



DEATH BENEFIT ELECTION

DBE

To be completed by the beneficiary of a deceased Participant eligible to receive Benefits

I. Deceased Participant Information

Name (First, Middle, Last), Social Security Number, Last Address (Street), Date of Birth: MM/DD/YYYY, Sex: Female Male, (City, State, Zip), Date of Death: MM/DD/YYYY

II. Claimant Information

Name (First, Middle, Last), Social Security Number, Address (Street), Date of Birth: MM/DD/YYYY, Sex: Female Male, (City, State, Zip), Home Telephone Number, Work Telephone Number, Relationship to Participant

III. Benefit Options

I elect to apply for the following benefit option (choose one) – Please read the enclosed Special Tax Notice for more information

- Option A: Annuity Payments – This option is only available to accounts exceeding \$5,000. Based upon 50% of the account plus a 50% single sum payment based upon the balance OR 100% of the total account balance
Option B: Single Sum Payment – a single, one-time payment of the total balance of the Retirement account. 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.
Option C: Rollover To My IRA
Amount: % of Distribution or \$ Account Number:
Name of IRA Rollover Account:
Name of Financial Institution:
Address of Financial Institution:
Option D: 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.
Amount: % of Distribution or \$ Account Number:
Name of Plan:
Name of Employer:
Address of Employer:
Signature of Plan Officer: Date:

#### IV. Signature of Claimant

The information provided above is accurate as of the date of my signature and it reflects my wishes with respect to any death benefit. I understand that this election is irrevocable and cannot be changed, withdrawn or cancelled once processed.

► **Signature** \_\_\_\_\_ Date \_\_\_\_\_  
(Signature must be witnessed by Notary Public)

**TO BE COMPLETED BY NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me the said \_\_\_\_\_  
\_\_\_\_\_ to me known to be the individual described in and who executed the foregoing instrument, who  
duly acknowledged to me that she or he executed the same, and being duly sworn by me, made oath that the statements therein contained  
are true to the best of her or his knowledge and belief.

NOTARY PUBLIC \_\_\_\_\_

Sign and Certify with Stamp or Seal