Amalgamated Transit Union Local 1596 Pension Fund

Application for <u>D.R.O.P.</u> (Deferred Option Retirement Plan)

PERSONAL INFORMATION:

1)	Name of Applicant:,							
	(Last)	(First)	(Middle)					
	Social Security Number:							
	Date of Birth:							
	Date of Birth:(Attach birth certificate or other proof)							
	Home Phone Number () Cell Phone Number ()							
	Home Address:(Street Address)							
		(Street Address)						
	(City)	(State)	(Zip)					
2)	The date I would like to enter the DROP:							
3)	Date of hire:	_						
4)	Have you ever separated from service and returned to work with LYNX?							
			(yes/no)					
En I	TRANCE REQUIREMENTS:							
	I qualify to enter the DROP under one of the fo	ollowing eligibility	requirements (check or					
	I am at least 55 years old with 25 years or more of service							
	I am at least 58 years old							
	I am at least 62 years old							

EXIT REQUIREMENTS:

The maximum period of participation in the DROP is five (5) years, but also not after (10) years beyond your earliest early retirement date. If you had ten years of service or more at age 55, then you were eligible for early retirement at age 55 and cannot participate in the DROP past age 65. You will not be able to participate in the DROP at all, if you apply more than ten years after your earliest early retirement date. For clarification regarding your earliest retirement date and specific exit requirements, contact your Plan Administrator at 561-624-3277.

SURVIVORSHIP BENEFITS:

Your Plan allows you to take the full amount of your pension for your life only <u>or</u> a reduced amount that would provide a lifetime survivorship benefit upon your death. **If you are married, you must choose the survivor benefits, unless your spouse agrees to waive the benefit.** The amount of the reduction is based upon the age of your potential joint annuitant, the younger they are the larger the reduction.

Are you currently married? Yes No				
If yes, please complete the following:				
Name of Spouse:				
Spouse's Social Security Number:				
Spouse's Date of Birth*:				
If not married, are you interested in obtaining a calculation of survivorship benefits to another person? Yes No				
Name of Potential Joint Annuitant:				
Potential Joint Annuitant's Date of Birth*:				
Relationship:				

^{*}Proof of age required

ACKNOWLEDGEMENTS:

Initial Here I have received a copy of the provisions of the DROP contained in
the plan document. I fully understand the terms set forth and have had the
opportunity, before signing this application, to talk with a personal advisor of
my choice, to explain any terms I do not understand. I understand after I begin
to receive the DROP benefit, deductions will no longer be made from any
portion of my salary for employee contributions to the pension plan. I also
understand that the amount of my pension will be calculated based on my salary
at the time of application, and it will not be re-calculated even though I may
receive salary increases while I am in the DROP.
Initial Here I acknowledge that I have been advised to seek the counsel of
qualified tax and financial advisors regarding the tax consequences to me of
entering the DROP. I acknowledge that no one from the Pension Fund has
recommended that I enter or not enter the DROP.
recommended that I enter of not enter the BROI.
Initial Here I fully understand that the maximum period of participation in the
DROP is five (5) years, but that I may not participate after (10) years beyond
my earliest early retirement date.
Initial Here I fully understand that failure to retire at the end of the participation
period will result in the in the suspension of additional deposits into my DROF
account, the cessation of any applicable investment earnings and I will no
receive any retirement benefits until after termination of employment.
receive any retirement benefits until after termination of employment.
Initial Here I understand that my DROP account will be credited with the
earnings or losses that the Pension Plan attains on its' investment portfolio on a
quarterly basis and there is no guarantee of any minimum or maximum return and
that the payout from my DROP account may be less that the total credits to my
DROP account. I understand that the investment goals, policies, and objectives of the
Pension Plan are based upon what is in the best interests of all of the Pension Plan's
participants and beneficiaries and may not be in my own individual best interests.

RE-EMPLOYMENT CONSIDERATIONS:

If you a	re intere	sted i	in employme	ent '	with LYNX after	the er	ıd (of your D	ROP, you
should	discuss	the	conditions	of	re-employment	with	a	Human	Resource
Departr	nent repr	esent	tative of LY	NX.					

Signature of Applicant (Requires Notarization be	elow)	Date
STATE OF		
COUNTY OF		
BEFORE ME, the undersigned authority, personally appears who is personally known to me or has producedwho did take an oath and, after being duly cautioned and he foregoing document for the reasons therein contained.		as identification and
SWORN TO AND SUBSCRIBED before me this the	day of	,
		Notary Public
	My Commi	ssion Expires:

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DROP Earnings Method Election

PLEASE PRINT OR TYPE:

Name:	(Last)	(First)	(Middle)

Select from below an election of an earnings method for your DROP Account:

1. Variable rate of return based on the Pension Plan's investment returns Initial here if you choose ____

The Pension Plan is invested in a very diversified portfolio of domestic and international stocks and bonds. The investment portfolio is subject to fluctuations in the market <u>including losses</u>. Below is a representation of the investment earnings (and losses) of the Plan over the past six fiscal years:

	Investment		Investment
<u>Year</u>	Gain/Loss	Year	Gain/Loss
2012	+17.5%	2009	+1.1%
2011	+0.3%	2008	-14.2%
2010	+10.0%	2007	+ 9.7%

It is important to realize that your DROP account may lose value under this method. Your DROP payout could be less than the amount deposited.

2. Rate of return paid by Money Market Fund : Initial here if you choose: _____

The Plan offers a low-risk alternative to the above option, the Dreyfus Treasury Prime Cash Management Fund. This investment vehicle only invests in short-term securities issued or guaranteed as to principal and interest by the U.S. government, which are the safest and the most liquid securities available. In exchange for the level of credit safety offered by U.S. government securities, the fund's yield is lower than other money market funds. Below is a representation of the investment earnings of this fund over the past ten years (as of August 23, 2010):

Past Year	0.00%
Past Three Years	0.00%
Past Five Years	0.11%
Past Ten Years	1.47%

This is the <u>most</u> conservative earnings method. It has the least risk of investment losses.

days before the end of the quarter to take effect for the dates of March 31, June 30, September 30, and	the following quarter. Quarters end of
Your earnings election will remain in effect until c	hanged by you.
I have selected the following earnings election met placing my initials by the same choice on page one	· · · · · · · · · · · · · · · · · · ·
Variable rate of return based on the Pe	ension Plan's investment returns
Rate of return based on US Governme	nt Bonds
ALL FUNDS PAID INTO AND EARNED BY MY MARKET AND INVESTMENT RISK. PAST INV RETIREMENT SYSTEM'S INVESTMENTS AND INDICATION OR GUARANTEE OF FUTURE INVESTMENTS.	ESTMENT PERFORMANCE OF THE THE MONEY MARKET FUND IS NO
Signature (Requires Notarization below)	
STATE OF COUNTY OF	
BEFORE ME, the undersigned authority, personally appear	as identification and
SWORN TO AND SUBSCRIBED before me this the	day of,
	N. C. D. L.
	Notary Public

My Commission Expires: _____

My Commission Number Is: _____