
**PROFIT SHARING PLAN AND TRUST
DISTRIBUTION ELECTION FORM**

Participant Name: _____ Social Security # _____

Amount of Distribution: _____ Telephone Number: _____

Address: _____

Marital Status _____ If Single, were you ever married while employed? _____

Inasmuch as you are no longer an active participant in the above named plan you are entitled to certain retirement benefits. Check the appropriate line best describing how you wish to receive any vested benefits to which you may be entitled. Please return this form to the trustee of the plan.

_____ I wish to have a cash lump sum distribution. This lump sum distribution may be taxable as ordinary income and I acknowledge that it is my responsibility to consult with my tax advisor with regard to the income tax consequences. I understand that a distribution prior to age 59 1/2 is a premature distribution and is subject to a 10% federal penalty plus a 2 1/2% state penalty. I also understand that I may be subject to mandatory income tax withholding. I understand that if I have an outstanding loan with the trust, the balance will be deducted from the net distribution after taxes.

_____ I wish to have the trustee purchase a paid up joint and survivor annuity with my accrued benefit. This annuity will provide for a monthly payment beginning on your normal retirement date and will continue for your lifetime. If your spouse is still surviving at your death, he or she will receive a monthly annuity payment for his or her lifetime. Please contact the trustee for more information.

_____ I wish to have my accrued benefit remain in the Company's Retirement Trust until I reach my normal retirement date. This will allow for continuing deferral of income taxes.

_____ I wish to have a Direct Rollover to my Individual Retirement Account or other qualified plan. The following information is provided to effect the Direct Rollover. I understand that if I have a loan with the trust, it cannot be rolled over. If not paid off, it will be taxable and subject to the provisions of the cash option above.

Trustee Name: _____

Trustee Address: _____

Account Number: _____

Participant's Signature Date

Spouse's Signature (Must be witnessed by a Notary) Date

Spousal Witness Signature (Notary) Date