



# Profit Sharing Distribution Election

## 1. Information About You

Name (Last, First, M.I.)		Social Security Number	
Street Address		Term/Retirement Date	
City	State	Zip Code	Phone (    )

## 2. Marital Status

I am (check one)  
 Married     Not married    Note: If you are married, Section 4 on reverse side must be completed if you elect a benefit other than a Qualified Joint and 50% Survivor Annuity. A person is considered to be your spouse if he or she was married to you in a same-sex marriage that was validly entered into in a state that permits same-sex marriage, even if you both move to or reside in a state that does not recognize the validity of same-sex marriages.

## 3. Your Payment Options

I want my account paid as: Choose one of the options in A. or B. below:

### A. Lump sum options

- Cash Distribution** of the cash value of my General Fund and Special Retirement Fund, if applicable. (20% Federal tax withholding, as applicable, will be subtracted from your payment.)
- Direct Rollover** of the cash value of both the General Fund and Special Retirement Fund, if applicable.  
You can roll your distribution over to another retirement plan or to an IRA. Your check will be made payable to the plan or financial institution that is receiving your rollover funds. (You must also complete the Direct Rollover Information Section below.)
- Combination of Cash Distribution and Direct Rollover**  
I want \_\_\_\_\_ % or \$ \_\_\_\_\_ of my account as a cash distribution payable to me.  
I want \_\_\_\_\_ % or \$ \_\_\_\_\_ of my account (not less than \$200) to be directly transferred to another retirement plan or an IRA as follows:

### DIRECT ROLLOVER INFORMATION

1. \_\_\_\_\_ percent or dollar amount of my rollover payable to this:  Retirement Plan     IRA    Make check payable to: \_\_\_\_\_

Account # of the plan or an IRA: \_\_\_\_\_

Mail this check to my new plan or IRA at the address shown on right.    Address of plan or financial plan receiving my funds: \_\_\_\_\_

Mail this check to me. I will send this check to my new plan or IRA within 60 days after receiving it.    \_\_\_\_\_

Contact/Phone: \_\_\_\_\_

2. \_\_\_\_\_ percent or dollar amount of my rollover payable to this:  Retirement Plan     IRA    Make check payable to: \_\_\_\_\_

Account # of the plan or IRA: \_\_\_\_\_

Mail this check to my new plan or IRA at the address shown on right.    Address of plan or financial plan receiving my funds: \_\_\_\_\_

Mail this check to me. I will send this check to my new plan or an IRA within 60 days after receiving it.    \_\_\_\_\_

Contact/Phone: \_\_\_\_\_

### B. Monthly Annuity

- I am single and therefore elect to receive my monthly benefit in the form of a single life annuity.
- I am married and I elect my benefit to be payable as follows: (check one box)
  - Single life annuity, payable for my lifetime only.
  - Qualified Joint & 50% Survivor Annuity with my spouse as beneficiary.
  - Qualified Joint & 75% Survivor Annuity with my spouse as beneficiary.
  - Qualified Joint & 100% Survivor Annuity with my spouse as beneficiary.

**continued on reverse side**

# Profit Sharing Distribution Election (cont.)

## 4. Spousal Consent

I, \_\_\_\_\_, spouse of the Participant, hereby consent to the timing and form of distribution elected in Section 3 of this form. I have received a written explanation of the effect of the election, my right not to consent if the form of benefit elected is other than a qualified joint and 50% survivor annuity, the waiver election period, and the financial effect of the election not to receive benefits in the qualified joint and 50% survivor annuity form. I understand my consent is irrevocable, unless my spouse revokes the form of benefit elected in Section 3. I understand any change in this form of benefit election is subject to my consent, unless my spouse elects to receive a qualified joint and 50% survivor annuity.

I have executed this Spousal Consent on on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Month

Year

Sign Here  \_\_\_\_\_  
Signature of Participant's Spouse Social Security # Date of Birth

**Note: Either a proper witness or notary must sign below.**

## Witness by Plan Representative

Signature of spouse for consent witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Month

Year

\_\_\_\_\_  
Plan Representative

## Witness by Notary

STATE OF ( )  
( ss.  
COUNTY OF ( )

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Spousal Consent as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Month

Year

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_

## 5. Participant Signature

I acknowledge receipt of the "Special Tax Notice Regarding Plan Payments" attached. I also understand that if applicable, 20% will be withheld for taxes from the taxable portion of my lump sum distribution which was eligible for rollover but paid directly to me. I consent to an immediate distribution of my Vested Account Balance. I affirmatively waive any unexpired portion of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

Sign Here  \_\_\_\_\_  
Signature of Participant Date

## Return Completed Form To:

Please return completed form to:  
**ABX Air, Inc.**  
Human Resources / Mail Code 2061H  
145 Hunter Drive  
Wilmington, OH 45177