

**PARTICIPANT'S WAIVER OF 30-DAY NOTICE
REQUIREMENT UNDER SECTION 402(f)**

I wish to have my distribution from _____ (the "Plan") made as soon as possible in accordance with the benefit election form(s) that I returned to the Plan Administrator. Therefore, I hereby waive the 30-day time period otherwise required between the date the "IRC Section 402(f) Notice" (*Special Tax Notice Regarding Plan Payments*) was provided to me and the date that my election regarding my distribution is implemented.

In connection with this waiver, I hereby confirm the following:

1. that I acknowledge receipt of a written "IRC Section 402(f) Notice, setting forth the various distribution options available to me;
2. that I understand that I am entitled to a reasonable period of not less than 30 days from the date the notice was provided to me in which to decide whether to make or not make a direct rollover of my distribution; and
3. that, notwithstanding my waiver, I continue to have the opportunity within the 30-day period to reconsider my decision of whether or not to elect a direct rollover until my election is actually implemented.

Print Name: _

Social Security #:

Signature: _____

Date: _____

(Check the box)

I have received and read the attached "Special Notice Regarding Plan Payments".