

MEMORANDUM OF UNDERSTANDING
Between Monterey Peninsula Community College District (MPCCD)
And Monterey Peninsula College Teachers' Association (MPCTA)
2016-17 RETIREMENT INCENTIVE PLAN
November 7, 2016

MPCTA and MPCCD (THE PARTIES) MUTUALLY AGREE TO OFFER THE FOLLOWING RETIREMENT INCENTIVE PLAN to provide budget savings and recognition of service to eligible MPCTA full-time unit members who retire under the following terms and conditions:

1. Effective Date of Retirement: The effective date of resignation for purpose of retirement under this incentive program must be no later than June 30, 2017.
2. Eligibility for Incentive: A current MPCTA full-time unit member is eligible if he/she is aged 55 years or older and has at least five (5) years of service as an employee of MPCCD. Eligibility shall include any unit member who previously submitted a resignation/retirement letter during this academic year which otherwise meets the conditions of this MOU.
3. Incentive Payment: If all conditions are met, MPCCD shall pay the sum equal to 65% of the unit member's 2016-17 base salary. This base salary shall be adjusted by any agreement reached and ratified by MPC and MPCTA on or before June 30, 2017 which affects the 2016-17 base salary for the unit member.
 - a. Example: Unit member earning \$100,000 base salary in 2016-17 enrolls in the SERP. Upon retirement in June 2017, unit member is entitled to the amount of \$65,000 to be paid over a time period selected from several options.
4. Method of Payment: The unit member shall elect the payment option from the following choices by completing and signing all required forms (attached) and submitting all required documentation for the Incentive.
 - a. Life Only Benefit: Benefits are distributed in monthly payments during the retired unit member's life only.
 - b. Joint & 50% Survivor: Benefits are distributed in monthly payments during the retired unit member's life; and then 50% of the amount the retiree was receiving monthly will be paid to the retirees' joint annuitant for the rest of his or her life.
 - c. Life or Ten (10) Year Certain, whichever is longer: Benefits are distributed in a total of 120 monthly payments, regardless of whether the retiree dies prior to such time the 120 monthly payments are completed.
 - d. Monthly Payments over Five (5) to Ten (10) years: Benefits are distributed in monthly installments over a five (5) to ten (10) year period as elected by the unit member.
5. Enrollment in the Incentive: To enroll in the Incentive, eligible unit members must file a signed irrevocable letter of resignation for the purpose of retirement with Susan Kitagawa in the Office of Human Resources by 12:00 p.m. on January 10, 2017. By January 11, 2017, MPCCD will notify enrollees via MPC email. If the Incentive will not be implemented because the minimum number of enrollees (paragraph 6) was not met, in which case an enrollee may rescind his/her letter of resignation by filing written notice to Susan Kitagawa via email at skitagawa@mpc.edu on or before January 17, 2017 at 5:00 p.m.
6. Minimum Number of Enrollees: This Incentive shall be conditioned upon the successful enrollment of at least five (5) eligible MPCTA full-time unit members.
7. Unit members electing to retire under the terms of this MOU, shall not be eligible for Employment Beyond Early Retirement (EBER) according to Article 18.3.3.

8. Unit members electing to retire under the terms of this MOU, are eligible for part-time re-employment with MPCCD after July 1, 2018.
9. Unit members enrolling in the SERP will assume responsibility for any and all liability related to their retirement under CalSTRS and/or CalPERS, and for any state or federal tax consequences resulting from the retirement.

The parties acknowledge that this MOU is not precedential, and that a retirement incentive may not be offered in the future. This Agreement is made and entered into this 7th day of November 2016 between MPCTA and MPCCD, subject to the approval of the MPCCD Board of Trustees.

For MPCCD

Michael Kline
Susana Rodriguez
[Signature]

For MPCTA

[Signature]
[Signature]
Rathine Clark, CRA

**SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN
COUNSELOR ACKNOWLEDGEMENT FORM**



I, _____, an employee of the Monterey Peninsula Community College District, certify that the Keenan Financial Services Retirement Counselor has reviewed the following:

1. Monthly Annuity Benefits as follows:

- Benefit A is based on a cost of 65% of your annual salary.
- Benefit B is based on my date of birth and the joint annuitant’s date of birth.
- Benefit C (monthly income for life or ten years) is based on my date of birth.
- Benefits D through H (monthly income for (five, six, seven, eight and nine years) are subject to a mandatory 20% Federal tax withholding, unless I choose a direct rollover to my IRA or other qualified account. If I receive benefit payments before age 59 1/2 and I do not roll them over, then, in addition to the regular income tax, I may have to pay an extra tax equal to 10% of the taxable portion of the payments. The additional 10% tax generally does not apply to benefit payments that are paid after I separate from service with my employer during or after the year in which I attain age 55. Other exemptions may apply and are described in the NOTICE OF FEDERAL AND STATE TAX WITHOLDING (enclosed).
- Benefit I is a 10 year period certain benefit and is NOT ELIGIBLE for an IRA Rollover.

I should consult with my own tax advisor regarding taxation of benefits.

2. The Keenan Financial Services Retirement Counselor has shown me an ESTIMATE of my benefits.
3. My first monthly check will not be released until August 1, 2017.
4. I have been provided with a SERP Enrollment Package and must submit my completed SERP Enrollment Package and my Letter of Resignation, with proof of age to the District Office by January 17, 2017. I have not returned my Enrollment Package to the Keenan Financial Services Retirement Counselor.
5. **Keenan Financial Services Retirement Counselors are not financial advisors and they are not authorized to provide legal or tax advice. I will seek advice from my own legal or tax advisor.**

IMPORTANT: I am aware that the estimated benefits are subject to change due to a change in information provided by my employer or a change in current interest rates, mortality assumptions, commission percentages or state premium tax prior to the final benefits being calculated.

PARTICIPANT SIGNATURE		
PARTICIPANT SIGNATURE	PARTICIPANT NAME (PLEASE PRINT)	DATE

KFS RETIREMENT COUNSELOR		
COUNSELOR SIGNATURE	COUNSELOR NAME	DATE

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SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP) ENROLLMENT PACKAGE



This package contains information about the distribution options and subsequent distribution elections you must make in regard to your receipt of benefits from the Plan. The following items are enclosed:

- **ESTIMATED BENEFIT SHEET**
The benefit sheet will estimate the benefit amount that you will receive at benefit commencement.
- **EXPLANATION OF DISTRIBUTION OPTIONS OFFERED THROUGH THE SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP)**
- **PARTICIPATION ELECTION FORM**
This form is for you to elect Participation in the SERP Plan. Please complete this form in its entirety.
- **DISTRIBUTION ELECTION FORM**
This form has your Distribution Election Options for the SERP Plan. Please complete this form in its entirety.
- **BENEFICIARY FORM**
Designate individual(s) or a trust as a Beneficiary for any benefit payable upon the death of the participant during the distribution period. If you have additional beneficiaries, attach additional pages (Beneficiary Form not applicable to Life Only option).
- **ROLLOVER INFORMATION FORM (OPTIONAL)**
Please complete this form if you want to make a Direct Rollover of your benefits to an Individual Retirement Account (IRA). **Please note that only Period Certain 5-9 years qualifies for a direct rollover.**
- **ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT (OPTIONAL)**
This is a one page EFT Form, which must be returned to Keenan Financial Services.
- **W-4P FORM FOR FEDERAL TAX WITHHOLDING**
- **NOTICE OF FEDERAL AND STATE TAX WITHHOLDING**

PLEASE SUBMIT THE COMPLETED LISTED FORMS BELOW, ALONG WITH YOUR LETTER OF RESIGNATION TO YOUR EMPLOYER PRIOR TO THE CLOSE OF ENROLLMENT, ALONG WITH THE FOLLOWING DOCUMENTATION:

- PROOF OF AGE** (also required for the Joint Annuitant if choosing Option B) – **A PHOTOCOPY OF:**
ONE of the following: Birth Certificate, Baptismal Record or Marriage License
OR TWO of the following: Driver's License, Passport, School Records or Military Records
- PARTICIPATION ELECTION FORM**
- DISTRIBUTION ELECTION FORM**
- BENEFICIARY FORM (DOES NOT APPLY TO LIFE ONLY OPTION)**
- IRA ROLLOVER INFORMATION FORM (OPTIONAL)**
- ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT (OPTIONAL)**
- W-4P FORM FOR FEDERAL TAX WITHHOLDING**

YOU ARE ENCOURAGED TO DISCUSS YOUR PERSONAL FINANCIAL SITUATION WITH YOUR LAWYER, ESTATE PLANNER, OR OTHER TAX ADVISOR BEFORE COMPLETING THESE FORMS.

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SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP) EXPLANATION OF DISTRIBUTION OPTIONS



If you would like information about the amount the payments would be under one or more of these options, you should contact KEENAN FINANCIAL SERVICES.

OPTION A

LIFE ANNUITY

Your benefits will be paid monthly during your life only. No payments will be made to your spouse or other beneficiary after your death, even if you die soon after payments begin.

OPTION B

THE JOINT AND SURVIVOR ANNUITY

Your benefits will be paid monthly during your life. Upon your death, the payments will continue to your joint annuitant for the rest of his or her life equal to 50% of the monthly payment you received prior to your death. This is called a "Joint and Survivor Annuity" or "JSA." The value of your JSA when purchased is equal to your account balance. Therefore, the amount of your monthly payment will depend on your account balance, as well as you and your joint annuitant's ages when distributions begin. Because the Plan will pay benefits to two people (you and the joint annuitant) rather than just to you, the monthly payments under a JSA may be smaller than they would be if they were made to you for your life only.

OPTION C

TEN YEAR CERTAIN AND LIFE ANNUITY

Your benefits will be paid monthly during your lifetime or, if longer, over a period of 10 years. If you are still living after payments have been made for 10 years, payments will continue to you for the rest of your life, but no payments will be made to your beneficiary after your death. If you die before payments have been made for 10 years, then following your death payments will be made to your beneficiary until payments have been made for the full 10-year period.

OPTIONS D through I

ANNUITY PAYMENTS OVER A PERIOD CERTAIN OF 5, 6, 7, 8, 9 or 10 YEARS

Your benefits will be paid in monthly installments over a period of 5, 6, 7, 8, 9 or 10 years, as you choose. In no event can the specified period certain (guaranteed period) be longer than your life expectancy (or the joint life expectancy of you and your designated Beneficiary). If you die before the guaranteed period, then following your death payments will be made to your beneficiary until payments have been made for the full guaranteed period.

DIRECT ROLLOVER

TRANSFER TO INDIVIDUAL RETIREMENT ACCOUNT OR ANOTHER PLAN

This option is explained in the attached Special Tax Notice, and is available only if you choose to have your benefits distributed over a period of 5, 6, 7, 8 or 9 years. You may elect to transfer all or a portion of each monthly payment to an IRA. **However, if you are over the age of 70½**, you will no longer be eligible to roll over the payments. Instead your payments will be treated as required minimum distributions under the rules of the Internal Revenue code and are fully taxable.

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**SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP)
DISTRIBUTION ELECTION FORM**



PARTICIPANT INFORMATION - COMPLETE ENTIRELY					
EMPLOYER THAT OFFERED THE SERP					
LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
HOME MAILING ADDRESS			CITY	STATE	ZIP
PHONE NUMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		EMAIL ADDRESS		
ALTERNATE PHONE NUMBER	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		SPOUSE'S NAME		

DISTRIBUTION ELECTION – PLEASE REFER TO THE EXPLANATION OF BENEFIT OPTIONS	
<input type="checkbox"/>	OPTION A: LIFETIME BENEFITS
<input type="checkbox"/>	OPTION B: JOINT & 50% SURVIVOR JOINT ANNUITANT: _____ JOINT SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ GENDER: _____
<input type="checkbox"/>	OPTION C: LIFE WITH 10 YEARS CERTAIN
<input type="checkbox"/>	OPTION D: PERIOD CERTAIN ONLY FOR FIVE (5) YEARS*
<input type="checkbox"/>	OPTION E: PERIOD CERTAIN ONLY FOR SIX (6) YEARS*
<input type="checkbox"/>	OPTION F: PERIOD CERTAIN ONLY FOR SEVEN (7) YEARS*
<input type="checkbox"/>	OPTION G: PERIOD CERTAIN ONLY FOR EIGHT (8) YEARS*
<input type="checkbox"/>	OPTION H: PERIOD CERTAIN ONLY FOR NINE (9) YEARS*
<input type="checkbox"/>	OPTION I: PERIOD CERTAIN ONLY FOR TEN (10) YEARS
* ELIGIBLE FOR TAX-DEFERRED IRA ROLLOVER. SUBJECT TO A MANDATORY 20% FEDERAL TAX WITHHOLDING, AND IF APPLICABLE, STATE TAX WITHHOLDING, IF NOT ROLLED OVER	
BY MY SIGNATURE BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE OPTIONS AVAILABLE IN THE SERP PLAN AND THAT I AM SELECTING THE OPTION THAT IS INDICATED ABOVE BY AN INDICATOR IN THE APPROPRIATE BOX NEXT TO THE OPTION DESCRIPTION OF MY CHOICE. I UNDERSTAND THAT THIS SELECTION IS NOT REVOCABLE AFTER I HAVE BEGUN RECEIVING MONTHLY PAYMENTS.	

PARTICIPANT SIGNATURE		
PARTICIPANT SIGNATURE	PARTICIPANT NAME (PLEASE PRINT)	DATE

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**SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN (SERP)
BENEFICIARY ELECTION FORM**



PARTICIPANT INFORMATION - COMPLETE ENTIRELY	
EMPLOYER THAT OFFERED THE SERP	
FULL NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
HOME MAILING ADDRESS	CITY, STATE, ZIP
PHONE NUMBER	EMAIL ADDRESS

BENEFICIARY INFORMATION			
* Please print clearly and complete this form in its entirety. If the signature is missing from this form, this form is invalid. * Please use complete legal names, i.e. Mary J. Smith, not Mrs. John H. Smith. * If mistakes are made, please cross a line through the item, initial and date, or use a new form. * If there are additional beneficiaries, attach additional pages. * If more than one beneficiary is designated, please indicate the percentage (%) each beneficiary is to receive.			
I designate the following individual(s) as Beneficiary for any benefit payable upon my death during the distribution period:			
FULL NAME (LAST, FIRST) OR TRUST NAME	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS	CITY	ST	ZIP CODE
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	BENEFIT PERCENTAGE %	RELATIONSHIP	PHONE NUMBER

FULL NAME (LAST, FIRST)	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS	CITY	ST	ZIP CODE
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	BENEFIT PERCENTAGE %	RELATIONSHIP	PHONE NUMBER

FULL NAME (LAST, FIRST)	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS	CITY	ST	ZIP CODE
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	BENEFIT PERCENTAGE %	RELATIONSHIP	PHONE NUMBER

FULL NAME (LAST, FIRST)	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS	CITY	ST	ZIP CODE
<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT	BENEFIT PERCENTAGE %	RELATIONSHIP	PHONE NUMBER

PARTICIPANT SIGNATURE		
PARTICIPANT SIGNATURE	PARTICIPANT NAME (PLEASE PRINT)	DATE

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**SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN
ROLLOVER INFORMATION FORM**



PARTICIPANT INFORMATION - COMPLETE ENTIRELY	
EMPLOYER THAT OFFERED THE SERP	
FULL NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
HOME MAILING ADDRESS	CITY, STATE, ZIP
PHONE NUMBER	EMAIL ADDRESS

ROLLOVER INFORMATION
<ul style="list-style-type: none"> This option is explained in the attached Special Tax Notice, and is available only if you choose to have your benefits distributed over a period of 5, 6, 7, 8 or 9 years. You may elect to transfer all or a portion of each monthly payment to an IRA. However, if you are over the age of 70½, you may not rollover your annuity payments and they will be fully taxable. Keenan Financial Services are not financial advisors and they are not authorized to provide legal or tax advice. You should seek advice from your own legal or tax advisor. Keenan Financial Services does not send statements regarding deposits to your rollover account. Please contact your financial institution regarding deposits to your rollover account.

ACCOUNT TYPE
<ul style="list-style-type: none"> Please indicate the type of account where your payments are going to: <p> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 403(b) </p>

AMOUNT OF ROLLOVER
<p><input type="checkbox"/> The entire amount of each payment under the Period Certain Only form of annuity.</p> <p><input type="checkbox"/> \$ _____ from each annuity payment amount. The balance of each payment will be paid to me in a single sum, less 20% federal tax withholding on the portion not rolled over. Please consult your tax advisor for more information.</p>

ROLLOVER INSTITUTION	ACCOUNT NUMBER		
ADDRESS	CITY	ST	ZIP CODE
FINANCIAL REPRESENTATIVE	PHONE NUMBER		

PARTICIPANT SIGNATURE		
PARTICIPANT SIGNATURE	PARTICIPANT NAME (PLEASE PRINT)	DATE



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**SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN
ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT FORM**



DIRECT DEPOSIT OF BENEFIT PAYMENTS

INSTRUCTIONS FOR COMPLETING THIS FORM

- * Please print clearly and complete this form in its entirety. If the signature is missing from this form, this form is invalid.
- * Please use complete legal names, i.e. Mary J. Smith, not Mrs. John H. Smith.
- * If mistakes are made, please cross a line through the item, initial and date, or use a new form.
- * Please include a voided check (no deposit slips) which shows the routing number and account number.

DIRECT DEPOSIT OF BENEFIT PAYMENTS

- * By completing this form, I authorize the insurance company to directly deposit into my bank account via Electronic Funds Transfer (EFT) payment(s) due to me under a contract issued by the insurance company, based on the information provided below, for credit to my account. Furthermore, I authorize and direct the bank to charge said account or the account of my estate for any payment made subsequent to my death or made in error and to refund any such payment to the insurance company upon its written request to the bank.
- * I am responsible to ensure that all bank information reported on this form is accurate and correct for the appropriate deposit of my payment(s) and that the insurance company can rely on this information and will have no obligation to ensure the correctness of the information.
- * Any payment(s) made into an incorrect bank account pursuant to the information reported on this form will be forfeited by me, and the insurance company has no obligation to retrieve those funds or make replacement payment(s) to me.
- * I shall, myself, my heirs, executors and estate, indemnify and hold the bank and the insurance company harmless from any and all loss or damage of any nature whatsoever, including costs or attorneys fees earned by reason of said bank having entered into this agreement.
- * The insurance company is not responsible for any bank charges or other costs associated with or arising out of this agreement.
- * If my bank is not EFT capable, checks will be mailed to my bank.
- * I reserve the right to revoke and cancel this authorization. Such revocation and cancellation will take effect upon written notice received at the insurance company and the bank.

PARTICIPANT INFORMATION		BANK INFORMATION	
EMPLOYER THAT OFFERED THE SERP		BANK NAME	
FULL NAME		STREET ADDRESS	
STREET ADDRESS		CITY, STATE AND ZIP	
CITY, STATE AND ZIP		ACCOUNT NUMBER	
SOCIAL SECURITY NUMBER		BANK ABA ROUTING NUMBER	
PHONE NUMBER		PHONE NUMBER	
EMAIL ADDRESS		PLEASE SELECT ONE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECK IF JOINT ACCOUNT

PARTICIPANT SIGNATURE		
PARTICIPANT SIGNATURE	PARTICIPANT NAME (PLEASE PRINT)	DATE
JOINT DEPOSITOR SIGNATURE	JOINT PARTICIPANT NAME (PLEASE PRINT)	DATE



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SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN NOTICE OF FEDERAL AND STATE TAX WITHHOLDING



IMPORTANT NOTICE ABOUT YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment that you will soon receive from the Supplemental Employee Retirement Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice describes the rollover rules that apply to payments from the Plan.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later, and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified section 401(a) plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or to an employer plan that accepts rollovers. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary).
- Required minimum distributions after age 70½ (or after death).

The Plan Administrator or the payor can tell you what portion of a payment is eligible for rollover.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary);
- Payments after your death;
- Payments made under a qualified domestic relations order (QDRO).

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SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN NOTICE OF FEDERAL AND STATE TAX WITHHOLDING



If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

Generally, California state tax is withheld at 10 percent of the federal rate (i.e., if 20 percent federal tax is withheld, 2 percent California state tax is withheld; if 10 percent federal tax, then 1 percent California tax).

However, even when federal withholding is mandatory, you may elect to have no withholding for California tax.

If your distribution is mailed to an address outside California, you will generally still owe California taxes if you are a resident of California.

See your tax advisor or contact your local state tax agency about your state tax liability.

SPECIAL RULES AND OPTIONS

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

If you roll over your payment to a Roth IRA

You can roll over a payment from the Plan a Roth IRA. A special rule applies under which the amount of the payment rolled over will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

If you are not a Plan participant

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

Keenan
Financial Services

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PHONE: (310) 212-0363 Ext 3671 | FAX: (310) 533-1329 | Toll Free in CA: (800) 444-9995

SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN NOTICE OF FEDERAL AND STATE TAX WITHHOLDING



An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

This notice is provided by Keenan Financial Services, in its capacity as Administrator of the Plan. Because the rules described in this notice are complex and conditions/exceptions may apply that are not included in this notice, we recommend that you consult a professional tax advisor before you request a distribution from your Plan.

Also, you can find more specific information on the tax treatment of payments from qualified employer plans in the following publications:

- I. IRS Publication 575, Pension and Annuity Income.
- II. IRS Publication 590, Individual Retirement Arrangements (IRAs).

These publications are available from your local IRS office, on the IRS's Internet Web Site at www.irs.gov, or by calling (800)TAX-FORM (1-800-829-3676).

If you have additional questions after reading this notice or want specific information about your Plan, please call Keenan Financial Services at (800) 444-9995 ext. 3672 or 3673.

Firmwide:95756484.1 007833.2001

Written correspondence about your Plan can be sent to:

Keenan
Financial Services

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PHONE: (310) 212-0363 Ext 3671 | FAX: (310) 533-1329 | Toll Free in CA: (800) 444-9995

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2016

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2016.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on www.irs.gov/w4p for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent	A _____
• You are single and have only one pension; or • You are married, have only one pension, and your spouse • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less.	B _____
B Enter "1" if:	
C Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return	E _____
F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	F _____
G Add lines A through F and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	G _____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one source of income subject to withholding or are married and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below. 	

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2016

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶	<input type="checkbox"/>
2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ▶	_____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.	(Enter number of allowances.)
3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ▶	\$ _____

Your signature ▶ _____

Date ▶ _____

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details **1** \$ _____
- 2** Enter:

{	\$12,600 if married filing jointly or qualifying widow(er)	}	2	\$	_____
\$9,300 if head of household						
\$6,300 if single or married filing separately						

- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6** Enter an estimate of your 2016 income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line G, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 **10** _____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1** Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you are married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than "3" **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet **3** _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** **Divide** line 8 by the number of pay periods remaining in 2016. For example, divide by 12 if you are paid every month and you complete this form in December 2015. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are--	Enter on line 2 above	If wages from LOWEST paying job or pension are--	Enter on line 2 above	If wages from HIGHEST paying job or pension are--	Enter on line 7 above	If wages from HIGHEST paying job or pension are--	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2016. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one-income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Get Form 1040-ES and Pub. 505 at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

Caution: There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution: If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,720 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution: If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, are not included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or you would have received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN
PARTICIPATION ELECTION FORM**



PARTICIPANT INFORMATION - COMPLETE ENTIRELY	
EMPLOYER THAT OFFERED THE SERP	
FULL NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
HOME MAILING ADDRESS	CITY, STATE, ZIP
PHONE NUMBER	EMAIL ADDRESS

PARTICIPATION ELECTION
<p>I, _____, hereby elect to become a participant in the Supplemental Employee Retirement Plan (the "Plan") effective July 01, 2017.</p> <p>For purposes of my participation, I hereby acknowledge and agree that:</p> <ul style="list-style-type: none"> ▪ My decision to participate in the Plan is entirely voluntary; and ▪ A condition to participate in the voluntary Plan is that I retire by June 30, 2017; and ▪ My election to participate in and to retire under the Plan are given in exchange for consideration (namely participation in the SERP) which is in excess of all things of value to which I was entitled prior to making this election and executing this Participation Election Agreement; and ▪ I have been advised to consult an attorney prior to making a decision to participate in the Plan; and ▪ I and my counsel have had at least twenty-one (21) days within which to consider the terms and conditions of the Plan and my potential participation in the Plan and to elect whether to participate; and ▪ For a period of at least seven (7) days following execution of this Participation Election Agreement, I may revoke my election to participate in the Plan and, if I do revoke my election to participate within that period, I will not become a participant in the Plan and will not be entitled to any benefits thereunder. <p>My Employer is ultimately responsible for making contributions for my benefit that will be used to purchase an annuity contract that will pay me Plan benefits. Those payments may cease or be reduced if my Employer does not pay all installment premiums owed to the insurance company. The insurance company is not a party to the Plan.</p>

PARTICIPANT SIGNATURE		
PARTICIPANT SIGNATURE	PARTICIPANT NAME (PLEASE PRINT)	DATE
ACCEPTED BY: MONTEREY PENINSULA COMMUNITY COLLEGE DISTRICT		
AUTHORIZED SIGNATURE	AUTHORIZED SIGNOR AND TITLE	DATE



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PHONE: (310) 212-0363 Ext 3671 | FAX: (310) 533-1329 | Toll Free in CA: (800) 444-9995

Monterey Peninsula Community College District

Supplemental Employee Retirement Plan (SERP)

Faculty
ESTIMATED BENEFITS
 for:
Average Employee,
(1) Benefit Based On 65% of Salary
 Commencement on:
August 1, 2017

ALT	MONTHLY ALTERNATIVE BENEFIT	MONTHLY AMOUNT
A	Life Only	\$242.64
B	Joint & 50% Survivor	\$222.28
C	Life or Ten (10) Years, Whichever is Longer	\$237.28

D	Five (5) Year - Monthly Payments *	\$909.40
E	Six (6) Year - Monthly Payments *	\$767.01
F	Seven (7) Year - Monthly Payments *	\$664.76
G	Eight (8) Year - Monthly Payments *	\$589.74
H	Nine (9) Year - Monthly Payments *	\$531.44
I	Ten (10) Year - Monthly Payments	\$484.87

Acceptance of the Supplemental Employee Retirement Plan (SERP) is contingent on the District's verification of eligibility.

Annuity benefits are provided by an insurance company and are estimates only. Estimated benefits are subject to change prior to actual purchase of annuity benefits. Estimated benefits may change due to changes in the data supplied by the District, changes in current interest rates, mortality assumptions, commission percentages and state premium tax.

The District may be subject to penalty fees for late premium payments and benefits may cease if all installment premiums are not paid in accordance with the installment premium schedule.

** Eligible for tax-deferred IRA Rollover. Subject to a mandatory 20% Federal tax withholding if not rolled over.*

(1) ASSUMPTIONS

Birthday: October 8, 1955
 Date of Hire: September 28, 1996
 Salary: \$89,842

CORRECTIONS

District Verification

Printed on: 9/23/2016
 Number: 0
 U 8/2016

Keenan
 License # 0451271
 Ref:MKEOJFMR2