REQUEST FOR PARTIAL TERMINATION DISTRIBUTION

Completed forms may be scanned and emailed to benefits@ebspension.com, faxed to (570) 223-6815, or mailed to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609. IRS Rev. Rul. 2004-10 and DOL Field Bulletin 2003-3 state charges applicable to a specific account can be charged against that account. Creation of a benefit election/application package will result in chargeable fees. The value of fees will reflect type of payment requested, investments charged, and the amount of payment. The fee of EBS typically does not exceed $100. Be advised that fees of other parties may apply.

Employer's Name:_____

Plan Name:_____

Participant Name:_____

Social Security Number:_____ Date of Birth:_____

Participant's Home Address:_____

_____

_____

(If Address Includes a PO Box, a Street Address Must Also Be Provided).

Home Telephone:_____ Work Telephone:_____

Participant Email Address:_____

Date your employment was terminated?_____ Is this a permanent separation? Yes / No

Nature of my service termination. ( ) Involuntary ( ) Quit ( ) Layoff ( ) Retired

Other:_____

Required Participant Signatures

(Witness can be a Notary Public or Representative of the Plan Administrator)

As evidenced by my signature below, I hereby state that I have been advised that under the terms of the plan named above (the Plan), I am not eligible to receive the requested benefit distribution at this time. Despite this determination, I am requesting that a "partial payment" of benefits be made at this time. I understand that the amount of this partial payment will be the amount that the Plan Administrator determines can be paid at this time, given concerns held toward making payment. I recognize that this "early processing of payment" could adversely effect (e.g. incurring additional fees) the total value of benefits ultimately paid to me from the Plan, and agree that I alone am responsible for any such loss. Finally, I represent that I have obtained any additional information or counsel I believed necessary to make a prudent decision in this regard. I hereby request and authorize the Plan Administrator and Trustees of the Plan to approve this request.

Print Name of Participant:_____ Date of Request:_____

Signature of Participant:_____

Print Name of Witness:_____ Date of Witness:_____

Signature of Witness:_____