

**CO-OP RETIREMENT PLAN
RETIREE STATEMENT UPON RE-EMPLOYMENT**

To the Plan Administrator:

By signing this form below, I affirm that at the time of my retirement, I had no intention of returning to employment with my previous employer nor did I retire for the purpose of transferring employment to another employer that participates in the Co-op Retirement Plan. To my knowledge, _____, a Participating Employer in the Co-op Retirement Plan, did not intend to hire me at any time after my retirement date for either seasonal, part-time, full-time or on an "as needed" basis. Since my retirement circumstances have changed. The circumstances that have changed which caused me to return to work are here stated:

I affirm that the above statement is true.

Employee Name: _____ **Signature:** _____

SS#: _____ **Date:** _____

As the General Manager of a Participating Employer in the Co-op Retirement Plan, I do hereby attest that, to my knowledge, the employee signing the above statement had no intention of returning to the employment of a Participating Employer in the Co-op Retirement Plan on either a seasonal, part-time, full-time or on an "as needed" basis at the time he/she retired. I also attest to the fact that our organization had no agreement or intention of hiring this employee on either a seasonal, part-time, full-time, or on an "as needed" basis when the employee previously retired. To the best of my knowledge, the explanation of changing circumstances as described above is accurate.

General Manager: _____ **Signature:** _____

Co-op Name: _____ **Date:** _____

City, State: _____ **Group Number:** _____

Rehire Date: _____

**CO-OP RETIREMENT PLAN
RETIRE ELECTION UPON RE-EMPLOYEMENT**

Participant Name: _____ Social Security Number: _____.

Under Section 5.2(d) I elect the following option (if an election is not made within thirty days of my reemployment I will be deemed to have elected to continue receipt of my Retirement Benefit under the second option).

- I elect to suspend payment of any benefits I may be receiving from the Co-op Retirement Plan and to begin making contributions and accruing Participating Service as of the first of the month following my rehire date. My benefit will be restored in full. Upon subsequent retirement I shall be able to elect a new distribution option and my recalculated retirement benefit will be reduced by the Actuarial Equivalent of the retirement benefits previously paid to me.

- I elect to continue receipt of my Retirement or Termination Annuity. A second account will be set up and I will begin to make contributions and accruing Participating Service as of the first month following my rehire date. Upon subsequent retirement I will receive an additional benefit based only on my benefit accrued under my second account. If I am rehired after March 31, 2006 I am not entitled to elect a different distribution option for my benefits accruing in my second account, I will be deemed to have elected the same form of distribution that I elected for my current Retirement or Termination Benefit.

Participant Signature: _____ Date: _____.

(Please provide all requested information to allow us to process the account)

**Please mail or fax this form to: UNITED BENEFITS GROUP Fax: 816-459-8750
PO BOX 169005
KANSAS CITY, MO 64116**