



HUMAN RESOURCE CONSULTING AND ADMINISTRATIVE SOLUTIONS  
www.morneaushepell.com

ABCORP

June 15, 2011

**CONFIDENTIAL**

LARRY L. MARCOVSKY  
14800 E 63rd St S  
Springfield, IL 11111  
United States

Dear Mr. MARCOVSKY:

**RE: ABC Corporation Pension Plan(s)  
Retirement Benefits**

Thank you for contacting the ABC Benefit Center regarding your retirement on July 1, 2011. You will find enclosed the documents required to process your total pension benefit entitlement under the ABC Corporation Pension Plan(s) in which you participated.

The enclosed Retirement Benefit Statement includes the pension benefit amounts calculated in accordance with the provisions of the applicable ABC Corporation Pension Plan and information you provided. If any of the applicable Plans is amended before your retirement date or your employment status changes or you designate another beneficiary or if any of your personal data changes, your actual benefit may differ from the calculation results. If this is the case, you will be informed of your revised pension benefit amounts when your payment is recalculated.

You should review and complete the enclosed applicable forms, obtain the required supporting documents and return all necessary paperwork. Once the ABC Benefit Center receives your completed forms and documentation, the Plan's trustee will be authorized to issue your benefit payment.

Please note that, under the law, you have the right to a minimum of 30 days to make such an election so the ABC Benefit Center is not authorized to process the payment of your pension until the 30-day period has elapsed. However, you can authorize the payment of your pension benefit before the end of the 30-day period by waiving your right to that period. If you expect to retire in less than 90 days from the day on which you contacted the ABC Benefit Center, we recommend that you consider the use of the 30-day waiver in order to avoid further administrative delays.

To ensure your monthly pension benefit payments begin in a timely manner, you should provide the required documentation as soon as possible. Normally, if all retirement paperwork is completed and

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received at least 30 days prior to your retirement date, the first pension payment should be received on the first day of your second month of retirement, along with your second pension payment. Subsequent payments will be issued as of the first day of each month.

If the required paperwork is not received by the ABC Benefit Center 90 days following your requested date of retirement, the benefit will need to be recalculated. In that case, your actual pension benefit will be paid starting on the first of the month following the date on which all required documentation is received, and no retroactive payments will be issued.

For your convenience, you can use the enclosed self-addressed envelope to submit all required documents to the ABC Benefit Center.

You must notify your supervisor of your intention to retire, if this has not already been done. To do so, please submit the enclosed Notification of Termination / Retirement to Supervisor form at your convenience. This will also ensure the timely payment of your pension.

Please keep a copy of the documentation included with the present letter with your important documents.

Note that according to the provisions of the ABC Corporation Pension Plans, should you become re-employed with ABC Corporation after you retire, your pension payments will be suspended.

For additional information regarding your Pension Plan, please consult your Summary Plan Description available on the web at <http://www.abc.com/ess> or contact us for a paper copy.

If you have any questions, require additional information or if you would like to submit documents via registered or overnight mail, please feel free to contact the ABC Benefit Center Monday through Friday, between 8:00 a.m. and 5:00 p.m., Central Standard Time (C.S.T.), at 1-866-111-2222.

Yours truly,

ABC Benefit Center  
P.O. Box 25407  
Pittsburgh, PA 15220

Pension & Benefits Solutions Web Site: <http://www.abc.com/ess>

Enclosure:

- Retirement Benefit Statement
- Retirement Benefit Form
- Request for Direct Deposit
- Tax Election Form
- Notification of Termination / Retirement to Supervisor

LARRY L. MARCOVSKY  
14800 E 63rd St S  
Springfield, IL 11111  
United States

**ABC CORPORATION PENSION PLAN(S)**  
**EARLY RETIREMENT BENEFIT STATEMENT**

Name: **MARCOVSKY, LARRY L.**  
Date of termination: **June 15, 2011**  
Benefit start date: **July 1, 2011**

**Your retirement benefit options are:**

		Monthly Amount Payable	
		To Pensioner	On Death Of Pensioner
A.	Straight Life Annuity From July 1, 2011	\$1,139.76	\$0.00
B.	5 Year Certain and Life Annuity From July 1, 2011 to June 1, 2016	\$1,129.48	\$1,129.48
	From July 1, 2016	\$1,129.48	\$0.00
C.	10 Year Certain and Life Annuity From July 1, 2011 to June 1, 2021	\$1,102.58	\$1,102.58
	From July 1, 2021	\$1,102.58	\$0.00
D.	Joint and 50% to Joint Annuitant Survivor Annuity to your spouse From July 1, 2011	\$1,042.28	\$521.14
E.	Joint and Two Thirds to Joint Annuitant Survivor Annuity to your spouse From July 1, 2011	\$1,013.38	\$675.62
F.	Joint and Three Quarters to Joint Annuitant Survivor Annuity to your spouse From July 1, 2011	\$999.54	\$749.65
G.	Joint and Two-Thirds Survivor Annuity to your spouse From July 1, 2011	\$1,040.90*	\$693.97

\* *This monthly amount will be payable to you as long as the joint annuitant (spouse, disabled mother or father, disabled or dependent daughter or son) is alive. The monthly amount shown in the last column will be payable when either you or your joint annuitant dies.*

Your personal information, as per our records, is summarized in the Appendix.

## ABC CORPORATION PENSION PLAN(S)

### EXPLANATION OF PENSION BENEFITS

Name: **MARCOVSKY, LARRY L.**

Date of termination: **June 15, 2011**

Benefit start date: **July 1, 2011**

#### Relative Value of Your Payment Options

- The benefits you have accrued under the ABC Corporation Pension Plan(s) in which you participated are outlined on the previous page(s), as are your options regarding the different forms of payment available to you. You may select the option which best suits your needs.
- All these annuity forms of payment are actuarially equivalent. The comparisons to provide the relative values of the optional forms were made using the 1971 Group Annuity Mortality Table as well as a 7.00% interest rate.
- The actuarial value of the payments ultimately made under each form of benefit is unknown; it will depend on your longevity, and, in the case of the joint and survivor options, the longevity of your joint annuitant.
- Note that if the date of retirement indicated above is before your Normal Retirement Date (generally age 65), you have the right to defer payments to such date. If you choose to defer, the amount of each monthly annuity payment may be larger when payments begin.

#### Qualified Joint and 50% Survivor Annuity

- The Qualified Joint and 50% Survivor Annuity is mandated by law as the standard form of payment for participants of the Plan who are married. This means that your spouse is automatically entitled to a Joint and 50% to Joint Annuitant Survivor Annuity payable at your death except if another form of payment is elected. If you are married and elect to receive your pension payment in any other form than a Joint and 50% to Joint Annuitant Survivor Annuity, your spouse must waive his/her rights to that form of benefit by completing the case-appropriate form.

#### Explanations of the Payment Forms

- Straight Life Annuity: Under this option, the monthly benefits are payable to you for your lifetime. Upon your death, no further benefits are payable.
- 5 and 10 Year Certain and Life Annuities: Under these options, the monthly benefits are payable to you for your lifetime. If your death occurs before the end of the certain period, the monthly benefit will be paid to your named primary beneficiary, to your contingent beneficiary, to your estate or to your beneficiary's estate, until the expiration of the certain period.
- Joint and Joint Annuitant Survivor Annuities: Under these options, the monthly benefits are payable to you for your lifetime. Upon your death, 50%, two thirds or three quarters of your monthly benefit will be paid to your joint annuitant for his/her lifetime.
- Joint and Two-Thirds Survivor Annuity: Under this option, the monthly benefits are payable to you as long as the joint annuitant is alive. Should your joint annuitant pass away before you do, your monthly benefit will be reduced by one third for your lifetime. Similarly, should you pre-decease your joint annuitant, two thirds of your monthly benefit will be paid to your joint annuitant for his/her lifetime.

# ABC CORPORATION PENSION PLAN(S)

## APPENDIX

### PARTICIPANT'S INFORMATION

Name: **MARCOVSKY, LARRY L.**

#### Information Regarding the Pension Plan

Pension Plan name: ABC Corporation Retirement Income Plan

Employer ID Number: **12-1234567**

Plan Number:

Country: United States

#### Basic Personal Information

- Social Security number: **123-45-6789**
- Gender: **Male**
- Date of birth: **October 9, 1954**
- Marital status: **Married**
- Date of employment: **March 5, 1973**
- Date of participation: **March 5, 1973**
- Date of termination: **June 15, 2011**
- Credited service years
- Vesting service years: **38.333**
- Normal retirement date: **November 1, 2019**

#### Spouse, Joint Annuitant and Beneficiary(ies) as per our Records

- Spouse's name: **Jane Marcovsky**
- Spouse's date of birth: **November 30, 1956**
- Spouse's gender: **Female**
- Joint annuitant's name: Not on file
- Joint annuitant's date of birth: Not on file
- Joint annuitant's gender: Not on file
- Designated beneficiaries: Not on file

Please note that a person named in this section is not automatically entitled to the death benefits payable by the Plan. Upon your death, the person entitled to the benefits will be determined in accordance with the Plan provisions and the applicable pension legislation as well as the designations you will have made and of which we are aware.

**ABC CORPORATION PENSION PLAN(S)**

**APPENDIX**

**PARTICIPANT'S INFORMATION**

**Monthly Pension at Retirement (Normal Single Form)**

**Detail of the Normal Monthly Pension from [November 1, 2019](#)**

Your total accumulated pension is [\\$1,954.99](#) per month.

**Notice**

This statement is based on information in our files as shown on the statement. If any of this information is incorrect, it may be in your interest to have it corrected, as it may have been used to establish the amounts shown in the statement.

Retirement Benefit Form

Please print when completing this form. Return the completed form and keep a copy for your records.

**SECTION 1 – PARTICIPANT’S PERSONAL INFORMATION**

Last name: MARCOVSKY First name and initials: LARRY L.

Address: 14800 E 63rd St S Springfield Illinois 11111 United States  
Street number and name City State Zip Country

3	3	3	7	7	7	0	0	0	7
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1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

 Male  Female  
Telephone number (area code and number) Social Security number

Marital status:  Single  Common law  Married  Separated  Divorced  Widowed

YYYY				MM		DD	
1	9	5	4	1	0	0	9

YYYY				MM		DD	
2	0	1	1	0	6	1	5

YYYY				MM		DD	
2	0	1	1	0	7	0	1

  
Date of birth Date of termination Benefit start date

**SECTION 2 – PARTICIPANT’S PROOF OF AGE**

**INSTRUCTIONS:** Complete your birth information and include a copy of your birth certificate or two of the other documents listed below. Please do not send original documents. Check the box next to the support document submitted.

Place of birth: \_\_\_\_\_  Male  Female  
City State Country

YYYY				MM		DD	

  
Date of birth

- Birth certificate
- Baptismal certification or statement of date of birth as shown by church records, certified by custodian of such records
- Hospital records of date of birth, certified by custodian of such records
- Passport
- Driver’s license
- Family bible certified by a notary public

**SECTION 3 – FORM OF BENEFIT PAYMENT**

**EXPLANATION:** The Qualified Joint & 50% Survivor Annuity is mandated by law as the standard form of retirement payment for participants of the Plan who are married. This means that your spouse is automatically entitled to a Qualified Joint & 50% Survivor Annuity payable at your death unless another form of payment is elected. If you are married and elect to receive your payment in any form other than a Joint and 50% to Joint Annuitant Survivor Annuity, your spouse must waive his/her rights, thereby consenting to the election of another form of payment. In waiving his/her rights to the Joint and 50% to Joint Annuitant Survivor Annuity, your spouse also waives his/her rights as an automatic survivor beneficiary. This means that, should any benefits be payable upon your death to a survivor beneficiary other than your spouse, your spouse must consent to having these benefits paid to the beneficiary(ies) named in Section 4 or 6 of this form (see Section 8 – Spouse Waiver and Consent).

**ELECTION:** I request that my vested pension benefit under the Plan be paid in the form designated below and subject to the terms of the Plan. I understand that I may change my election until the date on which my pension benefit payments begin but, if I am married, no such change may be effective unless my spouse consents. In no event may I change my election after my pension benefit payments begin. I also understand that I will not be authorized to change my election if it is not administratively possible to make the change.



CHECK ONE OPTION ONLY

- A. Straight Life Annuity
- B. 5 Year Certain and Life Annuity
- C. 10 Year Certain and Life Annuity
- D. Joint and 50% to Joint Annuitant Survivor Annuity \*
- E. Joint and Two Thirds to Joint Annuitant Survivor Annuity
- F. Joint and Three Quarters to Joint Annuitant Survivor Annuity
- G. Joint and Two-Thirds Survivor Annuity

\* This form is only available to you if, as of your date of retirement, your marital status is common law, separated or married.

**SECTION 4 – JOINT ANNUITANT DESIGNATION**

**INSTRUCTIONS:** Complete this Section if you elect Option D, E, F or G in Section 3.

- If you elect Option D, your joint annuitant must be your spouse. The term “spouse” includes common-law spouses and same sex domestic partners.
- If you elect Option E, you can name anyone as your joint annuitant. However, the Internal Revenue Service's regulations restrict the age of the joint annuitant if that person is not the participant's spouse. In your case, and considering the date at which your benefits are expected to start, an individual you may name as your non-spouse joint annuitant must be born on or prior to **December 31, 1991\***.
- If you elect Option F, you can name anyone as your joint annuitant. However, the Internal Revenue Service's regulations restrict the age of the joint annuitant if that person is not the participant's spouse. In your case, and considering the date at which your benefits are expected to start, an individual you may name as your non-spouse joint annuitant must be born on or prior to **December 31, 1986\***.
- If you elect Option G, your joint annuitant can be your spouse (including common-law spouse and same sex domestic partners), your dependent daughter, son, mother or father (provided he/she is completely disabled either mentally or physically). If you designate your dependent child or parent as your joint annuitant, include a copy of a birth certificate establishing your relationship as well as a copy of the dependent’s Social Security Notice of Award.

\* In the event that your pension payments need to be recalculated as of the following calendar year, due to the late submission of the required pension paperwork, the non-spouse joint annuitant you may designate will need to be at least one year older than previously determined.

If you are married and designate a joint annuitant other than your spouse, your spouse must complete Section 8. Note that additional proof may be requested subsequently.

Last name: \_\_\_\_\_ First name and initials: \_\_\_\_\_

Address: \_\_\_\_\_  
Street number and name City State Zip Country

\_\_\_\_\_  
Telephone number (area code and number) Social Security number Relationship to participant

If you elect Option G and designate your dependent child or parent as your joint annuitant, include the following documents:

- A copy of a birth certificate establishing your relationship with the joint annuitant
- A copy of the joint annuitant’s Social Security Notice of Award

## SECTION 5 – JOINT ANNUITANT'S PROOF OF AGE

**INSTRUCTIONS:** Have this Section completed by your joint annuitant if you elect Option D, E, F or G in Section 3. Complete the birth information and include a copy of your birth certificate or two of the other documents listed below. Please do not send original documents. Check the box next to the support document submitted.

Joint annuitant's  
place of birth: \_\_\_\_\_  
City State Country

<input type="checkbox"/> Male	<input type="checkbox"/> Female	
YYYY	MM	DD
Date of birth		

- Birth certificate
- Baptismal certification or statement of date of birth as shown by church records, certified by custodian of such records
- Hospital records of date of birth, certified by custodian of such records
- Passport
- Driver's license
- Family bible certified by a notary public

I, the joint annuitant identified in Section 4, certify that the information in this section is true and accurate.

\_\_\_\_\_  
Joint annuitant's signature

\_\_\_\_\_  
Date

## SECTION 6 – BENEFICIARY DESIGNATION

**INSTRUCTIONS:** Complete this Section if you elect Option B or C in Section 3 (Years Certain and Life Annuity). If you are married and designate a survivor beneficiary other than your spouse, your spouse must complete Section 8.

**EXPLANATION:** Any pension benefit payable by the Plan at your death under the terms of the annuity payment option you elected will be paid to:

- your designated primary beneficiary(ies) if at least one of them survives you, or
- your designated contingent beneficiary(ies) if no designated primary beneficiary(ies) survives you, or
- your estate if all named beneficiaries die before you.



**SECTION 7 – SPOUSE IDENTIFICATION**

**INSTRUCTIONS:** Complete this Section if, according to your marital status indicated in Section 1, you have a common law spouse, you are married or separated. Include a copy of your marriage certificate, or, if inexistent, identify the document(s) being submitted. Please do not send original documents. Note that additional proof may be requested subsequently.

If you already identified your spouse in previous Section 4 or 6, check this box:

Otherwise, complete the following information:

Last name: \_\_\_\_\_ First name and initials: \_\_\_\_\_

Address: \_\_\_\_\_  
Street number and name City State Zip Country

\_\_\_\_\_  
Telephone number (area code and number)

Male  Female

I am including a copy of my marriage certificate.

\_\_\_\_\_  
Specify document being submitted

**SECTION 8 – SPOUSE WAIVER AND CONSENT**

**INSTRUCTIONS:** Have this Section completed by your spouse if:

- according to your marital status indicated in Section 1, you have a common-law spouse, you are married or separated and
- you do not elect Option D (Joint and 50% to Joint Annuitant Survivor Annuity) in Section 3, even if you have named your spouse as your joint annuitant in Section 4.

I, the lawful spouse of the retiring participant named in Section 1, understand that, without my consent to the participant’s request for the payment of pension benefits in a form other than the Joint and 50% to Joint Annuitant Survivor Annuity and/or designation of a survivor beneficiary other than me, the participant’s pension benefits must be paid in the form of a Joint and 50% to Joint Annuitant Survivor Annuity under which I would be the survivor beneficiary.

If the participant has elected, under Section 3, to receive a form of pension benefit other than a Joint and 50% to Joint Annuitant Survivor Annuity under which I would be the survivor beneficiary, I hereby consent to the option elected by the participant.

If the participant has named a survivor beneficiary other than me in Section 4 or Section 6, I hereby consent to the designation of the joint annuitant or beneficiary named by the participant.

\_\_\_\_\_  
Spouse’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s name (please print)

(This signature must be witnessed by a notary public)  
Witnessed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title and notary seal (if notary public)

## SECTION 9 – INTERNAL REVENUE SERVICE NOTIFICATION AND PARTICIPANT WAIVER

Internal Revenue Service regulations stipulate that each participant in a pension plan must receive, no more than 180 days before the date pension payments are to begin, a written explanation of the following:

- The terms and conditions of the forms of benefit to which the participant is entitled under the pension plan.
- The employee's right to waive this standard form of benefit and elect another option, and the effect of any such waiver and election.
- The requirement that, if the participant is considered married, his or her spouse must consent to any such waiver of the Qualified Joint and Survivor Annuity option for which the spouse is the joint annuitant.

Under the law, you have the right to a minimum of 30 days to make a payment form election and the HBC Benefit Center is not authorized to process the payment of your pension until the 30-day period has elapsed. However, you can authorize the HBC Benefit Center to initiate the payment of your pension benefit before the end of the 30-day period by waiving your right to that period. If you have questions about this requirement you should contact the ABC Benefit Center.

I hereby waive the 30-day period.

I do not want to waive the 30-day period.

## SECTION 10 – PARTICIPANT ACKNOWLEDGEMENT

By signing this completed form I, **LARRY L. MARCOVSKY**, hereby request to start collecting my pension benefits as of the benefit start date identified above. I further acknowledge that I have read this form in its entirety, fully understand it and that all the personal information in this form is accurate as of the date of the signature below.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

Request for Direct Deposit

Complete this form if you wish to have your pension benefits deposited directly to your bank account, or if you wish to change your direct deposit information. Return the form completed using print characters and keep a copy for your records.

**SECTION 1 – PARTICIPANT IDENTIFICATION**

Last name: MARCOVSKY First name and initials: LARRY L.

YYYY	MM	DD										<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female					
1	9	5	4	1	0	0	9	1	2	3	4	5	6	7	8	9		
Date of birth			Social Security number															

**SECTION 2 – PAYEE'S PERSONAL INFORMATION**

Last name: MARCOVSKY First name and initials: LARRY L.

Address: <u>14800 E 63rd St S</u>	<u>Springfield</u>	<u>Illinois</u>	<u>11111</u>	<u>United States</u>
Street number and name	City	State	Zip	Country

<u>3</u>	<u>3</u>	<u>3</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>1</u>	<u>2</u>	<u>3</u>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone number (area code and number)									Social Security number											

**SECTION 3 – INFORMATION ON BANK ACCOUNT**

Transit routing number (must be 9 digits): 

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Account number: 

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Please check one:  Checking account \* or  Savings account

Name and address of financial institution:

Name of financial institution				
Street number and name				
City	State	Zip	Country	

Telephone number of financial institution: 

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\* Please attach a void check here when using a checking account.

**SECTION 4 – PAYEE'S AUTHORIZATION**

By signing this completed form I, the Payee, hereby authorize my monthly pension payments to be deposited to the above-mentioned financial institution until further written notification from me.

Should I die prior to the date on which any payment made becomes due under the terms and provisions of the Plan, I hereby authorize and direct the above-mentioned financial institution to refund the Trustee/Custodian and charge to my/our account the amount of such overpayment.

Payee's signature (required)	Date
Joint owner's signature (required for joint bank accounts only)	Date

Tax Election Form

Complete this form if you wish to specify or change the Federal and State tax withholdings to be applied on your monthly pension benefits payable from a qualified ABC Corporation Pension Plan. Please print when completing this form and keep a copy for your records. Return the completed form to the ABC Benefit Center, P.O. Box 12345, Pittsburgh, PA 12222.

**SECTION 1 – PARTICIPANT IDENTIFICATION**

Last name: MARCOVSKY First name and initials: LARRY L.

YYYY	MM	DD										<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
1   9   5   4	1   0	0   9	1	2	3	4	5	6	7	8	9		
Date of birth			Social Security number										

**SECTION 2 – PAYEE’S PERSONAL INFORMATION**

Last name: MARCOVSKY First name and initials: LARRY L.

Address: <u>14800 E 63rd St S</u>	<u>Springfield</u>	<u>Illinois</u>	<u>11111</u>	<u>United States</u>
Street number and name	City	State	Zip	Country

3   3   3   7   7   7   0   0   0   7	4   5   6   7   8   9   1   2   3	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
Telephone number (area code and number)	Social Security number		

**SECTION 3 – FEDERAL TAX WITHHOLDING**

Please refer to the form W-4P from the U.S. Department of the Treasury Internal Revenue Service for Worksheets to establish personal Allowances and Deductions.

Check one box only:

Determine the Federal income tax to withhold from my pension payments based on personal allowances and marital status:

– Total number of personal allowances: \_\_\_\_\_

– Marital Status:  Single  
 Married  
 Married, but withhold at higher “Single” rate

– Additional amount, if any, you want withheld from each pension payment: \$ \_\_\_\_\_ per month.

I do not want any Federal income tax withheld from my pension payment.

**SECTION 4 – STATE TAX WITHHOLDING**

Complete the appropriate sub-section based on your State of residence:

A)  I am a resident of one of the following States: ALASKA / FLORIDA / HAWAII / ILLINOIS / NEVADA / NEW HAMPSHIRE / SOUTH DAKOTA / TENNESSEE / TEXAS / WASHINGTON / WYOMING

These States have no withholding tax laws for pension payments. Continue with Section 5 of this form.

B)  I am a resident of one of the following States: DELAWARE / IOWA / KANSAS / MAINE / MASSACHUSETTS / OKLAHOMA

It is mandatory to withhold State taxes if you are having Federal taxes withheld.

Check one box only:

Determine the State income tax based on the personal allowances, marital status and additional amount provided for Federal tax withholding.

Determine the State income tax to withhold based on the following personal allowances and marital status:

– Total number of personal allowances: \_\_\_\_\_

– Marital Status:  Single  
 Married  
 Married, but withhold at higher “Single” rate

– Additional amount, if any, you want withheld from each pension payment: \$ \_\_\_\_\_ per month.

I have elected not to withhold any Federal tax and do not want any State taxes withheld from my pension payment.

C)  **I am a resident of VIRGINIA.**

It is mandatory to withhold State taxes if you are having Federal taxes withheld.

Check one box only:

Determine the State income tax based on the personal allowances, marital status and additional amount provided for Federal tax withholding.

Determine the State income tax to withhold based on the following personal allowances and marital status:

– Total number of personal allowances: \_\_\_\_\_

– Marital Status:  Single  
 Married  
 Married, but withhold at higher “Single” rate

– Additional amount, if any, you want withheld from each pension payment: \$\_\_\_\_\_ per month.

I have elected not to withhold any Federal tax but want to withhold \$\_\_\_\_\_ per month from my pension payment for State income tax.

I have elected not to withhold any Federal tax and do not want any State taxes withheld from my pension payment.

---

D)  **I am a resident of CALIFORNIA.**

Check one box only:

Determine the State income tax based on the personal allowances, marital status and additional amount provided for Federal tax withholding.

Determine the State income tax to withhold based on the following personal allowances and marital status:

– Total number of personal allowances: \_\_\_\_\_

– Marital Status:  Single  
 Married  
 Married, but withhold at higher “Single” rate

– Additional amount, if any, you want withheld from each pension payment: \$\_\_\_\_\_ per month.

Withhold \$\_\_\_\_\_ per month from my pension payment for State income tax.

Do not withhold any State taxes from my pension payment.

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E)  **I am a resident of: ARKANSAS / GEORGIA / NORTH CAROLINA / OREGON**

Check one box only:

Determine the State income tax based on the personal allowances, marital status and additional amount provided for Federal tax withholding.

Determine the State income tax to withhold based on the following personal allowances and marital status:

– Total number of personal allowances: \_\_\_\_\_

– Marital Status:  Single  
 Married  
 Married, but withhold at higher “Single” rate

– Additional amount, if any, you want withheld from each pension payment: \$\_\_\_\_\_ per month.

Do not withhold any State taxes from my pension payment.

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F)  **I am a resident of VERMONT.**

Check one box only:

Withhold the Vermont State tax (mandatory and default choice if Federal taxes are withheld).

I have elected not to withhold any Federal tax and elect to have no Vermont State income tax withheld.

---

G)  **I am a resident of ARIZONA.**

Check one box only:

Please withhold the following percentage of my Federal tax withholding:

11.5%    21.9%    26.5%    28.8%    35.7%    42.6%



Do not withhold any State tax.

H)  I reside in a State that is NOT LISTED in the prior sub-sections.

I reside in the following State: \_\_\_\_\_.

Check one box only:

Do not withhold any State tax.

Please withhold the following State tax amount from each pension payment: \$ \_\_\_\_\_ per month. Note that this amount is subject to the following Minimums and Rules:

State	Applicable Minimum Rule
New York, Wisconsin	\$5.00
District of Columbia, Maryland, Michigan	\$5.00 Must be whole dollars
California, Indiana, North Dakota, Oklahoma, Oregon, Rhode Island	\$10.00
Connecticut, Missouri, New Jersey	\$10.00 Must be whole dollars

### SECTION 5 – PAYEE'S SIGNATURE

By signing this completed form I, the Payee, hereby acknowledge that I have read this form in its entirety, fully understand it and that all the personal information in this form is accurate as of the date of the signature below. I further acknowledge that if I have not provided any direction with respect to Federal withholdings, or if I am specifying my tax withholdings for the first time and Section 3 is completed incorrectly, it will be automatically assumed that I have elected Federal taxes under the following assumption: Marital Status = Married; Number of allowances = 3. Similarly, if I have not provided any direction with respect to State withholdings, or if I am specifying my tax withholdings for the first time and Section 4 is completed incorrectly, State taxes will be withheld in accordance with the defaults applicable in my State. Furthermore, if I want to change my tax withholdings and this form is completed incorrectly or information is missing, I understand that no changes will be made to my current tax withholdings. I also acknowledge that if I have elected not to have any Federal (or State) tax withheld or if I have underestimated the withholding required when completing this form, I remain liable for the payment of any required taxes (Federal and State) and applicable penalties.

\_\_\_\_\_  
Payee's signature

\_\_\_\_\_  
Date

# AB Corporation Retirement Income Plan for Hourly Paid Employees

## Notification of Termination / Retirement to Supervisor

Please print when completing this form. Submit the completed form to your Supervisor in order for retirement benefits to be processed in a timely manner. Please keep a copy for your records.

### SECTION 1 – PARTICIPANT'S PERSONAL INFORMATION

Last name: MARCOVSKY First name and initials: LARRY L.

Address: 14800 E 63rd St S Springfield Illinois 11111 United States  
Street number and name City State Zip Country

3 3 3 7 7 7 0 0 0 7

Telephone number (area code and number)

1 2 3 4 5 6 7 8 9

Social Security number

### SECTION 2 – NOTIFICATION OF TERMINATION / RETIREMENT TO SUPERVISOR

I, LARRY L. MARCOVSKY, hereby notify ABC of my intent to terminate my employment on:

Y	Y	Y	Y	M	M	D	D
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Termination / Retirement Date  
(last day worked)

\_\_\_\_\_  
Participant's signature (required)

\_\_\_\_\_  
Date

### SECTION 3 – SUPERVISOR INSTRUCTIONS

The employee should provide the Notification of Termination / Retirement to Supervisor form to their Supervisor for information purpose only. Once the Supervisor receives a copy of the form the Termination - Employment Status Report located at <http://home.abcnet.com/> should be completed when processing the employee out of the Company. The Termination - Employment Status Report is an internal HBC Form used to ensure that tools, supplies, etc. are recovered. Also, a Manager Self Service transaction should be completed through the appropriate process on the employee's last day, after the employee turns in their badge, returns any company equipment or tools, and etc. The transaction will trigger the payment process of the employee's - i.e. final pay, vacation payouts, etc.