IMPORTANT NOTICE ABOUT YOUR PLAN ACCOUNT
BUY-BACK NOTICE AND REQUEST

____
Name of Plan

________________________ - PARTICIPANT
Name of Participant

Under the terms of the Plan, when you received a distribution of your vested benefit when you terminated employment in a prior year, your non-vested funds were forfeited. This buy-back opportunity does not apply to fully vested accounts or 401(k) accounts.

You have five years from the date you were re-employed in which to repay to the Plan the vested portion of your employer accounts you received from the plan in order to have your non-vested funds restored to your account. You must still earn the necessary number of years of service to be fully vested in the restored amount. A Year of Service is typically a Plan Year in which you work 1,000 hours. See your Summary Plan Description booklet. You remain fully vested in the amount you repay.

You must pay the exact full amount of the employer account benefit you received from the plan (you may not repay on fully vested accounts) by the fifth anniversary of your rehire date to have restored to your account(s) the non-vested portion of your account(s) at the time you received your distribution.

You must pay $_________* by _______________ (the fifth anniversary of your rehire date) to have $_________ restored to your account(s).

If you do not "buy back" these forfeitures by the above date, you will lose the opportunity to do so.

Please provide the following information if you wish to take advantage of this "buy back" option:

____ Attached is my check in the amount of $_________ (must equal the exact amount shown above and marked with an *). This came from my own personal funds, not from an IRA or any other tax-sheltered plan, and I understand I will not have to pay taxes on this when it is subsequently distributed to me from the above-named Plan.

____ I plan to have my IRA custodian transfer the amount above (marked by *) directly to the above-named Plan. This will be subject to income taxation upon later distribution to me from this Plan.

____ I intend to have the Trustee or Custodian of____ (name of transferring Plan) transfer to the above-named Plan the amount shown above and marked by *. This will be subject to income taxation upon later distribution to me from this Plan.

I understand that I may be asked to furnish additional information concerning the IRA or other plan before any transfer from those sources will be accepted.

______________________________ ____
Date **Participant**