you, so a failure to receive the RMD will only penalize you!

When a person is over age 70 1/2 AND that person is either (1) a 5% Owner (or family member of a 5% Owner), OR (2) a participant who terminated service in a prior year and still has an unpaid vested benefit under the Plan; **THAT PERSON MUST RECEIVE AN RMD.** A person who is over age 70 1/2 and is NOT described by the preceding may elect to receive an RMD, provided that Plan terms would let that person take a distribution when still employed with the firm. Please note that if this person does not take the RMD, there is no penalty.

When an RMD is required, it must be paid before December 31. The only exception would be if this is the first RMD you must be paid, and you reached age 70 1/2 during this calendar year; then the deadline becomes the next following April 1st.

If you will be 70 ½ or older, on this December 31st you should provide the requested information, check off one option below, sign and date on the lines provided, and return to Employee Benefit Systems, Inc. (EBS). Forms can be sent to EBS by email using benefits@ebspension.com, faxed to (570) 223-6815, or mailed to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609. **Please be advised that completed forms must be RECEIVED by EBS before December 1st, if payment is to be made timely.**

BASIC DATA

Your Employer: _____

Plan Name: _____

Your Name: _____ Social Security Number: _____

RMD DISTRIBUTION ELECTION

() **Election to Defer Receipt of Minimum Distribution.**

The Minimum Distribution is not required as I am not a 5% Owner (or family member of a 5% Owner), nor am I a "Non-5% Owner" who previously terminated service and is still due a benefit from the Plan. I hereby elect to **NOT** receive payment of the Minimum Distribution at this time.

() **Election to Receive Receipt of the Minimum Distribution as a Lump Sum.**

At this time I request that the Plan Administrator provide computations and prepare paperwork as needed for the Minimum Distribution that is payable to me from the Plan. If I provide the data requested below, please determine the smallest RMD that can be paid to me.

Please withhold _____% (usually 10%) from this payment for federal income tax.

Beneficiary's Name AND Date of Birth _____

Beneficiary's Relation to Participant _____

PARTICIPANT SIGNATURE

(If not provided, no processing will be provided)

Date

Participant Signature