SUPPLEMENTAL PLAN PARTIAL DISTRIBUTIONS FORM – POST-RETIREMENT

Partial distributions give you the flexibility of accessing part of your Supplemental Plan account balance, while maintaining the balance of your money in the Supplemental Plan's diverse investment portfolio. All Supplemental Plan retirees and their surviving spouses are eligible to request partial distributions from the Supplemental Plan.

Participant Name: _____

Social Security Number: _____ Effective Date: _____

In addition to the payment options outlined in your Supplemental Pension Plan application, you also have the option of requesting the lump sum payment in partial distributions. The partial payments will be pro-rated across the taxable balance in your account (including employer contributions, incoming pre-tax rollovers, and all income) and the non-taxable balance in your account (including employee contributions, and incoming post-tax rollovers). *For example: You cannot elect a partial distribution of only your employee contributions.*

The partial distribution amount indicated in your election is before taxes are withheld. The taxable portion of the distribution is subject to 20% Federal withholding and a 2% State withholding for California residents.

You may elect to rollover all or part of your partial distribution to a qualified plan that accepts rollovers (IRA or other retirement plan). Taxes are not withheld on rollover distributions.

Further information on direct rollovers and withholding is contained in the Special Tax Notice Regarding Lump Sum Benefit Payments. You also may wish to consult a tax advisor before making your election.

SELECT A PARTIAL PAYMENT OPTION

- ❑ Partial Distribution $ _____ Minimum of $5,000, no more than one payment per calendar quarter
- ❑ Monthly Election $ _____ Minimum of $2,000, election may be changed once per calendar year
- ❑ Quarterly Election $ _____ Minimum of $5,000, payable on January 15, April 15, July 15, October 15
- ❑ Semi-Annual Election $ _____ Minimum of $5,000, no more than one payment per calendar quarter, payable on the 15th of _____ (Month) & _____ (Month)

I understand that payment of my benefits will release the Trustees of the DGA-Producer Pension Plans from any further obligation or responsibility with respect to the benefits so paid.

Signature: X _____ Date: _____

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SELECT A ROLLOVER OPTION (IF APPLICABLE)

Complete the lines below only if you have elected to have some or all of your distribution rolled over. We will send the funds to your designated financial institution. If you want to rollover funds to more than one financial institution, please attach a letter of instruction.

- ❑ Rollover the entire partial distribution to the institution shown below.
- ❑ Rollover only the pre-tax funds to the institution shown below.
- ❑ Rollover none of the partial distribution.

Lump Sum distributions are sent via direct deposit to your bank account or by wire to your rollover account. If you have additional instructions, please attach a separate sheet of paper.

NON-ROLLOVER: DIRECT DEPOSIT INSTRUCTIONS

Please attach a voided check.

Financial Institution: _____

ABA Routing Number: _____ Account Number: _____

ROLLOVER ACCOUNT: ❑ **WIRE INSTRUCTIONS** ❑ **MAILING INSTRUCTIONS**

Investment Firm: _____

Address: _____

Contact Name: _____ Phone Number: _____

Financial Institution: _____

ABA Routing Number: _____ Account Number: _____

For Benefit of (FBO): _____ _____

Participant's Name *Account Number*

Signature: X _____ Date: _____