Max Saver 4 Manhattanville Road Purchase, NY 10577



November 11, 2011

Max Saver 4 Manhattanville Road Purchase, NY 10577

Re: ABC Company Pension Plan

Dear Max Saver:

We have been notified that you are retiring from ABC Company and you are eligible to receive pension payments from the ABC Company Pension Plan ("Pension Plan").

Your Retirement Benefit Application form is enclosed. The form shows all the benefit payment options you may choose from to best fit your retirement income needs. If you are married, the Pension Plan is legally obligated to pay your benefit as a 50% Joint & Survivor Annuity, with your spouse as the beneficiary. If you elect a different benefit payment option or you choose a beneficiary other than your spouse, your spouse must consent to this election in Section G of the form and the consent must be notarized.

Please take your time and make the benefit payment election that will best fit your financial needs. You may change your benefit payment election up until the time the first benefit payment is made to you. If you delay your benefit payment election beyond 180 days, under the law, the calculations presented in the Retirement Benefit Application form will expire and you will need to request a new calculation and form. Also, if your plan has a lump sum option, interest rates change each calendar year and your lump sum benefit may go up or down as a result. If you want to defer receipt of your benefit, do not return the form. However, keep this information and contact us at least three (3) months before you want payments to begin.

Once you have completed the form and signed where indicated, return it to us with the documentation indicated in Section J of the form. For your convenience, we have included an envelope. Do not forget, if you have elected a benefit payment that requires your spouse's consent, Section G will have to be signed by your spouse and notarized.

If you elect an annuity form of benefit, your Pension Plan benefit will normally be paid on the first day of each month. Your first payment will be processed as soon as possible and may include additional amounts that are due to you. Look for the Diversified logo on your pension check or your direct deposit advice.

If you have any questions regarding your retirement benefit election, please contact a Diversified Retirement Counselor at 800-755-5801 between 8:00 AM and 8:00 PM (EST).

Diversified

Enclosures: Retirement Benefit Application Checklist Retirement Benefit Application Form

## **Retirement Benefit Application Checklist**

### **INSTRUCTIONS:**

- Please follow the checklist to review and complete <u>all</u> the form sections A-J.
- All the pages of the application must be returned to Diversified in the enclosed envelope.

Application Section	Your Action
Application Section	□ Verify Company and Plan Information. Please call <b>800-755-5801</b> to request a new
	form, if the information listed is inaccurate
	,
В	☐ Verify your Personal Information and correct as appropriate
	☐ Fill out your Social Security Number
	☐ Fill out your Email Address for electronic confirmation of your Direct Deposit and
	receipt of electronic Retiree Welcome Kit
C	☐ If you have designated a beneficiary and his/her date of birth appears on the form,
	fill out the indicative information for your beneficiary
	☐ If you have not designated a beneficiary, please call <b>800-755-5801</b> to designate
D	☐ Review explanation of the Qualified Joint and Survivor Annuity
<u>E</u>	☐ Select <u>only 1 form</u> of benefit payment option
${f F}$	☐ If you have elected an Annuity payment option in Section E, fill out the tax withholding information
	☐ Fill out Direct Deposit Information for an electronic transfer of funds sent directly to
	your bank account. To elect direct deposit to a checking account, please attach a
	copy of a voided check. If a voided check is not attached, Diversified will mail a
	check by standard post office delivery.
	☐ If you have elected a Lump Sum payment option in Section E, fill out the IRA
	Rollover information otherwise we will withhold 20% from your distribution.  Note: Diversified provides rollover options to facilitate your continued tax deferred
	savings. If you are interested in rolling your benefit to a Diversified IRA please call
	800-755-5801
G	☐ If you elected a Joint & Survivor form of benefit in Section E with someone other
	than your spouse, sign and notarize Waiver and Spousal Consent
Н	☐ Select if you are subject to the terms of a Qualified Domestic Relations Order from
	this plan
I	☐ Review, <b>Sign</b> and <b>Date</b>
J	$\Box$ Enclose <i>one</i> of the following documents certified by a notary for proof of your age:
	- Certified copy of birth certificate
	- Certified copy of passport
	- Certified copy of armed services discharge papers
	☐ If you are married, enclose <i>one</i> of the following documents certified by a notary for proof of your marriage:
	- Certified copy of marriage certificate
	- Certified affidavit of marriage
	☐ If you elected a Joint & Survivor form of benefit in Section E, enclose <i>one</i> of the
	following documents certified by a notary for proof of the age of your beneficiary:
	- Certified copy of your beneficiary's birth certificate
	<ul> <li>Certified copy of beneficiary passport</li> </ul>
	<ul> <li>Certified copy of beneficiary armed services discharge papers</li> </ul>
	☐ If the documents enclosed are not written in English, you must include a notarized
	copy that has been translated into English

SECTION A: Company/Plan Information

ABC Company

AB67800

Plan Sponsor/Company Name:

#### 4333 Edgewood Road NE Cedar Rapids, IA 52499 800-755-5801 divinvest.com

### **Retirement Benefit Application**

For Internal Use

INSTRUCTIONS: To elect a retirement benefit payment, complete all applicable sections of this Application and return it to Diversified at the address above. Documents to verify dates of birth and marriage must be on file before we will issue any payments.

Plan Names: ABC Company Pension Plan  SECTION B: Participant Information (Make any corrections below. Changes to Date of Birth will benefits to be recalculated.)  Last Name: Saver First Name: Max Gender: Male  Social Security Number: Date of Birth: December 2, 1951 Marital Status:	Contract/Account Number:	AB67890					For Internal Use
Last Name: Saver   First Name: Max   Gender: Male    Social Security Number:   Date of Birth: December 2, 1951   Marital Status:   I am marrie   I am not m    Street Address: 4 Manhattanville Road   Additional Address:   Email address:   Ext. (if any):    E-mail address:   Daytime Phone Number:   Ext. (if any):    Benefit Starting Date: 1/1/2012   Note: If you do not return this completed Application within 180 days of your receipt, the benefit payment amount(s) in Section E may n recalculated.  SECTION C: Beneficiary Designation (Changes to Date of Birth will require benefits to be recalculated and Survivor Annuity is elected.)  The information in this Section was used to calculate Joint and Survivor Annuity payments in Section E. If you are electing a Joint and Annuity and this Section does not reflect your designated beneficiary, please contact a Diversified Retirement Counselor at (800) 755 - a new Application will be issued with the correct beneficiary name and date of birth.  Last Name:   First Name:   Social Security Number:   Date of Birth:   Date of Bi	Plan Names:	ABC Company Pension Plan					
Social Security Number:  Date of Birth: December 2, 1951  Marital Status:    I am marric   I am not m			(Make any corre	ctions below.	Change	s to Date of	Birth will require
Street Address: 4 Manhattanville Road  Additional Address:  City: Purchase  State: NY  Zip: 10577  Country:  E-mail address:  Daytime Phone Number:  Ext. (if any):  Benefit Starting Date: 1/1/2012  Note: If you do not return this completed Application within 180 days of your receipt, the benefit payment amount(s) in Section E may n recalculated.  SECTION C: Beneficiary Designation (Changes to Date of Birth will require benefits to be recalculated and Survivor Annuity is elected.)  The information in this Section was used to calculate Joint and Survivor Annuity payments in Section E. If you are electing a Joint and Annuity and this Section does not reflect your designated beneficiary, please contact a Diversified Retirement Counselor at (800) 755 - a new Application will be issued with the correct beneficiary name and date of birth.  Last Name:  Social Security Number:  Date of Birth:  Beneficiary  Street Address:  Additional Address:  Zip:  City:  State:  Zip:  Zip:	Last Name: Saver		First Name: Max			Gender: Mal	le
Street Address: 4 Manhattanville Road  Additional Address:  City: Purchase  State: NY  Zip: 10577  Country:  E-mail address:  Daytime Phone Number:  Ext. (if any):  Benefit Starting Date: 1/1/2012  Note: If you do not return this completed Application within 180 days of your receipt, the benefit payment amount(s) in Section E may n recalculated.  SECTION C: Beneficiary Designation (Changes to Date of Birth will require benefits to be recalculated and Survivor Annuity is elected.)  The information in this Section was used to calculate Joint and Survivor Annuity payments in Section E. If you are electing a Joint and Annuity and this Section does not reflect your designated beneficiary, please contact a Diversified Retirement Counselor at (800) 755 - a new Application will be issued with the correct beneficiary name and date of birth.  Last Name:  Social Security Number:  Date of Birth:  Beneficiary  Street Address:  Additional Address:  Zip:  Zip:  Zip:	Social Security Number:		Date of Birth: <b>De</b>	cember 2, 1951		Marital Statu	ns: □ I am married □ I am not married
E-mail address: Daytime Phone Number: Ext. (if any):  Benefit Starting Date: 1/1/2012  Note: If you do not return this completed Application within 180 days of your receipt, the benefit payment amount(s) in Section E may n recalculated.  SECTION C: Beneficiary Designation (Changes to Date of Birth will require benefits to be recalculated and Survivor Annuity is elected.)  The information in this Section was used to calculate Joint and Survivor Annuity payments in Section E. If you are electing a Joint and Annuity and this Section does not reflect your designated beneficiary, please contact a Diversified Retirement Counselor at (800) 755 - a new Application will be issued with the correct beneficiary name and date of birth.  Last Name: First Name:  Social Security Number: Date of Birth:  Beneficiary  Street Address: Additional Address:   City: State: Zip:	Street Address: 4 Manhattanvi	lle Road	Additional Addre	ess:			_ <b>1                                   </b>
Benefit Starting Date: 1/1/2012  Note: If you do not return this completed Application within 180 days of your receipt, the benefit payment amount(s) in Section E may no recalculated.  SECTION C: Beneficiary Designation (Changes to Date of Birth will require benefits to be recalculated and Survivor Annuity is elected.)  The information in this Section was used to calculate Joint and Survivor Annuity payments in Section E. If you are electing a Joint and Annuity and this Section does not reflect your designated beneficiary, please contact a Diversified Retirement Counselor at (800) 755 - a new Application will be issued with the correct beneficiary name and date of birth.  Last Name:  Social Security Number:  Date of Birth:  Beneficiary  Street Address:  Additional Address:  Zip:  Zip:	City: Purchase		State: NY	Zip:	10577	Country:	
Benefit Starting Date: 1/1/2012  Note: If you do not return this completed Application within 180 days of your receipt, the benefit payment amount(s) in Section E may no recalculated.  SECTION C: Beneficiary Designation (Changes to Date of Birth will require benefits to be recalculated and Survivor Annuity is elected.)  The information in this Section was used to calculate Joint and Survivor Annuity payments in Section E. If you are electing a Joint and Annuity and this Section does not reflect your designated beneficiary, please contact a Diversified Retirement Counselor at (800) 755 - a new Application will be issued with the correct beneficiary name and date of birth.  Last Name:  Social Security Number:  Date of Birth:  Beneficiary  Street Address:  Additional Address:  Zip:  Zip:	E-mail address:		Daytime Phone N	lumber:		_ Ext. (if any):	·
Annuity and this Section does not reflect your designated beneficiary, please contact a Diversified Retirement Counselor at (800) 755 - a new Application will be issued with the correct beneficiary name and date of birth.  Last Name:  Social Security Number:  Date of Birth:  Beneficiary  Street Address:  Additional Address:  City:  State:  Zip:  Zip:  Zip:  Zip:  Zip:  State:  Zip:  Zip:	SECTION C: Beneficiar		Changes to Date of	of Birth will r	equire be	nefits to be re	calculated if Join
Beneficiary         Street Address:	The information in this Section Annuity and this Section does n a new Application will be issued	was used to calcula ot reflect your design	gnated beneficiary, plea eneficiary name and dat	se contact a Dive			
Beneficiary         Street Address:	Social Security Number:		Date of Birth:				
	Beneficiary			ess:			
	City:		State:	Zip:			
SECTION D: Explanation of the Qualified Joint and Survivor Annuity	SECTION D: Explanation	n of the Qualifi	ied Joint and Survi	vor Annuity			

As a Plan participant, you may receive benefits when you reach the Plan's retirement age. If you are married on the date your retirement payments begin, you will be paid automatically in the form of a 50% Qualified Joint and Survivor Annuity unless you and your spouse elect a different form of payment. Federal law refers to this annuity as the "Qualified Joint and Survivor Annuity." This means that you will be paid a monthly benefit for the rest of your life, and then, after you die, your spouse, if living, will receive a monthly benefit of 50% of your payment for as long as he or she is alive. If you are not married on the date your retirement payments begin, you will be paid automatically in the form of a Single Life Annuity unless you elect a different form of benefit. Under a Single Life Annuity, you are paid a monthly benefit for your lifetime with no benefit payable upon your death.

Receiving benefits as a Qualified Joint and Survivor Annuity usually means that your monthly benefits will be less than what you would receive under other forms of benefit. The reason for this difference is that benefits probably will be paid over two lifetimes, yours and your spouse's (or other beneficiary's), instead of one. You may elect to receive benefits in a form other than a Qualified Joint and Survivor Annuity, but your spouse must consent in writing before a notary public and must acknowledge the effect of such election. If you wish to designate a person other than your spouse as your beneficiary, you must obtain your spouse's written consent to your beneficiary designation. If established to the satisfaction of the Plan that your spouse cannot be located, spousal consent is not required. Your benefit election may be made and/or cancelled only during the 180 days before your Benefit Starting Date indicated in Section B. If you waive the Qualified Joint and Survivor Annuity, then cancel your waiver prior to the date that benefit payments begin, your benefit will be paid in the form of a Qualified Joint and Survivor Annuity pursuant to the provisions of the Plan. If you properly waive the Qualified Joint and Survivor Annuity benefit, you may elect one of the Forms of Benefit described under Section E.



## SECTION E: Forms of Benefit (Elect only one benefit payment option.)

	Single Life Annuity (Standard form of payment if you are not married and do not elect an optional form of benefit) I elect to receive \$1,052.50 per month for the remainder of my life. When I die, payments will stop. If I am married, my spouse has consented to this election by completing Section G.  Relative Value: IRS Regulations require that we show you the "relative value" of each payment option below as a percent of the Single Life Annuity. This demonstrates the expected "value" of the benefit payment options. The Single Life Annuity is given a value of 100%. To calculate the value of the Lump Sum Payment we used an interest rate of 5 .50% and life expectancy assumptions. The actual difference in the value of the payment methods will depend on how long you (and, if appropriate, your beneficiary) lives. See below for the "value" of each benefit payment option compared to the Single Life Annuity. Because each person's circumstances are unique, a benefit election should not be made solely on the
	<b>5 Year Certain &amp; Life Annuity</b> I elect to receive \$978.52 per month for the remainder of my life, with the first 60 monthly payments guaranteed. If I die before I receive 60 monthly payments, the remainder of the 60 payments will be made to my beneficiary or estate. If I am married, my spouse has consented to this election by completing Section G. The relative value of this benefit to the Single Life Annuity is 99%. If you wish to designate a beneficiary other than the beneficiary listed in Section C, please correct the information in Section C.
	<b>10 Year Certain &amp; Life Annuity</b> I elect to receive \$960.40 per month for the remainder of my life, with the first 120 monthly payments guaranteed. If I die before I receive 120 monthly payments, the remainder of the 120 payments will be made to my beneficiary or estate. If I am married, my spouse has consented to this election by completing Section G. The relative value of this benefit to the Single Life Annuity is <b>99%</b> . If you wish to designate a beneficiary other than the beneficiary listed in Section C, please correct the information in Section C.
	<b>15 Year Certain &amp; Life Annuity</b> I elect to receive \$930.75 per month for the remainder of my life, with the first 180 monthly payments guaranteed. If I die before I receive 180 monthly payments, the remainder of the 180 payments will be made to my beneficiary or estate. If I am married, my spouse has consented to this election by completing Section G. The relative value of this benefit to the Single Life Annuity is <b>98%</b> . If you wish to designate a beneficiary other than the beneficiary listed in Section C, please correct the information in Section C.
	<b>50% Joint &amp; Survivor Annuity (Qualified Joint and Survivor Annuity)</b> (Standard form of payment if you are married and do not elect an optional form of benefit) I elect to receive \$805.54 per month for the remainder of my life. After my death, if my beneficiary survives me, payments of \$402.77 per month will be made for the remainder of (her/his) life. If I am married, and my spouse is not the beneficiary, my spouse has consented to this election by completing Section G. The relative value of this benefit to the Single Life Annuity is <b>99%.</b> A beneficiary's date of birth is needed to calculate this option. If you wish to designate a beneficiary other than the beneficiary listed in Section C, please contact a Diversified Retirement Counselor at (800) 755-5801 and a new Application will be issued.
	66 2/3% Joint & Survivor Annuity I elect to receive \$763.23 per month for the remainder of my life. After my death, if my beneficiary survives me, payments of \$508.85 per month will be made for the remainder of (her/his) life. If I am married, and my spouse is not the beneficiary, my spouse has consented to this election by completing Section G. The relative value of this benefit to the Single Life Annuity is 98%. A beneficiary's date of birth is needed to calculate this option. If you wish to designate a beneficiary other than the beneficiary listed in Section C, please contact a Diversified Retirement Counselor at (800) 755-5801 and a new Application will be issued.
	<b>100% Joint and Survivor Annuity</b> I elect to receive \$692.97 per month for the remainder of my life. After my death, if my beneficiary survives me, payments of \$692.97 per month will be made for the remainder of (her/his) life. If I am married, and my spouse is not the beneficiary, my spouse has consented to this election by completing Section G. The relative value of this benefit to the Single Life Annuity is <b>98%.</b> A beneficiary's date of birth is needed to calculate this option. If you wish to designate a beneficiary other than the beneficiary listed in Section C, please contact a Diversified Retirement Counselor at (800) 755-5801 and a new Application will be issued.
Page 2	

Please review the benefit amounts and forms of benefit below. Place an "X" in the box for the form of payment you wish to choose.

### **Retirement Benefit Application**

# **SECTION F: Payment Distribution Options** Part A – To be completed if you elected a MONTHLY ANNUITY option: If you do not elect otherwise, federal income taxes will be withheld from your benefit payment based on a filing status of married with three exemptions. Withhold federal tax based on the following: Married Married but withhold at single rate Number of exemptions: Withhold additional federal tax in a flat dollar amount of \$ Do not withhold federal tax Some states have mandatory tax withholding. Other states allow withholding election. If state tax is withheld, it will be on the same basis as federal taxes. For states without mandatory withholding: Withhold state income tax Do not withhold state tax State Tax Jurisdiction: **Direct Deposit** Deposit my retirement benefit payment(s) directly into my bank account as follows: Savings account Checking account (attach voided check) Transit / ABA number: Account number:

I will notify Diversified immediately should any of this information change.

Bank name: Bank address:

Name on account:



### SECTION G: Qualified Joint and Survivor Annuity Waiver and Spousal Consent

If you are not married, skip to Section H. Part A – To be completed by Participant (if applicable) I, (Participant's Name) , do hereby elect to waive the Qualified Joint and Survivor Annuity benefit, and instead elect the following form of benefit (from Section E): (Fill in Form of Benefit You Have Elected) \_\_\_\_\_ I fully understand that I cannot waive the Qualified Joint and Survivor Annuity benefit unless I obtain the signed, written consent of my spouse, witnessed by a notary public (see below). I hereby designate: Name of Non-Spouse Beneficiary as beneficiary instead of my spouse for any death benefit which may be provided under the alternate form of benefit I elected above. I understand that my spouse must consent to my designation of the non-spouse beneficiary named above. Additional information regarding my beneficiary election is in Section C. Participant's Signature Date Part B – To be completed by Participant's Spouse (*if applicable*) I, (Name of Participant's Spouse) \_\_\_\_, do hereby consent to my spouse's waiver of the Qualified Joint and Survivor Annuity benefit. I understand that such consent means I may not receive any benefits upon his/her death, depending on the benefit option my spouse elected and whether my spouse lists me as the beneficiary. I understand that if I do not consent, I will be the beneficiary of a survivor annuity. I further understand that the designated beneficiary may be entitled to receive a death benefit under the benefit option which has been elected by my spouse: (Fill in Form of Benefit Elected) I acknowledge and consent to my spouse's designation of: Name of Non-Spouse Beneficiary As beneficiary for any death benefit which may be provided under the benefit option elected by my spouse (as indicated above). I understand that my consent is irrevocable unless my spouse changes his/her beneficiary designation or the benefit option elected (prior to the date his/her benefits start), in which event(s), my spouse must obtain my written consent to such change(s). Spouse's Signature Date WITNESSED BY: Notary Public Signature Date My commission expires: (SEAL) Note: This form is valid only if signed during the 180 day period before the benefit starting date indicated in Section B.

Participant's Signature

## **Retirement Benefit Application**

Date

SECTION H: Qualified Domestic Relations Order (QDRO)
I am not I am subject to the terms of a Qualified Domestic Relations Order.
If you are required to pay a portion of your pension benefit to another person (usually in the case of divorce) and a QDRO is late discovered, you may forfeit a portion of your benefit until the person entitled to your benefit has received his or her full share of the benefit.
SECTION I: Participant's Signature
By my signature below, I agree that I have read the Explanation of the Qualified Joint and Survivor Annuity on the preceding pages I understand that if I am married my benefit will automatically be paid in the form of a 50% Joint and Survivor Annuity unless elect one of the other benefit options indicated and my spouse and I complete the Qualified Joint and Survivor Annuity Waiver and Spousal Consent Section of this Form. I also understand that I may, with my spouse's consent, change my form of benefit election by submitting to Diversified another completed copy of this Form or any similar form. I understand that changes may not be made after my Benefit Starting Date and/or after I have started to receive benefits. In addition, I am electing the benefit option indicated and understand that this election supersedes any previous benefit elections. I also understand that unless I elect otherwise Diversified will deduct required federal and state tax withholding and that appropriate amounts will be deducted from each payment. Finally, I understand that the amount paid to me may change based on changes in my compensation, termination date, or changes in my or my joint annuitant's date of birth.
I certify, under penalty of perjury, that the information provided in this Application is true and accurate. I understand that I have a right to review the materials provided for 30 days. By completing and returning this Application to Diversified prior to the end of the 30 day period, I am waiving my right to such 30 day review period.

### **Retirement Benefit Application**

## SECTION J: Additional Documents In order to process this Application, we must have the following documents certified by a notary: A certified copy of your birth certificate, passport or armed services discharge papers. **Enclosed is:** Copy of birth certificate Copy of passport Copy of armed services discharge papers If you elected a Joint & Survivor form of benefit, a certified copy of your spouse's or beneficiary's birth certificate, passport, or armed services discharge papers. **Enclosed is:** ☐ Copy of birth certificate Copy of passport Copy of armed services discharge papers If you are married, proof of marriage. **Enclosed is:** Copy of marriage certificate Affidavit of marriage (call for sample) If the documents above are not written in English, you must include a notarized copy that has been translated into English. For Diversified use only

Calculation Number:

FEN: □

Form 1099R distribution code:  $\Box$  2 – Early Retirement  $\Box$  3 – Disability  $\Box$  4 – Death  $\Box$  7 – Normal Retirement

Verify Termination Date: