



PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

By Mail:

ABA Retirement Funds Program
P.O. Box 55072
Boston, MA 02205-5072

By Overnight Delivery:

ABA Retirement Funds Program
30 Braintree Hill Office Park
Braintree, MA 02184

By Email: ProgramForms@voyaplans.com

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only **one** form at a time unless the forms are related and for the same participant, in the same plan.
- Forms received in good order via e-mail by **1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not “cc” any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.
- If you are going to password-protect the form, please use only “abafunds” or Abafunds*1.”

FORMS THAT CANNOT BE ACCEPTED VIA EMAIL

- If the form is being submitted to claim the assets in a deceased participant’s account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received “not in good order,” which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

Note: after your email is received by the transaction processing group, you’ll receive an auto reply with a “Task” confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call **800.752.6313**. Participants should call **800.348.2272**.



COVID-19 DISTRIBUTION REQUEST FORM

ABA Retirement Funds Program ("the Program") Customer Contact Center: 800.348.2272
P.O. Box 55072 • Boston, MA 02205-5072 • Website: www.abaretirement.com

The CARES Act permits an individual impacted by the coronavirus (a "Qualified Individual") to take a coronavirus-related distribution from his or her employer-sponsored plan in an amount not to exceed \$100,000. The \$100,000 figure is only applicable if your vested balance is at least that much. A Qualified Individual is an individual:

- who is diagnosed with the virus SARS-CoV-2 or with COVID-19 by a test approved by the Centers for Disease Control and Prevention;
- whose spouse or dependent (as defined in section 152 of the Internal Revenue Code of 1986) is diagnosed with the virus SARS-CoV-2 or with COVID-19 by such a test; or
- who experiences adverse financial consequences as a result of being quarantined, being furloughed or laid off or having work hours reduced due to the virus SARS-CoV-2 or COVID-19, being unable to work as a result of lack of child care due to the virus SARS-CoV-2 or COVID-19, or closing or reducing hours of a business owned or operated by the individual due to the virus SARS-CoV-2 or COVID-19, or under other factors determined by the Secretary of the Treasury.

Use this form to request a coronavirus-related distribution from a full service plan.

1. EMPLOYER/PLAN SPONSOR INFORMATION (To be completed by the Employer/Plan Sponsor)

Program Plan Number: _____ Employer Tax ID Number: _____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (_____) _____ - _____

Employer's E-mail Address: _____

2. PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____

Social Security Number: _____ ***This information is required. The form will be rejected if it is not completed.***

Sex: M F Marital Status: Single Married*

Primary Residence**: _____

(MAXIMUM OF 30 CHARACTERS EACH LINE) _____

City***: _____ State: _____ Zip Code: _____

Daytime Phone Number: (_____) _____ - _____ E-mail: _____

* If married, spousal consent with a signature may be required in Section 10 of this form along with a notary public seal or Authorized Plan Representative signature.

** Applicable tax reporting will be based on this address and this is the address to which the check will be mailed.

*** If foreign address, please confirm if you are a U.S. citizen: Yes No

3. VESTING AND ELIGIBILITY (To be completed by the Employer)

Participant's Vested Percentage: _____%

The percentage you enter on the line above will not affect Safe Harbor (P/T), Rollover(R/9/V/W/O), Roth 401(k) (N), pre-tax 401(k) (A), Post Tax (G) and QNEC/QMAC(C) sources as they DO NOT FOLLOW A VESTING SCHEDULE. These contribution sources are always 100% vested immediately. The vested Percentage pertains ONLY to other source types such as Profit Sharing (F) and Matching (D).

If your plan has multiple vesting schedules, please complete the following: (Note: most plans do not have more than one vesting schedule.)

Employer Contributions (Source F) _____%

Employer Matching Contributions (Source D) _____%

Check here if this is a defined contribution pension plan (also known as a money purchase pension plan), or the plan has assets merged from a prior defined contribution pension plan, and the participant has met the Plan's Normal Retirement Age.*

*Participants may not request a COVID-19 related withdrawal from a defined contribution pension plan or assets merged from a pension plan until they have attained Normal Retirement Age.

4. DISTRIBUTION REQUEST

I request a lump sum withdrawal as requested below (Grand total of all withdrawals not to exceed \$100,000) from the plan because I am a Qualified Individual. (You may use the Electronic Direct Deposit Form to request direct deposit instead of a check.)

I understand that if an investment option is a Self-Directed Brokerage Account (SDBA), I may need to liquidate my SDBA and transfer those assets to the Base Plan (the Program's core investment options).

I also understand that the amount of all coronavirus-related distributions that I receive during a single year, including distributions from retirement plans not affiliated with the Program, may not exceed \$100,000. I acknowledge that it is my responsibility to monitor all of my coronavirus-related distributions to ensure that I do not exceed the \$100,000 limit.

Amount to withdraw from non-Roth assets (if applicable): \$ _____

The withdrawal will be taken pro-rata from all non-Roth available investment options unless you provide additional instructions below. (Use additional page if necessary.)

INVESTMENT OPTION	\$ AMOUNT (PLEASE SHOW \$ SYMBOL)	INVESTMENT OPTION	\$ AMOUNT (PLEASE SHOW \$ SYMBOL)
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Amount to withdraw from Roth 401(k) assets (if applicable): \$ _____

The withdrawal will be taken pro-rata from all available Roth investment options unless you provide additional instructions below. (Use additional page if necessary.)

INVESTMENT OPTION	\$ AMOUNT (PLEASE SHOW \$ SYMBOL)	INVESTMENT OPTION	\$ AMOUNT (PLEASE SHOW \$ SYMBOL)
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

5. WITHHOLDING INSTRUCTIONS

This distribution is not subject to mandatory federal or state tax withholding and the 10% early withdrawal tax is not applicable. However, if you would like to request federal or state tax withholding, please complete this section.

Withhold _____% in federal income tax

Withhold _____% in state income tax

6. SIGNATURES OF PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY AND EMPLOYER

Each of the participant, alternate payee or beneficiary and the Authorized Plan Representative on behalf of the employer, as applicable, certify that to his or her knowledge the information provided on this form is complete and accurate.

I certify, by signing below, that I am a Qualified Individual because I meet one or more of the requirements as outlined on page 1 of this form.

THIS BOX IS NOT APPLICABLE TO PARTICIPANTS IN A PROFIT SHARING PLAN, UNLESS SUCH PLAN CONTAINS ASSETS MERGED FROM A MONEY PURCHASE PENSION PLAN BENEFIT PLAN. THIS BOX IS NOT APPLICABLE TO ALTERNATE PAYEES OR BENEFICIARIES.

I understand that if I have not reached the Normal Retirement Age as defined by my Plan, I may not request a coronavirus-related distribution if my Plan is other than a profit sharing plan and I cannot request a coronavirus-related distribution with respect to the portion of my profit sharing Plan attributable to assets merged from a money purchase pension plan.

I understand that if I am a participant in a plan other than a profit sharing plan, or my account contains sources originating from a plan other than a profit sharing plan, and am married on the date on which my benefit payments commence, my benefit payments under the plan with respect to the coronavirus-related distribution will not be paid in the form of a Qualified Joint and Survivor Annuity (QJSA) as required by the plan and, therefore, my consent and my spouse's consent are required to waive the QJSA payment option. If I am not married on the date on which the coronavirus-related distribution is paid, my benefit payments under the plan with respect to the coronavirus-related distribution will not be paid in the form of a Life Annuity as required by the plan and, therefore, my consent is required to waive the Life Annuity.

I understand that if I am a participant in a plan other than a profit sharing plan, or my account contains sources originating from a plan other than a profit sharing plan, I have a right to a period of at least 30 days to review the explanation of the "Notice of Waiver of Annuity and Election of Alternate Benefit Payment Form" prior to the payment date of the coronavirus-related distribution to consider whether to waive the QJSA or the Life Annuity.

If 30 days have not passed between the date I receive the explanation of the "Notice of Waiver of Annuity and Election of Alternate Benefit Payment Form" and the date I submit the election to receive a coronavirus-related distribution, I waive the 30-day waiting period.

I, the participant, hereby certify that I am:

- Married and hereby waive the QJSA form of distribution.
- Not married and hereby waive the Life Annuity form of distribution.

By signing this waiver, if my loan is declared a deemed distribution for reason of default or offset, I will receive my benefit payment in the form of the outstanding loan balance.

SIGNATURE OF PARTICIPANT/ALTERNATE PAYEE/BENEFICIARY (REQUIRED REGARDLESS OF PLAN TYPE)

DATE (REQUIRED) SIGNATURE DATE IS ONLY EFFECTIVE FOR 180 DAYS.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER (REQUIRED REGARDLESS OF PLAN TYPE) DATE (REQUIRED)

7. SPOUSAL CONSENT AND WITNESS SIGNATURES

(This section is not applicable to participants in a profit sharing plan, unless such plan contains assets merged from a money purchase pension plan.)

This section should be completed by the participant's spouse and witnessed by a notary public or Authorized Plan Representative who is someone other than the participant. This section does not have to be completed for alternate payees receiving distributions pursuant to a Qualified Domestic Relations Order or for beneficiaries.

This is a very important decision. Before signing this form, be sure that you understand the retirement benefits that you may receive and those that you may no longer receive. Your spouse, the participant, should have received an explanation entitled "Notice of Waiver of Annuity and Election of Alternate Benefit Payment Form" on the types of retirement benefits available under the plan. It is important that you review this information. To receive copies of this information, contact the Plan Administrator.

Your Agreement

I, _____ (your name) am the spouse of _____ participant). I understand that I have the right to have my spouse’s retirement benefits paid in the form of a QJSA, and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have under the QJSA payment form and I may receive nothing after my spouse dies with respect to the amount distributed as a coronavirus-related distribution. I consent to my spouse’s receiving the coronavirus-related distribution as specified in Section 3. I understand that my spouse cannot receive the coronavirus-related distribution unless I consent.

I acknowledge that I have received, read and understand the “Notice of Waiver of Annuity and Election of Alternate Benefit Payment Form.” I understand that my spouse has waived his or her right to a QJSA. I understand that if I do not sign this agreement, my spouse cannot receive the coronavirus-related distribution.

SIGNATURE OF SPOUSE DATE (REQUIRED) SIGNATURE DATE IS ONLY EFFECTIVE FOR 180 DAYS.

WITNESS TO SIGNATURE OF SPOUSAL CONSENT DATE (MUST BE SAME AS SPOUSE) DATE (REQUIRED) SIGNATURE DATE IS ONLY EFFECTIVE FOR 180 DAYS.
(NOTARY PUBLIC OR AUTHORIZED PLAN REPRESENTATIVE OTHER THAN THE PARTICIPANT)



ELECTRONIC DIRECT DEPOSIT OF DISTRIBUTIONS FORM

ABA Retirement Funds Program ("the Program")
P.O. Box 55072 • Boston, MA 02205-5072

Customer Contact Center: 800.348.2272
Website: www.abaretirement.com

This form is used to establish or change electronic direct deposit instructions for all future in service withdrawals, hardship withdrawals, required minimum distributions, installment payments or distributions. Please use the appropriate form to make the actual disbursement request, as this form is only for establishing or changing direct deposit instructions.

To make a disbursement request, you may submit the applicable form (Distribution Request Form, In-Service Withdrawal Form, Hardship Withdrawal Form or Required Minimum Distribution Form). Alternatively, if you have already established installment payments, and you are receiving your payments by check, you may submit this form to generate electronic direct deposit of the scheduled payments.

Finally, if you already have direct deposit instructions on file, please do not submit this form unless you are changing the banking information. The direct deposit instructions, once provided, will remain in place for any payment made to you, until such time as you stop or change the instructions.

(This form cannot be used for distributions that are being rolled over. For wires of rollover distributions, complete the Wire Instructions for a Partial or Lump Sum Rollover Distribution Form.)

If the information below is not fully completed or incorrect, a check will automatically be sent to the participant in lieu of an electronic direct deposit. All future disbursements will also be sent via check.

- This is a **NEW** request. ACH instructions are not on file for this participant.
- This is a request to **UPDATE** the existing ACH information on file for this participant.

1. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____ - _____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____) _____ - _____

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____ - _____ - _____

Daytime Phone Number: (____) _____ - _____ E-mail: _____

3. FINANCIAL INSTITUTION INFORMATION COMPLETE NAME(S)/REGISTRATION ON BANK ACCOUNT:

I understand that I, the payee named below, have the right to cancel this authorization at any time by written notice to the Program. I further understand that my financial institution reserves the right to cancel this agreement by written notice to me.

Name of Financial Institution: _____

Street Address: _____ Routing Number: _____ (MUST BE 9 DIGITS)

City: _____ Deposit Account Number: _____

State: _____ Zip Code: _____ Checking Savings

Account Name(s)*: _____ Phone Number: (____) _____ - _____

**Only personal accounts are eligible for direct deposit/ACH.*

4. PARTICIPANT AUTHORIZATION

The participant listed above, the payee for distributions and/or payments received under the plan listed above, authorizes the Program to deposit any current or future distributions and/or payments into an account at the financial institution named above. In the event of an overdeposit, the Program may adjust my account in the above-referenced plan, if feasible. If not feasible, the Program is also authorized to debit my account to adjust any overdeposit that it has caused to be made to my financial institution account as a result of the deposit.

This authorization will remain in effect until further written notice from me is filed with the Program or a new Electronic Direct Deposit of Distributions Form requesting a change is received, and shall cease upon written notice to the Program of my death.



NOTICE OF BENEFITS and Benefit Payment Form

ABA Retirement Funds Program (“the Program”)
P.O. Box 55072 • Boston, MA 02205-5072

Customer Contact Center: 800.348.2272
Website: www.abaretirement.com

Read this notice carefully — it contains important plan distribution information you and your spouse will need before you decide how to receive your benefits from your employer’s plan through the ABA Retirement Funds Program (“the Program”).

HOW ARE BENEFITS PAID?

You will receive your benefit under the plan as a single lump sum distribution.

OPTIONAL FORMS OF DISTRIBUTION

If your vested account balance is greater than \$5,000, you may elect instead to receive payment of your plan account in the form of installment payments (monthly, quarterly, semi-annual, or annual installment payments) or in the form of a partial withdrawal.

WHEN WILL PAYMENT OF MY BENEFITS BEGIN?

You are entitled to receive a distribution of your plan account upon your termination of employment as soon as administratively practicable after you submit the appropriate distribution form to the address shown on such form. Unless you elect otherwise, payment of your plan account will begin no later than the 60th day after the end of the plan year which includes the latest of the date of your termination of employment, your 65th birthday, or the 10th anniversary of the date you became a participant in the plan. You may elect, however, to defer payment of your plan account until April 1 following the later of the year you attain age 70 1/2 and the year you terminate employment except that if you are a 5% owner, certain minimum distributions must begin no later than April 1 following the year you attain 70 1/2, regardless of whether you have terminated employment.

WHAT DEATH BENEFIT IS PAYABLE IF I DIE AFTER DISTRIBUTION BEGINS?

If the distribution of your account balance has begun in the form of installment payments, then any remaining portion of your account will, after your death, continue to be paid to your surviving spouse (or, with the consent of your spouse, any other designated beneficiary) in the form of installments at least as rapidly as those installments were paid prior to your death.

No benefit is payable after your death if you previously received a single lump sum payment of your entire vested account balance.

WHAT DEATH BENEFIT IS PAYABLE IF I DIE BEFORE DISTRIBUTION BEGINS?

If you are married at the time of your death and you die before the distribution of your account balance has begun, your surviving spouse will receive a distribution of your account in the form of a single lump sum distribution or installment payments (as elected by your surviving spouse). If you are not married at the time of your death or you designated, with the consent of your spouse, a beneficiary other than your spouse, your beneficiary will receive distribution of your plan account in the form of a single lump sum distribution or installment payments, as elected by your beneficiary.

YOUR RIGHT TO RECEIVE ADDITIONAL INFORMATION AND REVOCATION

You have the right to receive information from the Plan Administrator (i.e., the Employer/Plan Sponsor) about the relative value of your plan account within a reasonable time before your benefit begins to be paid to you. You may change or revoke your elected benefit form at any time during the 180-day period ending on the date your benefits are paid to you.

FUTURE CHANGES

Once you sign the appropriate distribution form, you agree that benefits under the plan will be paid in the form stated on the distribution form.

INVOLUNTARY CASH-OUTS

Unless you elect otherwise, if your vested account balance is \$1,000 or less, the Plan will automatically pay your benefit to you in a single lump sum payment. Unless you elect otherwise, if your benefit is between \$1,000 and \$5,000, it will be rolled over to a Citibank IRA. The Citibank IRA will be invested in an investment product designed to preserve principal and provide a reasonable rate of return and liquidity. Any fees and expenses will be charged to your IRA.

IMPORTANT INFORMATION REGARDING YOUR RIGHT TO DEFER DISTRIBUTIONS

As a participant who is eligible to receive benefits, you will make a decision about what to do with your retirement savings in the plan. You may leave your money in your account, where it will continue to be invested as you choose and will continue to defer federal income tax.

If you decide to take money out of the plan, any amount that is not directly rolled over to an IRA or another eligible plan will be subject to 20% income tax withholding. Any amount received that is not rolled over within 60 days must be included in your taxable income and may be subject to an additional 10% penalty tax if you received the amount before age 59 1/2. If you decide to keep your money in the plan, you must begin taking at least a minimum payment beginning April 1st of the calendar year following the year you reach age 70 1/2 or retire, whichever is later.

If you decide to keep your money in the plan, you may continue to invest in any of the plan's investment options. Your account will still be subject to investment gains and losses. While there is a general inability to borrow against your account, you may take a partial or complete distribution at any time.

TIER I PRE-MIXED DIVERSITY FUNDS

RETIREMENT DATE FUNDS

2050 Retirement Date Fund

Investment Objective: Providing long-term capital appreciation for participants planning to retire in or around the year 2050.

Total Expense Ratio: 0.679% as of 12/31/17

2040 Retirement Date Fund

Investment Objective: Providing long-term capital appreciation for participants planning to retire in or around the year 2040.

Total Expense Ratio: 0.654% as of 12/31/17

2030 Retirement Date Fund

Investment Objective: Providing long-term capital appreciation for participants planning to retire in or around the year 2030.

Total Expense Ratio: 0.651% as of 12/31/17

2020 Retirement Date Fund

Investment Objective: Providing long-term capital appreciation and more limited stability of principal for participants planning to retire in or around the year 2020.

Total Expense Ratio: 0.651% as of 12/31/17

Lifetime Income Retirement Date Fund

Investment Objective: Avoiding significant loss of principal for investors who have reached or are beyond their retirement date and is comprised primarily of bonds and shorter-term high quality debt instruments to provide stability and income.

Total Expense Ratio: 0.663% as of 12/31/17

TARGET RISK FUNDS

Conservative Risk Fund

Investment Objective: Avoiding significant loss of principal and is comprised primarily of bonds and shorter-term high-quality debt instruments to provide stability and income

Total Expense Ratio: 0.737% as of 12/31/17

Moderate Risk Fund

Investment Objective: Providing long-term capital appreciation and more limited stability of principal.

Total Expense Ratio: 0.760% as of 12/31/17

Aggressive Risk Fund

Investment Objective: Providing long-term capital appreciation.

Total Expense Ratio: 0.819% as of 12/31/17

Balanced Fund

The Balanced Fund is closed to new investments. For purposes of existing assets, the Balanced Fund is invested through the Bond Core Plus Fund and the Large Cap Equity Fund. Fees that are attributable to the Balanced Fund are paid by the Bond Core Plus Fund and the Large Cap Equity Fund.

TIER II PORTFOLIO BUILDING BLOCKS

U.S. EQUITY FUNDS

Large Cap Equity Fund

Investment Objective: Achieving long-term growth of capital.

Total Expense Ratio: 0.854% as of 12/31/17

Large Cap Index Equity Fund

Investment Objective: Replicating the total rate of return of the S&P 500 Index.

Total Expense Ratio: 0.608% as of 12/31/17

Mid Cap Index Equity Fund

Investment Objective: Replicating the total rate of return of the S&P MidCap 400 Index.

Total Expense Ratio: 0.631% as of 12/31/17

Small-Mid Cap Equity Fund

Investment Objective: Achieving long-term growth of capital.

Total Expense Ratio: 1.082% as of 12/31/17

Small Cap Index Equity Fund

Investment Objective: Replicating the total rate of return of the Russell 2000 Index.

Total Expense Ratio: 0.638% as of 12/31/17

All Cap Index Equity Fund

Investment Objective: Replicating the total rate of return of the Russell 3000 Index.

Total Expense Ratio: 0.628% as of 12/31/17

NON-U.S. EQUITY FUNDS

International All Cap Equity Fund

Investment Objective: Achieving long-term capital appreciation through a diversified portfolio of primarily non-U.S. equity securities.

Total Expense Ratio: 1.068% as of 12/31/17

International Index Equity Fund

Investment Objective: Replicating the total rate of return of the MSCI ACWI ex-US Index.

Total Expense Ratio: 0.665% as of 12/31/17

WORLD EQUITY FUND

Global All Cap Equity Fund

Investment Objective: Achieving long-term growth of capital.

Total Expense Ratio: 0.979% as of 12/31/17

FIXED INCOME FUNDS

Bond Core Plus Fund

Investment Objective: Achieving a competitive total return from current income and capital appreciation by investing primarily in debt securities of varying maturities.

Total Expense Ratio: 0.738% as of 12/31/17

Bond Index Fund

Investment Objective: Replicating the total rate of return of the Barclays Capital U.S. Aggregate Bond Index.

Total Expense Ratio: 0.624% as of 12/31/17

Stable Asset Return Fund

Investment Objective: Providing current income consistent with the preservation of principal and liquidity.

Total Expense Ratio: 0.733% as of 12/31/17

NON-TRADITIONAL DIVERSIFYING FUNDS

Real Asset Return Fund

Investment Objective: Providing capital appreciation in excess of inflation.

Total Expense Ratio: 0.982% as of 12/31/17

Alternative Alpha Fund

Investment Objective: Achieving long-term total returns in excess of the yield on cash-equivalent investments.

Total Expense Ratio: 1.60% as of 12/31/17

Please refer to the Annual Disclosure Document for more detailed information. The Annual Disclosure Document is available online at www.abaretirement.com (after logging on to your account) or by calling 800.348.2272.

NOTICE OF WAIVER OF ANNUITY and Election of Alternate Benefit Payment Form



ABA Retirement Funds Program (“the Program”)
P.O. Box 55072 • Boston, MA 02205-5072

Customer Contact Center: 800.348.2272
Website: www.abaretirement.com

[For Non-Profit Sharing Plans Only]

Read this notice carefully — it contains important plan distribution information you and your spouse will need before you decide how to receive your benefits from your employer’s plan through the ABA Retirement Funds Program (“the Program”).

As a result of federal law and in an effort to protect the interests of plan participants and their spouses, if (i) you are a participant in a plan other than a profit sharing plan or (ii) you are a participant in a profit sharing plan and your account contains assets originating from a plan other than a profit sharing plan that was subject to the survivor annuity requirements of section 401(a)(11) and 417 of the Internal Revenue Code (such as a money purchase plan), the plan requires that retirement benefits be paid in the form of an annuity unless you waive the annuity and elect another form of benefit and, if you are married, your spouse consents to such waiver.

1. HOW ARE BENEFITS PAID?

A plan participant who is not married must receive his or her benefit as a Life Annuity unless there has been a proper election by the plan participant to waive the Life Annuity as the form of distribution.

A plan participant who is married must receive payment of his or her benefit under the plan in the form of a Qualified Joint and Survivor Annuity (QJSA), unless there has been a proper election by the plan participant, with spousal consent, to waive the QJSA as the form of distribution and receive the benefit in an elected optional form of distribution offered under the plan (described below). In this event, the participant’s spouse will no longer be eligible for survivor benefits after the participant’s death unless the elected optional form of distribution provides for such benefits.

The annuity benefit is provided through an annuity contract, which will be purchased by the plan from an insurance company. The amount of your periodic benefits will be the largest benefit amount that can be purchased with your plan account balance at the time payments are to begin.

2. WHAT IS A LIFE ANNUITY?

If you are not married at the time benefit payments begin under the plan, the normal form of benefit is a Life Annuity, which is an annuity that provides for periodic payments to you during your life. Upon your death, payments will end.

3. WHAT IS A QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA)?

If you are married at the time benefit payments begin under the plan, the normal form of benefit is a QJSA, which is an annuity that provides for periodic payments to you during your life and, if you die before your spouse, for payments equal to 100% of the periodic amount that was paid to you during your life to continue to your surviving spouse until his or her death. (This form is known as a 100% QJSA.) If your spouse dies before you, the amount of the periodic payments to you will continue unchanged until your death.

Example: John Participant is receiving monthly benefits of \$300 under the 100% QJSA. He dies leaving Jane as his surviving spouse. Upon John’s death, Jane will receive monthly benefits of \$300 for the remainder of her life under the 100% QJSA. If Jane dies before John, John will continue to receive a monthly benefit of \$300 until his death.

Because a QJSA provides for periodic payments over two lifetimes (i.e., yours and your spouse’s), the amount of the periodic annuity payable during your life will be less than it would be under an annuity payable for your life only (“single life annuity”). This reduced amount contemplates the possibility that benefits under the QJSA form may be made for a longer period of time than under the single life annuity.

To determine the approximate level monthly payments you will receive under the 100% QJSA payment form as of the proposed distribution date, divide your vested account balance by the annuity factor on page 2 which most closely approximates your situation. Determine your age and, if you are married, your spouse’s age as of the birth date nearest the proposed distribution date. The plan administrator, upon request, will provide a more precise calculation.

ANNUITY FACTOR TABLE				
Married Participant's Age	Spouse's Age	Annuity Factor	Unmarried Participant's Age	Annuity Factor
50	45	177.12	50	153.16
50	50	172.64	52	148.45
50	55	168.38	54	143.49
55	50	168.38	55	140.93
55	55	162.84	57	135.59
55	60	157.66	59	130.02
60	55	157.66	60	127.15
60	60	150.96	61	124.23
60	65	144.86	62	121.06
65	60	144.86	63	118.25
65	65	137.04	64	115.21
65	70	130.17	65	112.14
70	65	130.17	66	109.07
70	70	121.48	68	102.91
70	75	113.95	70	96.69

Note: We have based the annuity factors on the UP-1984 mortality tables, assuming a 6% interest rate. The insurance company from which the annuity is paid may use different factors. Different factors will produce a different monthly payment.

The quotient of your annuity factor divided into your vested account balance represents the approximate monthly payment you will receive during your lifetime if you elect to commence distribution on the proposed distribution date. If you are married, after your death, your spouse will receive 100% of that amount.

For example, if you and your spouse both are 65 and your vested account balance is \$10,000, your approximate monthly payment is \$72.97 (\$10,000 divided by 137.04) and, if your spouse survives you, the approximate monthly payment to your surviving spouse is \$72.97. If you are unmarried, age 65, and your nonforfeitable account balance is \$10,000, your approximate lifetime monthly payment is \$89.17 (\$10,000 divided by 112.14).

These monthly payments are only estimates. The plan administrator, upon request, will provide you with a more precise calculation.

4. OPTIONAL QUALIFIED SURVIVOR ANNUITY

The plan provides that instead of electing a 100% QJSA, you may choose a 50% survivor benefit for your spouse after your death. If you choose a QJSA with a survivor benefit of 50%, the periodic annuity payment during your lifetime will be greater than under the 100% QJSA, and the monthly benefit amount payable to your spouse will be 50% of your monthly benefit amount.

Example: John Participant is receiving monthly benefits of \$300 under the 50% QJSA. He dies leaving Jane as his surviving spouse. Upon John's death, Jane will receive monthly benefits of \$150 for the remainder of her life under the 50% QJSA. If Jane dies before John, John will continue to receive a monthly benefit of \$300 until his death.

To determine the approximate level monthly payments you will receive under the 50% QJSA payment form as of the proposed distribution date, divide your vested account balance by the annuity factor below which most closely approximates your situation. Determine your age and, if you are married, your spouse's age as of the birth date nearest the proposed distribution date. The plan administrator, upon request, will provide a more precise calculation.

ANNUITY FACTOR TABLE				
Married Participant's Age	Spouse's Age	Annuity Factor	Unmarried Participant's Age	Annuity Factor
50	45	165.14	50	153.16
50	50	162.90	52	148.45
50	55	160.77	54	143.49
55	50	154.65	55	140.93
55	55	151.88	57	135.59
55	60	149.29	59	130.02
60	55	142.40	60	127.15
60	60	139.06	61	124.23
60	65	136.00	62	121.06
65	60	128.50	63	118.25
65	65	124.59	64	115.21
65	70	121.16	65	112.14
70	65	113.43	66	109.07
70	70	109.09	68	102.91
70	75	105.32	70	96.69

Note: We have based the annuity factors on the UP-1984 mortality tables, assuming a 6% interest rate. The insurance company from which the annuity is paid may use different factors. Different factors will produce a different monthly payment.

The quotient of your annuity factor divided into your vested account balance represents the approximate monthly payment you will receive during your lifetime if you elect to commence distribution on the proposed distribution date. If you are married, after your death, your spouse will receive 50% of that amount.

For example, if you and your spouse both are 65 and your vested account balance is \$10,000, your approximate monthly payment is \$80.26 (\$10,000 divided by 124.59) and, if your spouse survives you, the approximate monthly payment to your surviving spouse is \$40.50. If you are unmarried, age 65, and your nonforfeitable account balance is \$10,000, your approximate lifetime monthly payment is \$89.17 (\$10,000 divided by 112.14).

These monthly payments are only estimates. The plan administrator, upon request, will provide you with a more precise calculation.

The 50% QJSA is actuarially equivalent in value to the single life annuity and the 100% QJSA.

5. OPTIONAL FORMS OF DISTRIBUTION

You may elect instead, with applicable spousal consent, to receive your benefit in the form of a lump sum distribution (equal to your vested account balance or a lesser amount you specify), installment payments (monthly, quarterly, semi-annual or annual installment payments over a period projected to be at least 36 months), life annuity - period certain, joint and survivor annuity - period certain, or life annuity (in the case of a married participant). If you are married and elect an optional form of benefit, your spouse will no longer be eligible for monthly annuity payments after your death unless the other form you elect provides for such payments. If you are married and your spouse does not consent to your waiver, then your benefit will be paid as a QJSA.

A life annuity – period certain is an annuity payable for your life or until the end of a period (5, 10, 15 or 20 years) specified by you, whichever is later. If you die before the end of the specified period, payments (in the same amount as made to you during your lifetime) will be made to your beneficiary for the remainder of the specified period.

Example: John Participant is receiving monthly benefits of \$300 under a life annuity – 10 year period certain. He dies after receiving monthly benefits for 7 years, leaving Jane as his surviving beneficiary. Upon John's death, Jane will receive monthly benefits of \$300 for three years, the remainder of the 10-year period.

A joint and survivor annuity – period certain is an annuity payable for your life with a survivor annuity payable to your beneficiary (equal to 50% or 100%, as elected by you) which continues for the remaining lifetime of the survivor (either you or your beneficiary) or until the end of a period (5, 10, 15 or 20 years) specified by you, whichever is later. If the survivor dies before the end of the specified period, any additional payments will be made to the next succeeding beneficiary for the remainder of the specified period.

Example: John Participant is receiving monthly benefits of \$300 under a 100% joint and survivor annuity – 10 year period certain. He dies after receiving monthly benefits for 7 years, leaving Jane as his surviving beneficiary. Upon John's death, Jane will receive monthly benefits of \$300 for her remaining lifetime. If her remaining lifetime is less than three years (the remainder of the 10-year period), the next succeeding beneficiary will receive a monthly benefit until benefits have been paid for a total of 10 years.

You may elect certain optional forms of benefit to be paid in the form of a direct rollover. A direct rollover means the plan pays the distribution amount directly to another eligible employer plan or to an IRA. You may contact the Customer Contact Center at 800.348.2272 for more information.

6. FINANCIAL EFFECT OF FORMS OF BENEFIT

The following chart illustrates the financial effect of electing various forms of benefits. The chart assumes that the participant has a vested account balance of \$10,000, and that both the participant and the spouse are age 65.

Form of Benefit	Financial Effect
Lump Sum Payment	\$10,000 No benefits are paid after the participant's death.
Life Annuity	\$89.17 per month for the participant's life only. No benefits are paid after the participant's death.
100% QJSA	\$72.97 per month for the participant's life and \$72.97 per month to the surviving spouse for the surviving spouse's life.
50% QJSA	80.26 per month for the participant's life and \$40.50 per month to the surviving spouse for the surviving spouse's life.

Form of Benefit	Financial Effect
Life Annuity – 10 Year Period Certain	\$81.29 per month for the participant's life. Payments will continue to the beneficiary in the same amount until the end of the 10-year period (if later than the participant's death).
100% Joint and Survivor Annuity – 10 Year Period Certain	\$71.63 per month for the participant's life. Payments will continue to the beneficiary in the same amount for the beneficiary's life. If the beneficiary dies before payments have been made for 10 years, the next succeeding beneficiary will receive payments in the same amount until the end of the 10-year period.
50% Joint and Survivor Annuity – 10 Year Period Certain	\$76.15 per month for the participant's life and \$38.08 per month for the beneficiary's life. If the beneficiary dies before payments have been made for 10 years, the next succeeding beneficiary will receive payments of \$38.08 per month until the end of the 10-year period.

Note: This comparison is based on annuity factors on the UP-1984 mortality tables, assuming a 6% interest rate. The insurance company from which the annuity is paid may use different factors. Different factors will produce a different monthly payment.

As part of the plan communication of benefits, we are required to advise you whether some optional forms of payment might be more valuable than others, based on the stream of payments that would be made over your expected lifetime and that of your spouse, if applicable. The plan uses a table of factors based on assumed interest rates and life expectancies to convert benefits from the normal form to each of the optional forms of payment. The relative value of payments made under any optional form will ultimately depend on your actual life span and, for joint and survivor annuities, that of your beneficiary. All the forms of payment are approximately of equal relative value assuming that you and your spouse are the same age.

If you would like to receive a comparison of your benefits based on your actual age and the actual age of your spouse as of your expected benefit commencement date, or would like information on other life annuity – period certain or joint and survivor annuity – period certain options, please call 800.348.2272, Monday through Friday from 8 a.m. to 8 p.m., Eastern Time.

7. WHAT DEATH BENEFIT IS PAYABLE IF I DIE BEFORE DISTRIBUTION BEGINS?

If you die before you begin receiving distribution of your benefit under the plan and either you are not married on the date of your death or you designated (with the consent of your spouse if you are married) a beneficiary other than your spouse, your beneficiary will receive distribution of your account in the form of an optional form of distribution (as described above), as elected by your beneficiary. If you did not designate a beneficiary and you are not married on the date of your death, the plan provides that benefits will be payable first to your children, if any, then to your parents, if living, then to your siblings, if any, and finally to your estate.

If you die before you begin receiving distribution of your benefit under the plan and you are married at the time of your death, the plan will pay to your surviving spouse for the rest of your spouse's lifetime, a monthly benefit equal to the monthly benefit payable under an annuity that your plan account, at the time of your death, could purchase for your spouse. Under the plan, your spouse may elect instead to receive payment of your plan account in an optional form of distribution (as described above).

8. WHEN WILL PAYMENT OF MY BENEFITS BEGIN?

You are entitled to receive a distribution of your plan account upon your termination of employment as soon as administratively practicable after you submit the Distribution Request Form to the address shown on such form. Unless you elect otherwise, payment of your plan account will begin no later than the 60th day after the end of the plan year which includes the latest of the date of your termination of employment, your 65th birthday, or the 10th anniversary of the date you became a participant in the plan. You may elect, however, to defer payment of your plan account until April 1 following the later of the year you attain age 70 1/2 and the year you terminate employment, except that if you are a 5% owner, certain minimum distributions must begin no later than April 1 following the year you attain 70 1/2, regardless of whether you have terminated employment.

Please see the Notice of Benefits and Benefit Payment Form for the effect of failing to defer payment.

9. YOUR RIGHT TO RECEIVE ADDITIONAL INFORMATION AND REVOCATION

You have the right to receive information from the Plan Administrator about the relative values of your single life annuity, QJSA forms of annuity and other optional forms of benefit that can be purchased with your account balance within a reasonable time before your benefits begin to be paid to you.

You may waive the annuity form of benefit (either the Life Annuity or QJSA, as applicable) at any time during the 180-day period ending on the date benefits begin to be paid to you. You also have the right to revoke a waiver of the annuity form of benefit during the 180-day period ending on the date benefits begin to be paid to you.

10. FUTURE CHANGES

Once you sign the appropriate distribution form, you agree that benefits under the plan will be paid in the form stated on the distribution form. If you are married, you cannot change the payment form elected on the distribution form (other than to a QJSA), unless your spouse agrees to the change, in writing, by signing the spousal consent section of the form.

11. INVOLUNTARY CASH-OUTS

Even if you do not waive the annuity benefit, the plan will pay your benefit to you in a lump sum if your vested account balance is \$5,000 or less. Spousal consent is not required in this case. Unless you elect otherwise, if your benefit is between \$1,000 and \$5,000, it will be rolled over to a Citibank IRA. The Citibank IRA will be invested in an investment product designed to preserve principal and provide a reasonable rate of return and liquidity. Any fees and expenses will be charged to your IRA.