
PROFIT SHARING PLAN AND TRUST

WAIVER OF STRAIGHT LIFE ANNUITY

As an unmarried 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 "straight life annuity"; that I have the right to waive that form of payment; that I understand the terms of a "straight life annuity" and the financial effect of the waiver; and that I may revoke any waiver in effect.

_____ I hereby elect to waive the "straight life 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