

SAN DIEGO ELECTRICAL ANNUITY PLAN

Distribution Directive

PART I. PAYEE INFORMATION

PARTICIPANT DATA	
Name (Last, First, MI) _____	Social Security Number _____
Address _____	Date of Birth _____
City _____ State _____ Zip _____	Home Phone _____
Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Payee <input type="checkbox"/> Yes <input type="checkbox"/> No

PAYEE DATA - Complete <u>ONLY</u> if Payee is other than Participant (i.e. Rollover, QDRO, etc.)			
<input type="checkbox"/> Alternate Payee (QDRO)	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other Trustee (Rollover)	<input type="checkbox"/> Other:
Payee Name (Last, First, MI) _____	SSN or Account No. _____		
FBO (for the benefit of) _____	Date of Birth (if applicable) _____		
Address _____	City _____	State _____	Zip _____
			Phone Number _____

TYPE OF DISTRIBUTION		
<input type="checkbox"/> Partial Amount: \$ _____	<input type="checkbox"/> Final Balance (Read and initial acknowledgment below.)	<input type="checkbox"/> Hardship (Special Rules Apply) Amount: \$ _____
<p>I hereby acknowledge that by requesting a "Final Balance" in submitting this Directive, the Administrator will wait until such time as contributions through the date I have indicated in the Qualifying Event. _____ (initial)</p>		

QUALIFYING EVENT		DISTRIBUTION CODE _____
<input type="checkbox"/> Termination of Service Date: _____ Name of Last Employer: _____	<input type="checkbox"/> Return of Excess Deferrals	
<input type="checkbox"/> Retirement Date: _____	<input type="checkbox"/> Required Minimum Distribution at Age 70½	
<input type="checkbox"/> Disability Date: _____	<input type="checkbox"/> Death ¹ _____	Date: _____
<input type="checkbox"/> Divorce ² Date: _____	<input type="checkbox"/> Other: _____	

¹ Death Please provide administrator with copy of Death Certificate.

² Divorce Must provide administrator with copy of Judgment or Marital Settlement Agreement.

FORM OF BENEFIT

I elect to receive my benefit in a single sum, less tax withholdings.

I elect to receive \$_____ of my benefit in a single sum less tax withholdings and a direct rollover of the balance of my account to the IRA or qualified employer plan Named in Part 1, Payee Data.

I elect a direct rollover of my account to the IRA or qualified employer plan as named in Part 1, Payee Data.

ROLLOVER CERTIFICATION (REQUIRED FOR EMPLOYER PLANS ONLY)

I certify that the plan named below is eligible to receive and will accept a direct rollover.

Name of Payee/Plan _____ Date _____

Signature of Administrator/Broker: _____

INCOME TAX WITHHOLDING NOTICE & ELECTION AND PARTICIPANT RELEASE

Withholding of Federal income tax at a rate of 20% is automatic if your benefit is paid in the form of a single sum or in installments over a period of less than 10 years and you did not elect to have the entire benefit directly rolled over into an IRA or other qualified employer plan. Applicable state income tax will be withheld from any distribution made to you unless you elect NOT to have state income tax withheld. If state laws are changed to make withholding of state income tax mandatory for some distributions, as in the case of federal income tax, any election NOT to have state income tax withheld will be disregarded.

Do you want state income tax withheld from your distribution? Yes No

I have read and understand the Special Tax Notice attached. By signing below I consent to the distribution. If I am married, my spouse and I both understand that we must consent to such distribution.

Signature Date

I acknowledge that I am not and was not married during the period I participated in the Plan. _____(initial)

SPOUSAL CONSENT AND WITNESS OF SPOUSAL CONSENT

I hereby consent to the above requested distribution from the San Diego Electrical Annuity Plan and I understand that the effect of my consent may forfeit benefits I might otherwise receive upon my spouse's death and my consent is irrevocable. I agree to release and discharge the Trustees, Plan Administrator and Plan Sponsor from all liability for acting upon this consent.

Spouse's Signature Date

Witness of Notary Public:

_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature(s) on the instrument the person(s) or the entity(ies) upon behalf of which the person(s) acted, executed this document.

WITNESS my hand and official seal.

Notary Signature (Official Seal)