



Automatic Enrollment Opt Out and Refund Form

INSTRUCTIONS AND INFORMATION FOR COMPLETING THIS FORM

Use this form if you were automatically enrolled in the plan and are opting out of the Automatic Enrollment Program. IRS rules state that this request must be made within 90 days of the first automatic deferral. The IRS rules also state that the effective date of the Opt Out election cannot be after the earlier of:

1. The pay date of the second payroll period beginning after the election is made, or
2. The first pay date that occurs at least 30 days after the election is made.

Participants must go on-line and log into TA-Retirement.com to change their contribution rate to 0% or contact the company's Payroll Department to change their contribution rate to 0%.

This form must be completed and signed by you and the plan administrator, trustee or an authorized plan signer. If any information is missing or incomplete, you may be required to complete a new form or provide additional information before the distribution can be processed.

Some Facts On Opt Out Refunds:

- ◆ Employee contributions, adjusted for any gains or losses through the distribution date, will be refunded to the participant
- ◆ Any employer matching contributions, adjusted for any gains or losses through the distribution date, will be forfeited and applied based on your plan's provisions.
- ◆ Participant will receive a Form 1099-R for the year in which the refund is distributed.
- ◆ A refund of automatic contributions can **not** be rolled over to another qualified plan
- ◆ The refund amount will be taxable to the participant in the year of distribution. An early withdrawal penalty will not apply.

PARTICIPANT INSTRUCTIONS

1. Complete Sections A-D
2. Your signature is required in Section D.
3. Submit the Form to Transamerica Plan Administration Service Support (PASS) for signature and processing. **Fax and mailing information is listed in Section G of this form.**

SECTION A. PLAN INFORMATION

Company/Employer Name

Plan Name

Contract Number

Division Number/Sub-id *(if applicable)*

SECTION B. PARTICIPANT INFORMATION — PLEASE PRINT

Social Security No. - -	Date of Birth (mmddyyyy) - -	Date of Hire (mmddyyyy) - -	E-mail Address	
Last Name		First Name/Middle Initial		
Street Address/Apt. No.			Phone No. () -	Ext. (if any)
City	State	Zip Code		

MAIL DELIVERY OF DISTRIBUTION

All checks will be sent via First Class Mail.

SECTION C. ELECTION

I am requesting to opt out of the Automatic Enrollment Program and have the contributions deducted refunded to me. Please have the check made payable to me.

SECTION D. REQUIRED SIGNATURES

My signature acknowledges that I have read, understand and agree to all the terms of this form, and affirm that all information that I have provided is true and correct. I understand that opting out at this time does not prohibit me from rejoining and participating in the plan at any time in the future, subject to plan provisions.



Signature of Participant

Opt Out Election Date

Once this form has been completed with all of the necessary information and required signatures, please forward to:

Mail or Fax To: Transamerica, PASS Processing Center, 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499 Fax #: 866-846-2236

Questions or Account Information: Call TransDirect at (800) 401-TRAN (8726)

Be sure to keep a photocopy for your records.

FOR TRANSAMERICA USE ONLY

PLAN ADMINISTRATION SERVICE SUPPORT:	TIME/DATE	