

LEE COLLEGE DISTRICT MONEY PURCHASE PLAN DISTRIBUTION ELECTION FORM

1. PARTICIPANT INFORMATION: [All participants MUST complete ALL of Section 1]

Name	Social Security Number	Date of Birth
Address	() Phone Number	I am: <input type="checkbox"/> Married. <input type="checkbox"/> Not Married.
City, State Zip Code	Last Day of Employment or Status Change	

2. ELECTION: I, the undersigned Participant, have read the "Distribution Election and Special Tax Notice Regarding Plan Payments" and make the following distribution election: [All participants MUST choose (a) or (b)]

- (a) **WAIVER OF QUALIFIED ANNUITY BENEFIT.** I waive the Qualified Annuity Benefit and instead elect:
[If 2(a) is checked, you must choose (1), (2) or (3)]
- (1) Direct rollover of my entire Account Balance to the IRA or plan designated in Section 3. Both the taxable and the non-taxable portions (if any) will be mailed to my IRA or plan.
 - (2) Direct rollover of the taxable portion only of my Account Balance to the IRA or plan designated in Section 3. The remainder of my Account Balance, the non-taxable portion (if any) will be mailed as a lump sum to my home address.
 - (3) Lump sum payment of my entire Account Balance (less income tax withholding on any "taxable" amount of \$200 or more.)
- (b) **QUALIFIED ANNUITY BENEFIT.** I elect to receive the Qualified Annuity Benefit, as explained to me.

Signature Date

3. INFORMATION FOR DIRECT ROLLOVER: I certify that the IRA or plan designated below is a proper recipient plan for a direct rollover. [Do not complete unless you checked 2(a)(1) or 2(a)(2) above]

Name and address of IRA or plan where the distribution should be sent: _____

4. CONSENT OF SPOUSE: [Complete if you are married and your account balance is \$5,000 or more]

I, _____, spouse of the Participant hereby consent to the above election, including the waiver of the Qualified Annuity Benefit, if elected, and to the timing and form of distribution elected on this form. I have received a written explanation of the Qualified Annuity Benefit, my right not to consent to this waiver election, the waiver election period, and the financial effect of the election not to receive benefits in the Qualified Annuity Benefit form. I understand my consent is irrevocable unless my spouse revokes the waiver election. I understand any change in this form of benefit election is subject to my consent, unless my spouse elects to receive the Qualified Benefit Annuity.

Spouse's Signature Date

5. WITNESS BY NOTARY: [Spouse's signature must be witnessed if you are married and your account balance is \$5,000 or more]

STATE OF _____ (_____)
 COUNTY OF _____ (_____) ss.

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent of Spouse as a free and voluntary act. IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____.

(SEAL)

Notary Public

My commission expires: _____

Mail your completed election to: **Merkley, Newman & McLaws, Inc.**
 P.O. Box 5028
 Mesa, AZ 85211-5028
 or FAX to: (480) 813-7791