



AUTOMATIC REFUND/DIRECT ROLLOVER ELECTION FORM

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To be completed by a terminated or retired Participant whose total account value does not exceed \$5,000

I. Participant Information

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| Participant Name _____ (First, Middle, Last) | _____-_____-_____ Social Security Number |
| Address _____ (Street) | Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male (MM/DD/YYYY) |
| _____ (City, State, Zip) | (area code) _____ (area code) _____ Home Telephone Number Work Telephone Number |
| Last day of employment: _____ (MM/DD/YYYY) | E-mail: _____ |

II. Election of Distribution

After reading the Special Tax Notice, complete this section by directing the manner in which the automatic single sum payment of your entire account is to be paid.

Rollover To My IRA
 Check box to **exclude** non-taxable amount from rollover (if any, sent directly to Participant)
Account Number: _____
Make Check Payable To: _____
Name of Financial Institution: _____
Address of Financial Institution: _____

Rollover To Another Employer's Qualified Retirement Plan
It is your obligation to insure that the Employer Plan named will accept the transfer of your benefit payment.
 Check box to **exclude** non-taxable amount from rollover (if any, sent directly to Participant)
Account Number: _____
Make Check Payable To: _____
Check Mailing Address: _____
Name of Employer: _____
Signature of Plan Officer: _____ Date: _____

Direct Payment To Participant. I choose to have my benefits paid directly to me. I understand that a mandatory **20% federal income tax** will be withheld from the taxable portion of this payment. I further understand that if I reside in the state of **Connecticut** a mandatory **6.99% state income tax** will also be withheld from the taxable portion of this payment. Even further, I understand that if I am under age 55 *at the time of termination*, the taxable portion of the refund may also be subject to a **10% penalty tax**.

III. Signature of Participant

I certify that I have received and reviewed the Special Tax Notice and information from the Retirement Fund regarding the distribution of my Retirement Fund account. I understand that I may choose to have all of my single sum payment rolled over to an individual retirement account or another employer's retirement plan by completing Section II. I further understand that if I do not return this completed election form to the Retirement Fund within 60 days after the Fund provides me with this form and the Special Tax Notice and my account is under \$1,000, my entire account, less any applicable income tax withholding, will be paid directly to me in cash, automatically.

Acknowledgement

I acknowledge that I have been given at least a 30-day period during which to consider whether to make a direct rollover of my single sum payment from the Retirement Fund. I understand that my single sum distribution cannot be paid to me or directly rolled over to an IRA or another employer's retirement plan any earlier than 8 days after the date of the letter I received regarding my account under the Retirement Fund. I further understand that this election is irrevocable and cannot be changed, withdrawn or cancelled once processed.

▶ **Signature** _____ **Date** _____