



We strongly encourage you to seek professional tax advice before completing this form.

Return to: UFMCC Board of Pensions (U.S.A.)
P.O. Box 1374
Abilene, TX 79604

PLEASE TYPE OR PRINT CLEARLY

CURRENT INFORMATION

Name _____

Address _____

City, ST, Postal Code _____

Home Phone _____ Work Phone _____

Email Address _____

Social Security Number _____

Please pay my retirement benefit to me as follows (initial one):

- _____ A Single Sum Cash Payment.
- _____ An annuity contract which will provide periodic payments for life.
- _____ Direct Roll Over to an Individual Retirement Account (note: if you elect to roll all or any portion of your retirement benefit, you must first obtain the necessary approval from your sponsor and/or trustee of the recipient IRA).

I elect to directly roll [] ALL or \$ _____ of my distribution to the IRA indicated below.

Individual Retirement Account (IRA):

Name of Financial Institution: _____

Mailing Address: _____

Account Number: _____

This election remains valid until revoked. I understand that I may revoke or change this election at any time prior to my actual distribution of benefits.

Participant's Signature _____

Date _____