



ELECTION TO DIVEST PUBLICLY TRADED EMPLOYER STOCK

Plan Name: _____

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

Social Security Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Pursuant to the provisions of the Notice of Right to Divest Publicly Traded Employer Securities (“Divestment Notice”) which the Plan Administrator previously provided to me, I hereby make the following elections (“Divestment Election”) to diversify out of some or all of the Employer securities in my Plan’s account(s).

I have read and understand the Divestment Notice and am only making elections that I am permitted to make under the Divestment Notice. I understand that the Plan Administrator and Plan Trustee will not act on this Divestment Election or any portion thereof if my Election is incomplete or improperly completed or if my Election is not consistent with my rights under the Divestment Notice. I further understand that as to any Employer securities to which this Election applies, the Trustee will sell such securities at the market price as established by the applicable securities market as soon as is administratively practicable. The Trustee then will invest the net cash proceeds resulting from the sale in the alternative investments which I have elected below.

SECTION 1: SALARY DEFERRAL ACCOUNT

In my Plan’s salary deferral account, I elect to divest:

- All.** All Employer securities.
- Other.** The following percentage of my Employer securities: ____%.

SECTION 2: EMPLOYER CONTRIBUTION ACCOUNTS

In the following account(s), I elect to divest:

- All.** All Employer securities in my Plan’s nonelective and matching accounts that I am entitled to divest.
- All nonelective.** All Employer securities in my Plan’s nonelective account that I am entitled to divest.
- All matching.** All Employer securities in my Plan’s matching account that I am entitled to divest.
- Other:** _____.

SECTION 3: DESIGNATION OF ALTERNATIVE INVESTMENTS

I further elect that the Trustee invests the net cash proceeds from the sale of the Employer securities subject to this Divestment Election as follows:

- First Alternative Investment:** _____ (name of investment). Invest ___% of the net cash sale proceeds.

- Second Alternative Investment:** _____ (name of investment). Invest ___% of the net cash sale proceeds.

- Third Alternative Investment:** _____ (name of investment). Invest ___% of the net cash sale proceeds.

- Other:** _____.

SECTION 4: REQUIRED SIGNATURES

Further Divestment Elections. I understand that the Plan Administrator and Trustee are entitled to rely and to act upon this Divestment Election upon my submission of the Election to the Plan Administrator. However, I may make additional Divestment Elections as permitted under the Divestment Notice. I may make any such permissible Elections at least once each quarter and more often as the Plan Administrator may permit.

Signature of Participant

Date

PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR