



## Postponement of Distribution Election Form

Note: This form cannot be used if you have reached the latest time under the Plan for commencing distribution or if you have a Vested Account Balance of less than the Plan's Mandatory Distribution amount.

Plan Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
Print or Type Complete Legal Name – First, MI, Last

Social Security #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Date of Separation from Active Employment: \_\_\_\_\_

I elect to postpone my distribution until further notice. I understand that I need to contact the company when I decide to receive this distribution.

If you have not attained Normal Retirement Age under the Plan (or age 62, if later), and your Vested Account Balance is greater than the Plan's Mandatory Distribution amount, you do not have to commence distribution. Under a postponement election, your Vested Account Balance will be subject to adjustment for investment gains or losses. Because of the investment performance of the trust fund (or of your individual account investment if you direct your own investments), the amount the Trustee ultimately pays you at your postponed distribution date could be more or less than the value of your current Vested Account Balance.

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Plan Administrator Signature Date