
PROFIT SHARING PLAN AND TRUST

WAIVER OF JOINT AND SURVIVOR ANNUITY

As a Participant in the above named 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 survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver; that I understand the terms of a joint and survivor annuity and the financial effect of the waiver; and that I may revoke any waiver in effect.

_____ I hereby elect to waive the "joint and survivor annuity" form of payment.

_____ I hereby elect to have my benefits distributed in accordance with the attached Distribution Election Form.

_____ I hereby elect to have my benefits distributed in the following manner:

_____ Single Lump Sum

_____ Installments to be paid over _____ years (may not exceed life expectancy).
Payments shall be made in _____ (monthly, quarterly, or annual) intervals.

Date

Employee's Signature

SPOUSAL CONSENT:

I hereby consent to the foregoing election by my spouse, to have benefits under the above named 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.

Date

Spouse's Signature

Witness: Plan Representative or Notary Public