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| --- | --- | --- | --- |
| If the recipient plan is a qualified retirement plan (not an IRA), I acknowledge that the plan is an eligible retirement plan and that it will accept my rollover. |  | I have read the attached "Special Tax Notice Regarding Plan Payments" and make the following election (*check one and complete*): | |
| □ | 1. Make the distribution payable to me, minus the mandatory 20 percent withholding tax.   *(You cannot elect to waive this withholding when your distribution is eligible for a Direct Rollover.)* |
| □ | 1. Make the distribution as a Direct Rollover payable to the following IRA or qualified retirement plan (recipient plan):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number Fund Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip |
| □ | 1. Split my distribution as follows: *(Please also complete Section B.)*   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to me, less 20 percent withholding, and  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a Direct Rollover to the above mentioned party. |

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|  | Participant’s Name (Please Print) | | |  | Social Security Number | | | |
|  |  |  | | | | | |  |
|  | Address | | | | | | | |
|  |  |  | |  |  |  |  |  |
|  |  | City | |  | State |  | Zip |  |
|  |  |  | |  |  | | |  |
|  | Participant’s Signature | |  | | Date | | | |

Return completed forms to: BPAS, Attn: BFMC Pension Support

      706. N. Clinton St, Suite 200

      Syracuse, NY 13204