

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

MEMORANDUM

TO: RETIREMENT SYSTEM MEMBERS

**FROM: BOARD OF TRUSTEES OF THE CITY OF SOUTHGATE
POLICE AND FIRE RETIREMENT SYSTEM**

RE: SERVICE RETIREMENT PROCEDURES CHECKLIST

- ___ 1. If you are considering retirement, **you** are obligated to complete and forward an **Application for Retirement (Form #3)** to: (1) the Board of Trustees of the City of Southgate Police and Fire Retirement System ("Board of Trustees"); and, (2) your Department Head notifying them of your intention to retire. **You must specify** your intended retirement date which should be at least 30 days, but ^{Contract} not more than 90 days, following the submission of your application.
- ___ 2. The **Finance Department** will calculate your anticipated service credit, current average final compensation and current accumulated contributions. Please note that this information is preliminary in nature and is subject to change upon your effective retirement date. Please further note that you may request an estimated pension benefit calculation **only if you are eligible to retire within 90 days of your request**. You may request and receive such an estimate once per calendar year.
- ___ 3. The Retirement System Board of Trustees will provide you with an **Estimated Benefit Report** for your review (**Form # 4**), and an **Election of Pension Form (Form # 5)** for your review, completion, and submission to the Board of Trustees.
- ___ 4. Upon receipt of the Estimated Benefit Report, **you** are required to elect a form of retirement (i.e., Regular, Option I or Option II). Please note the following:

Regular retirement. This form of benefit is payable to you for your life. If no other form of payment is elected and you are married to the same spouse on the date of retirement and the date of death, 60% of the regular pension is continued throughout the lifetime of the surviving spouse.

Option I - 100% Survivor. You are paid a reduced pension for your life. Upon your death, 100% of the reduced Option I pension is continued for the remainder of your nominated beneficiary's life. To be eligible, the beneficiary must have an insurable interest in your life.

Option II - 50% Survivor. You are paid a reduced pension for your life. Upon your death, 50% of the reduced Option II pension is continued for the remainder of your nominated beneficiary's life. To be eligible, the beneficiary must have an insurable interest in your life.

You must notify the Board of Trustees of your election prior to your effective retirement date. Once you are retired you may not change your pension benefit election nor your beneficiary nomination.

- ___ 5. The **Board of Trustees**, at its next regular meeting following receipt of your completed forms, will take formal action to commence payment of retirement benefits and will submit a copy of the resolution to the Finance Department.
- ___ 6. You should also arrange a meeting with the Finance Department to review health care, optical and life insurance options (**Form # 6**), if any are available to you (consult your labor agreement in effect at your retirement).
- ___ 7. After your effective retirement date, your final retirement data will be processed and provided to the Retirement System actuary.
- ___ 8. The Retirement System actuary will complete and forward the final benefit report to the Board of Trustees.
- ___ 9. The Retirement System will process your pension checks on a monthly basis. You should anticipate that retirement system benefits and/or annuity withdrawal (if available to you) will begin approximately 30 to 60 days after your effective retirement date. You will receive any retroactive amounts with your first pension check.
- ___ 10. The Board of Trustees must be notified of any changes in your retirement status (i.e., death or divorce).

Note: Compliance with the foregoing procedures and prompt submission of the required forms and information to the Board of Trustees will help facilitate the timely processing of your retirement benefit. Questions regarding the foregoing procedures should be directed to your Retirement Board representative.

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CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

MEMBERSHIP FORM

Name Sex SS#

Address Telephone

Date of Birth Evidence Submitted for Date of Birth (Birth Certificate, other)

Department Date of Hire Deductions Started

I understand that my rights in and to retirement benefits shall be determined by and limited to the rights set forth in the City of Southgate Police and Fire Retirement System, as amended.

I declare the above statements to be true and to the best of my knowledge and belief.

Signature Date

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____

By: _____

Date Confirmation Mailed: _____

FORM - 1

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

NOMINATION OF BENEFICIARY FOR THE RETURN OF ACCUMULATED CONTRIBUTIONS

I hereby direct that if no survivor allowance is payable from the funds of the Retirement System on account of my death, the total amount of my accumulated contributions standing to my credit in the accumulated contribution account shall be paid as follows:

PRIMARY BENEFICIARY(IES)

In the event of my death, distributions shall be paid to:

Name _____	SS# _____	Date of Birth _____
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Address _____	Relationship _____	% of Distribution _____
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Name _____	SS# _____	Date of Birth _____
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Address _____	Relationship _____	% of Distribution _____
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TOTAL= 100%

SECONDARY BENEFICIARY(IES)

If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to

Name _____	SS# _____	Date of Birth _____
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Address _____	Relationship _____	
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If no beneficiaries are living at the time of my death, then distributions shall be paid to my legal representatives.

This designation, effective on this _____ day of _____, 20____, shall revoke and cancel my previous nomination of beneficiaries and shall supersede all prior designations.

SIGNATURES:

Member Signature: _____

Witness Signature: _____

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____

By: _____

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

APPLICATION FOR SERVICE RETIREMENT BENEFITS OR VESTED BENEFITS

TO: Board of Trustees of the City of Southgate Police and Fire Retirement System

cc: Department Head

Member's Name: _____ Social Security #: _____

Member's Date of Birth: _____ Department: _____

Address: _____

Telephone: _____

Name of Spouse (if any): _____ Spouse's Social Security #: _____

Spouse's Date of Birth: _____ Date of Marriage: _____

Evidence Submitted for Marriage: _____

If previously married, please provide copy of any domestic relations orders.

My last day of employment was or will be _____

I am hereby making an application for: _____ Service Retirement Benefits

_____ Vested Benefits

I request that my retirement become effective on month _____, day _____, year _____.

I am covered by the following collective bargaining agreement (if any): _____

If I elect an optional form of retirement, my option beneficiary will be:

Name of beneficiary Relationship

Date of Birth: _____ Social Security #: _____

Evidence Submitted for Date of Birth: _____

Please provide me with a retirement estimate/calculation/option sheet. Upon receipt, I will indicate the manner in which I wish to receive my retirement allowance.

Member Signature _____ Date _____

FOR RETIREMENT SYSTEM USE ONLY

Date of Hire: _____ Years of Service: _____

Date Received: _____ By: _____

City of Southgate Police and Fire Retirement System

Data Submitted to Actuary

☐ Estimate ☐ Final

Division/Rank _____

Member's Name _____ Soc. Sec. No. _____

Member's date of birth _____ Sex ☐ Male ☐ Female Date retirement effective _____

Beneficiary's date of birth _____ Sex ☐ Male ☐ Female Relationship _____

Average Final Compensation _____ Contributions Before Tax _____

Contributions After Tax _____

Interest Credited _____

Total _____

Annuity Withdrawal Requested ☐ Yes ☐ No

Type of Pension ☐ Regular ☐ Option I ☐ Option II

Total Credited Service _____ years _____ months _____ days

Type of Retirement ☐ Service ☐ Non-Duty Death ☐ Duty Death

☐ Non-Duty Disability ☐ Duty Disability ☐ Deferred

_____ Date _____ Submitted by _____

Actuary's Report

(a) _____ % ☒ \$ _____ x _____ years of service = _____

(b) _____ % ☒ \$ _____ x _____ years of service = _____

(a) + (b) = _____

With Annuity Withdrawal of: _____

	Total Pension	Annuity Withdrawal Reduction	Net Payable
Regular pension			
For life of Member			
Potential to beneficiary			
Option 1 - 100% Survivor			
For life of Member			
Potential to beneficiary			
Option 2 - 50% Survivor			
For life of Member			
Potential to beneficiary			

Transfer from Reserve for Employer Contributions to Reserve for Retirement Benefit Payments \$ _____

Comments: Annuity Withdrawal Based on _____, 20____, PBGC rate of _____ %

By: _____, Gabriel Roeder, Smith & Company

Date _____

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

**ELECTION OF RETIREMENT ALLOWANCE OPTION AND
NOMINATION OF BENEFICIARY FOR REFUND OF ACCUMULATED CONTRIBUTIONS**

TO: Board of Trustees of the City of Southgate Police and Fire Retirement System

Name _____ Sex _____ SS# _____

Address _____ Telephone _____

Date of Birth _____ Evidence Submitted for Date of Birth (Birth Certificate, other) _____

Department _____ Date of Hire _____

I have received the completed calculation of benefits form provided by the Retirement System. I have reviewed the compensation amounts used and agree that they are correct. I understand that I may elect a straight life retirement benefit (in which case 60% of my pension amount will be paid to my surviving spouse for their life after my death, provided I am married to the same spouse at my retirement and at my death), or an option form of retirement (in which case benefits would be paid after my death to my option beneficiary for his/her lifetime provided he/she survives me).

I hereby elect the following form of retirement:

CHECK OPTION ELECTED:

- ☐ STRAIGHT LIFE- 60% Surviving Spouse Pension
- ☐ OPTION I - Life Pension with 100% Survivor Pension
- ☐ OPTION II - Life Pension with 50% Survivor Pension

(WRITE IN FORM OF BENEFIT ELECTED)

SIGNATURE

NOTE: Only complete the following section if you elect an OPTION form of retirement allowance.

Do not complete the following if you elect the straight life form of retirement allowance.

**THIS OPTION BENEFICIARY CANNOT BE CHANGED
AFTER YOU START DRAWING YOUR PENSION**

I elected an option form of retirement as indicated above, and my option beneficiary is:

Name _____ SS# _____ Date of Birth _____
Address _____ Relationship _____

NOMINATION OF BENEFICIARY FOR REFUND OF ACCUMULATED CONTRIBUTIONS

In the event of my death after retirement, I hereby direct the Retirement System to pay the amount of any refund of accumulated contributions which might become payable in the event of my death (as provided by the provisions of the Retirement System) to:

Name _____ SS# _____ Date of Birth _____
Address _____ Relationship _____

If the above beneficiary shall predecease me, distributions shall be paid to:

Name _____ SS# _____ Date of Birth _____
Address _____ Relationship _____

If no beneficiaries are living at the time of my death, then distributions shall be paid to my legal representatives.

Dated this _____ day of _____, 20_____.

Signature of Member _____ Signature of Witness _____

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____

By: _____

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

RETIREMENT EXIT INTERVIEW
EXIT INFORMATION

Date: _____

Member Name: _____

Department: _____

Social Security Number _____

Date of Birth: _____

Date of Hire: _____

Retirement Date: _____

Beneficiary: _____

Relationship of Beneficiary: _____

Beneficiary's Date of Birth: _____

Beneficiary's Social Security Number: _____

PLEASE PROVIDE A COPY OF EACH OF THE ITEMS LISTED BELOW AND CHECK THE APPROPRIATE BOX.

- ☐ MEMBER'S BIRTH CERTIFICATE
- ☐ BENEFICIARY'S BIRTH CERTIFICATE
- ☐ MARRIAGE LICENSE
- ☐ DOMESTIC RELATIONS ORDERS, IF ANY. (e.g., Judgement of Divorce, etc)

I, _____ certify that the attached copies are true.

1. TYPE OF RETIREMENT

- ☐ Service Retirement
☐ Deferred Vested Retirement

2. OPTION SELECTION

- ☐ Straight Life
☐ Option 1
☐ Option 2

3. HEALTH INSURANCE BENEFITS

- ☐ I have contacted the Finance Department
☐ I will contact the Finance Department

4. DENTAL INSURANCE BENEFITS

- ☐ I have contacted the Finance Department
☐ I will contact the Finance Department

I HEREBY CERTIFY THE FOLLOWING:

1. I have carefully read the above.
2. I understand the benefits and the options available.
3. I have had the opportunity to ask questions.
4. I understand changes will not be allowed after I cash my first pension check.
5. I (am) (am not) covered by a collective bargaining association.

Signature

Date

Print Name

Witness Signature

Date

Print Name

FORM - 6 (p. 2 of 2)

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

REQUEST FOR WITHDRAWAL OF EMPLOYEE CONTRIBUTIONS AND INTEREST OF
DEFINED CONTRIBUTION PLAN AND DISTRIBUTION DESIGNATION

Name _____
Address _____
Social Security Number _____
Date of request _____

To the Board of Trustees of the City of Southgate Police and Fire Retirement System:

As a result of my separation from employment effective _____, I will be eligible on that date for the withdrawal of my accumulated contributions and interest standing to my credit in the Retirement System. Pursuant to the provisions of the Retirement System, I hereby request a withdrawal from my account as follows:

_____ I request that full payment be made to me. I acknowledge that twenty percent (20%) of the taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations. **(Note: The Retirement System is not required to withhold tax on distributions less than \$200.00.)**

_____ I request that ALL of the taxable portion of the funds in my accumulated contribution account be forwarded to the plan listed herein as a direct rollover/direct transfer and the balance, consisting of employee contributions contributed on an after-tax basis (non-taxable amount), paid to me. I acknowledge that because of this direct rollover no portion will be withheld for Internal Revenue requirements.

_____ I request that a PORTION of the taxable portion of the funds in my accumulated contribution account totaling \$_____ be forwarded to the plan listed herein as a direct rollover/direct transfer, and the balance, consisting of (1) the taxable portion not rolled over and (2) the total amount of employee contributions contributed on an after-tax basis (non-taxable amount), paid to me. I acknowledge that any taxable portion not rolled over/transferred will be subject to the required 20% withholding. **(Note: The Retirement System is not required to withhold tax on distributions less than \$200.00.)**

Name of Recipient Plan _____
Account No. _____
Address _____
City, State and Zip Code _____

Representatives of the above-named company have assured me that the direct rollover/transfer amount will be deposited in an eligible retirement plan including an individual retirement arrangement qualified under IRC section 408(a) or (b); a plan qualified under IRC section 401(a), including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; an IRC section 403(a) annuity plan; an IRC section 403(b) tax-sheltered annuity; and an eligible IRC section 457(b) plan maintained by a governmental employer.

I acknowledge receipt of a Special Tax Notice provided to me pursuant to Section 402 of the Internal Revenue Code. I understand that I have the right to a period of at least 30 days, after receipt of the Notice to consider the decision of whether or not to elect a direct rollover.

I acknowledge that the Retirement System will issue appropriate 1099R forms for the distribution of the funds from the Defined Benefit Plan.

I hereby release the Employer and the Board of Trustees of the Retirement System from any and all liability relative to the aforesaid amounts upon the forwarding of the amounts as directed by me. I have made appropriate arrangements with the aforesaid financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid amounts forwarded/transferred consistent with this document. I acknowledge that representatives of the City and Retirement System do not give tax advice and that I will consult with a tax advisor of my choice.

Signature of Witness

Signature of Member

Address of Witness

Name of Member

For Retirement System use:

Annuity Reserve Account

Principal	\$ _____
Interest	\$ _____
Total	\$ _____

Amounts and distribution

Calculated by:	_____
Verified by:	_____
Payment date:	_____

Approved at the meeting of the Retirement System Board of Trustees held _____.

CITY OF SOUTHGATE POLICE AND FIRE RETIREMENT SYSTEM

DEFINED CONTRIBUTION PLAN

NOTICE TO RECIPIENT OF TOTAL OR PARTIAL LUMP SUM DISTRIBUTION

The Retirement System is a qualified plan and is subject to applicable provisions of the Internal Revenue Code. Due to the complexity of the tax laws and other considerations, the Board does not involve itself with the providing of tax advice. This notice is provided to you in accordance with Internal Revenue Code Section 402 and Internal Revenue Regulation 1.402(f).

THE BOARD OF TRUSTEES MAKES NO REPRESENTATION OR GIVES NO ASSURANCE WITH RESPECT TO WHAT MAY OR MAY NOT BE PERMISSIBLE UNDER THE TAX LAW. PLEASE CONSULT YOUR TAX ADVISOR.

SPECIAL TAX RULES

The Internal Revenue Code provides several complex rules relating to the taxation of the amounts you received in this distribution. This notice merely summarizes certain rules. You should promptly consult a tax advisor in deciding what course to follow with respect to any distribution from the Retirement System.

SAFE HARBOR EXPLANATION FOR PLANS QUALIFIED UNDER IRC SECTION 401(a)

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

This notice explains how you can continue to defer federal income tax on your retirement savings in the Retirement System (the "Plan") and contains important information you will need before you decide how to receive your Plan benefits.

This notice is provided to you by the Plan because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or your Plan Administrator to a traditional IRA or an eligible employer plan.

A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account (formerly known as an education IRA).

An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not

accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish instead to roll your distribution over to a traditional IRA or split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover. If you have additional questions after reading this notice, please contact your plan administrator.

SUMMARY

There are two ways you may be able to receive a Plan payment that is eligible for rollover:

- (1) Certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit ("DIRECT ROLLOVER"); or
- (2) The payment can be PAID TO YOU.

If you choose a **DIRECT ROLLOVER**:

- ☐ Your payment will not be taxed in the current year and no income tax will be withheld.
- ☐ You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that accepts your rollover. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account because these are not traditional IRAs.
- ☐ The taxable portion of your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this Plan.

If you choose to have a Plan payment that is eligible for rollover **PAID TO YOU**:

- You will receive only 80% of the taxable amount of the payment, because the Plan Administrator is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes. (The Plan is not required to withhold tax on distributions less than \$200.00).
- The taxable amount of your payment will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59½, you may have to pay an additional 10% tax. Please note that there is an exception to this 10% penalty for those public safety individuals who are age 50 and who are separated from governmental employment. Prior to the enactment of the federal Pension Protection Act of 2006, the age exception was 55 years.

- You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.
- If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, you must find other money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

Your Right to Waive the 30-Day Notice Period

Generally, neither a direct rollover nor a payment can be made from the plan until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the Plan Administrator.

I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER

Payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from a plan cannot be rolled over to a Roth IRA, a SIMPLE IRA, or a Coverdell Education Savings Account. Your Plan administrator should be able to tell you what portion of your payment is an eligible rollover distribution.

After-tax Contributions. If you made after-tax contributions to the Plan, these contributions may be rolled into either a traditional IRA or to certain employer plans that accept rollovers of the after-tax contributions.

The following rules apply:

- a) **Rollover into a Traditional IRA.** You can roll over your after-tax contributions to a traditional IRA either directly or indirectly. Your plan administrator should be able to tell you how much of your payment is the taxable portion and how much is the after-tax portion. If you roll over after-tax contributions to a traditional IRA, it is your responsibility to keep track of, and report to the Service on the applicable forms, the amount of these after-tax contributions. This will enable the nontaxable amount of any future distributions from the traditional IRA to be determined. Once you roll over your after-tax contributions to a traditional IRA, those amounts CANNOT later be rolled over to an employer plan.
- b) **Rollover into an Employer Plan.** You can roll over after-tax contributions from an employer plan that is qualified under Code section 401(a) or a section 403(a) annuity plan to another such plan using a direct rollover if the other plan provides separate accounting for amounts rolled over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You can also roll over after-tax contributions from a section 403(b) tax-sheltered annuity to another section 403(b) tax-sheltered annuity using a direct rollover if the other tax-sheltered annuity provides separate accounting for amounts rolled

over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You CANNOT roll over after-tax contributions to a governmental 457 plan. If you want to roll over your after-tax contributions to an employer plan that accepts these rollovers, you cannot have the after-tax contributions paid to you first. You must instruct the Plan Administrator of this Plan to make a direct rollover on your behalf. Also, you cannot first roll over after-tax contributions to a traditional IRA and then roll over that amount into an employer plan.

The following types of payments cannot be rolled over:

Payments Spread over Long Periods. You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

- ☐ your lifetime (or a period measured by your life expectancy), or
- ☐ your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or
- ☐ a period of 10 years or more.

Required Minimum Payments. Beginning when you reach age 70½ or retire, whichever is later, a certain portion of your payment cannot be rolled over because it is a "required minimum payment" that must be paid to you.

Corrective Distributions. A distribution that is made to correct a failed nondiscrimination test or because legal limits on certain contributions were exceeded cannot be rolled over.

II. DIRECT ROLLOVER

A DIRECT ROLLOVER is a direct payment of the amount of your Plan benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution, as described in Part I above. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your Plan benefits for which you choose a DIRECT ROLLOVER. You may not choose a DIRECT ROLLOVER if your distributions for the year are less than \$200.

DIRECT ROLLOVER to a Traditional IRA. You can open a traditional IRA to receive the direct rollover. If you choose to have your payment made directly to a traditional IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to make sure that the traditional IRA you choose will allow you to move all or a part of your payment to another traditional IRA at a later date, without penalties or other limitations. See IRS Publication 590, Individual Retirement Arrangements, for more information on traditional IRAs (including limits on how often you can roll over between IRAs).

DIRECT ROLLOVER to a Plan. If you are employed by a new employer that has an eligible employer plan, and you want a direct rollover to that plan, ask the plan administrator of that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer's plan does not accept a rollover, you can choose a DIRECT ROLLOVER to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the plan administrator of that plan before making your decision.

DIRECT ROLLOVER of a Series of Payments. If you receive a payment that can be rolled over to a traditional IRA or an eligible employer plan that will accept it, and it is paid in a series of payments for less than 10 years, your choice to make or not make a DIRECT ROLLOVER for a payment will apply to all later payments in the series until you change your election. You are free to change your election for any later payment in the series.

Change in Tax Treatment Resulting from a DIRECT ROLLOVER. The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your DIRECT ROLLOVER might be different than if you received your benefit in a taxable distribution directly from the Plan.

For example, if you were born before January 1, 1936, you might be entitled to ten-year averaging or capital gain treatment, as explained below. However, if you have your benefit rolled over to a section 403(b) tax-sheltered annuity, a governmental 457 plan, or a traditional IRA in a DIRECT ROLLOVER, your benefit will no longer be eligible for that special treatment. See the sections below entitled "Additional 10% Tax if You Are under Age 59½" and "Special Tax Treatment if You Were Born before January 1, 1936."

III. PAYMENT PAID TO YOU

If your payment can be rolled over (see Part I above) and the payment is made to you in cash, it is subject to 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

Income Tax Withholding:

Mandatory Withholding. If any portion of your payment can be rolled over under Part I above and you do not elect to make a DIRECT ROLLOVER, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding.

For example, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see "Sixty-Day Rollover Option" below), you must report the full \$10,000 as a taxable payment from the Plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.

Voluntary Withholding. If any portion of your payment is taxable but cannot be rolled over under Part I above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, 10% will be taken out of this portion of your payment

for federal income tax withholding. To elect out of withholding, ask the Plan Administrator for the election form and related information.

Sixty-Day Rollover Option. If you receive a payment that can be rolled over under Part I above, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, you must contribute the amount of the payment you received to a traditional IRA or eligible employer plan within 60 days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Part I above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan, to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

Example: The taxable portion of your payment that can be rolled over under Part I above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

Additional 10% Tax If You Are under Age 59½. If you receive a payment before you reach age 59½ and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax generally does not apply to: (1) payments that are paid after you separate from service with your employer during or after the year you reach age 50 (Please note that there is an exception to this 10% penalty for those public safety individuals who are age 50 and who are separated from governmental employment. Prior to the enactment of the federal Pension Protection Act of 2006, the age exception was 55 years); and, (2) payments that are paid because you retire due to disability, (3) payments that are paid as equal (or almost equal) payments over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (4) dividends paid with respect to stock by an employee stock ownership plan (ESOP) as described in Code section 404(k), (5) payments that are paid directly to the government to satisfy a federal tax levy, (6) payments that are paid to an alternate payee under a qualified domestic relations order, or (7) payments that do not exceed the amount of your deductible medical expenses. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax will not apply to distributions from a governmental 457 plan, except to the extent the distribution is attributable to an amount you rolled over to that plan (adjusted for investment returns) from another type of eligible employer plan or IRA. Any amount rolled over from a governmental 457 plan to another type of eligible employer plan or to a traditional IRA will become subject to the additional 10% tax if it is distributed to you before you reach age 59½, unless one of the exceptions applies.

Special Tax Treatment If You Were Born before January 1, 1936. If you receive a payment from a plan qualified under section 401(a) or a section 403(a) annuity plan that can be rolled over under Part I and you do not roll it over to a traditional IRA or an eligible employer plan, the payment will be taxed in the year you receive it. However, if the payment qualifies as a "lump sum distribution," it may be eligible for special tax treatment. (See also "Employer Stock or Securities", below.) A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you after you have reached age 59½ or because you have separated from service with your employer (or, in the case of a self-employed individual, after you have reached age 59½ or have become disabled).

For a payment to be treated as a lump sum distribution, you must have been a participant in the plan for at least five years before the year in which you received the distribution. The special tax treatment for lump sum distributions that may be available to you is described below.

Ten-Year Averaging. If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using "10-year averaging" (using 1986 tax rates). Ten-year averaging often reduces the tax you owe:

Capital Gain Treatment. If you receive a lump sum distribution and you were born before January 1, 1936, and you were a participant in the Plan before 1974, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the Plan taxed as long-term capital gain at a rate of 20%.

There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. You may not elect this special tax treatment if you rolled amounts into this Plan from a 403(b) tax-sheltered annuity contract or from an IRA not originally attributable to a qualified employer plan. If you have previously rolled over a distribution from this Plan (or certain other similar plans of the employer), you cannot use this special averaging treatment for later payments from the Plan. If you roll over your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, you will not be able to use special tax treatment for later payments from that IRA, plan, or annuity. Also, if you roll over only a portion of your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, this special tax treatment is not available for the rest of the payment. See IRS Form 4972 for additional information on lump sum distributions and how you elect the special tax treatment.

IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are "alternate payees." You are an alternate payee if your interest in the Plan results from a "qualified domestic relations order," which is an order issued by a court, usually in connection with a divorce or legal separation.

If you are a surviving spouse or an alternate payee, you may choose to have a payment that can be rolled over, as described in Part I above, paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee.

If you are a beneficiary other than a surviving spouse or an alternate payee, you may only choose a direct rollover to an IRA, and you can only roll over the payment yourself to an IRA. If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is generally not subject to the additional 10% tax described in Part III above, even if you are younger than age 59½.

If you are a surviving spouse, an alternate payee, or another beneficiary, you may be able to use the special tax treatment for lump sum distributions and the special rule for payments as described in Part III above. If

you receive a payment because of the employee's death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.

HOW TO OBTAIN ADDITIONAL INFORMATION

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with a professional tax advisor before you take a payment of your benefits from your Plan. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in IRS Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office, on the IRS's Internet Web Site at www.irs.gov, or by calling 1-800-TAX-FORMS.

CONSULT YOUR TAX ADVISOR

You should consult your tax advisor with respect to your individual tax matters. You should consult your tax advisor regarding any special tax advantages which may be available for you or any special tax rules applicable to you.

THE BOARD OF TRUSTEES MAKES NO REPRESENTATION OR GIVES NO ASSURANCE WITH RESPECT TO WHAT MAY OR MAY NOT BE PERMISSIBLE UNDER THE TAX LAW. PLEASE CONSULT YOUR TAX ADVISOR.

THIS NOTICE IS INTENDED TO PROVIDE GENERAL INFORMATION REGARDING THE VARIOUS TAX ISSUES FOR YOU TO CONSIDER REGARDING (TOTAL OR PARTIAL) LUMP SUM DISTRIBUTIONS. BECAUSE OF THE COMPLEXITY OF DISTRIBUTIONS FROM ANY TYPE OF RETIREMENT PLAN, YOU SHOULD SEEK THE ADVICE OF A TAX ADVISOR TO HELP YOU DETERMINE IF YOU ARE ELIGIBLE FOR SPECIAL TAX TREATMENT AND TO DETERMINE THE TAX CONSEQUENCES REGARDING YOUR WITHDRAWAL.