

NOTICE OF TRANSFER TO AN INELIGIBLE STATUS

Name _____ Social Security No. _____

Name of Plan _____

Current Department, Classification or Category _____

Ineligible Department, Classification or Category after Transfer _____

Effective Date of Transfer _____

I hereby give notice of my transfer to another department, classification or category within my Employer so that I am no longer eligible to participate in this Plan, and understand that my participation in this Plan will cease and I will be subject to the following rules and requirements relating to this Plan and my rights and benefits hereunder:

Initial one of the following:

_____ **Rule 1.** If I am vested under this Plan as of the date of my employment transfer, such transfer date will be treated as my final date of Service credit under the plan. I understand that my pension payments will begin the earlier of: 1) my final termination of employment with the Employer; or 2) upon reaching Normal Retirement Age.

_____ **Rule 2.** If I am not eligible for a pension under this Plan as of the date of my employment transfer, my contribution accumulation (if any) will remain in the Fund and continue to accrue interest. I will not continue to accrue Service credit for the purpose of meeting eligibility requirements for the benefits under this Plan or for the purpose of computing benefits under this Plan. I understand that my contribution accumulation will not be distributed to me until after my final termination of employment with the Employer.

Date

Participant's Signature

Regarding the transferred Participant, the following rule applies:

- () Rule 1 applies and he/she will complete the necessary retirement application forms; or
- () Rule 2 and he/she will NOT be requesting a contribution refund until employment terminates.

Date

BY: _____
Authorized Agent for the Retirement Committee

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