



**NOTICE TO
PARTICIPANTS, SURVIVING SPOUSES AND ALTERNATE PAYEES
CONCERNING ELIGIBLE ROLLOVER DISTRIBUTIONS
AND ELECTION FORM**

PLEASE READ THIS NOTICE AND THEN COMPLETE THE ELECTION FORM.

NAME: _____ SSN: _____

The Sign, Pictorial & Display Industry Pension Plan provides that you are allowed to transfer all or part of an "eligible rollover distribution" directly from the Plan to an eligible employer plan or union pension plan, or an eligible IRA. Under the Pension Plan, the only eligible rollover distributions are: 1) cash-outs of benefits under \$1,000 in value; and 2) payments under the Plan Lump Sum Pre-Retirement Death Benefit. If you have received this form, you are about to receive one or more eligible rollover distributions described below. This notice and election form explains the Plan rules for electing to have your distribution(s) rolled over. Please also read the notice entitled "Your Rollover Options."

If you elect to have an eligible distribution rolled over directly, your entire distribution (or the portion you designate, if at least \$500) will be paid to the trustee(s) for the transferee plan, or eligible IRA. If you do not elect to roll your distribution over directly, your distribution will be paid directly to you, less a mandatory 20% withholding of federal income tax, and any optional withholding of state taxes that you elect.

To elect to have your distribution rolled over, you must complete this form and return it to the Administration Office promptly. If you do not return this form to the Administration Office in a timely fashion, you will be deemed to have elected to have your distribution made directly to you.

TO BE COMPLETED BY ADMINISTRATION OFFICE:

You are about to receive the following eligible rollover distribution(s)
(check one):

- a lump sum distribution in the amount of \$ _____.
- a lump sum Pre-Retirement Death Benefit in the amount of \$ _____.

RECIPIENT'S STATEMENT AND ROLLOVER ELECTION

TO BE COMPLETED BY PARTICIPANT, SURVIVING SPOUSE OR BENEFICIARY:

Check one:

- I hereby elect to have the distribution(s) paid directly to me.
[If you make this election, sign below and do not complete the rest of this form].

- I hereby elect to have the following amount of the distribution(s) rolled directly over to an eligible employer plan, a traditional IRA, or a Roth IRA (check one):
 - All
 - Portion of distribution: _____
(Must be \$500 or more)

I hereby affirm that the recipient of the direct rollover(s) that I have requested is a trustee of an eligible employer plan or union pension plan, a traditional IRA, or a Roth IRA. The name and address of the person or institution to whom the direct rollover(s) should be made is:

Name of Trustee: _____

Name of Account: _____

Account Number: _____

Name of Bank
or Institution: _____

Address to which
Payment to be sent: _____

Preferred type
of transfer method: _____
(direct deposit or delivery of check to you)

Signature _____ Date _____