

Continued to Beneficiary **THE RETIREMENT PLAN FOR EMPLOYEES OF  
CENTRAL MAINE HEALTHCARE CORPORATION**

**NOTICE OF WITHDRAWAL**

**Part I – Completed by the Committee**

Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

YTD Hours Worked \_\_\_\_\_ YTD Earnings \$ \_\_\_\_\_

Employee contributions as of December 31, 20\_\_ \$ \_\_\_\_\_

Employee contributions in current year \$ \_\_\_\_\_

Total Employee contributions \$ \_\_\_\_\_

Entry date: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
FOR THE RETIREMENT COMMITTEE

**Part II – Completed by the pension representative**

A. Employee Non Taxable Accumulated Contributions \$ \_\_\_\_\_

B. Credited Interest \$ \_\_\_\_\_

C. Value of Employer Provided Benefit \$ \_\_\_\_\_

D. Total Refund \$ \_\_\_\_\_

Taxable Element \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mercer Human Resource Consulting

**Part III – Completed by Employee, Spouse (if applicable and Committee)**

You are hereby authorized and directed to pay the employee amount shown in Part II-C to the Employee named in Part I, subject to the attached withholding election. Spousal consent is required and the spouse acknowledges the effect of such election.

\_\_\_\_\_  
**Plan Representative/Notary Public**

\_\_\_\_\_  
**Spouse's Signature**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
For the Retirement Committee

THE RETIREMENT PLAN FOR EMPLOYEES OF  
CENTRAL MAINE HEALTHCARE CORPORATION

WITHDRAWAL OF CONTRIBUTIONS WITH CONTINUED EMPLOYMENT

A. All Employees

I elect to receive an immediate lump sum payment of my Contributions, plus Credited Interest, to the Plan. I may rejoin the Plan at a later date and not return the lump sum. In no event will I receive any retirement credits for the period during which I elected not to make any Contributions.

B. Employees Who Have Completed Less Than 5 Years of Service

I understand that I lose forever all pension benefits accrued to the date of this request unless I elect to rejoin the Plan and also return this lump sum payment, plus Credited Interest. In general, this repayment must be completed no later than the earliest to occur.

a) Last day of 5 year period from reemployment date

Or

b) Last day of 5 year period from date employee received distribution from the Plan.

In that event, I will also receive retirement credits for the period of my Service before the date of this request.

C. Employees Who Have Completed 5 or More Years of Service

I understand that I may be entitled to a deferred vested benefit provided by the Employer's contributions. If I return this lump sum, plus Credited Interest, at any time before **Five years from the date of this request**, I will receive retirement credits for the entire period of my Service before **the date of this request**

If I rejoin the Plan and do not return the lump sum, plus Credited Interest, my retirement benefit will be the sum of the deferred vested benefit based upon the Employer's contributions before **the date of this request** plus the retirement credits based upon both my Contributions and the Employer's contributions made after the date that I rejoin.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee