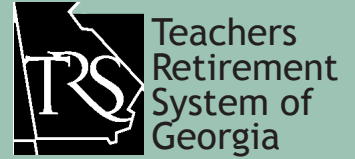


30-Day Waiting Period Waiver



▼ **To Be Completed by Member--** *please print clearly*

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Social Security Number

Last Name

First Name

Middle Initial

Mailing Address

(_____) _____
Telephone Number

City

State

Zip Code

I acknowledge that I have received information regarding my rights to have my taxable contributions and interest rolled over to another eligible plan or IRA, or to have the taxable funds paid directly to me with the appropriate taxes being withheld.

I wish to waive my right to a 30-day waiting period and have my funds paid as indicated on my Application for Refund of Contributions.

Signature

Date

