

Continental Micronesia, Inc. 401(k) Savings Plan Retirement Plan Distribution Form

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Use this Plan Distribution Form to request an account distribution if the reason for the distribution is:

- In-Service after Age 59 1/2
- Termination of Employment
- Retirement
- Permanent Disability
- Death

If you are still employed with United Airlines, you are not able to take a distribution from your account (to include rollovers out) unless you are at least age 59 1/2 or your distribution is due to a qualifying financial hardship or a qualifying loan. A separate form is required to request for hardship distributions or loans.

For more information, see the Summary Plan Description or call ASC at 477-2724.

Information contained herein has been obtained from sources believed reliable, but it is not necessarily complete and cannot be guaranteed. For specifics about the Plan, please refer to the governing Plan Document. Plan participants should seek advice based on the taxpayer's circumstances from a tax advisor.

You are about to make a decision that could greatly affect your plans for retirement. Please read this brochure, as well as the Special Tax Notice very carefully before completing the attached distribution request form.

When terminating from your company or upon distribution after age 59 1/2, you have four options for your retirement account balance:



- **Rollover to your new Employer**
- **Rollover to an IRA**
- **Lump Sum Distribution** (If you are not 59 1/2 years old, you will be subject to a 10% penalty for the distribution).
- **Partial Distribution** (If you are not 59 1/2 years old, you will be subject to a 10% penalty for the distribution).

If you are like most plan participants, you might think that there is little harm in taking the balance of your distribution in cash. **Think Again!**

Did you know for every \$1,000 you take out of your account, you could be costing yourself thousands of dollars of retirement income. **That's right!**



For an idea on how much your current balance could grow to by the time you retire, please see the following chart:

The Potential Growth of \$1,000

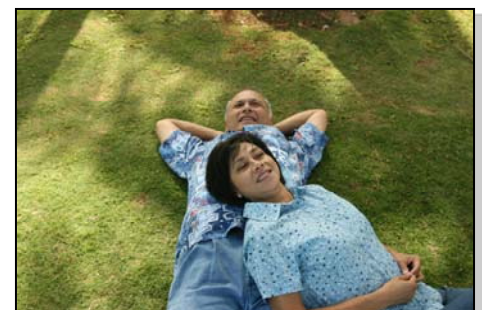
Years To Retirement	Conservative Investor 5.03%	Moderate Investor 7.44%	Aggressive Investor 9.74%
5	\$1,278	\$1,431	\$1,591
10	1,633	2,049	2,533
15	2,088	2,934	4,032
20	2,669	4,200	6,416
25	3,410	6,014	10,212
30	4,359	8,609	16,253
35	5,571	12,325	25,868
40	7,120	17,645	41,172

IMPORTANT: The projections or other information generated regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. Your results may vary with each use and over time. The illustration is calculated as a Geometric Return; the expected compound annualized return of the assets mix and is open to change as market conditions and inflationary expectations change.

With this in mind, be very careful before you take your money in cash. If you are considering taking your balance in cash, ask yourself the following two questions:

- ▶ **What is the reason you are considering taking this money in cash?**
- ▶ **Is this reason going to be important to you in 10 years?**

If it is, take the money in cash. If not, roll your money over to your next employer or to an IRA and keep your retirement savings working for you.





Retirement Plan Distribution Form

Please read the attached "Special Tax Notice Regarding Plan Payments" before completing this form.

CONTINENTAL MICRONESIA, INC. 401(K) SAVINGS PLAN

Employer / Plan Name

Your Name (Last Name, First Name)

Social Security Number

EE Number

Mailing Address

City

State/Territory

ZIP

Contact Number(s)

E-mail Address

Marital Status: Not Married Married - Spouse Name: _____

I will be filing this year's income taxes in: Guam (Rev & Tax) U.S. (IRS) CNMI (DRT) Other: _____

A. Request for a Rollover to Your Next Employer

I would like to rollover \$ _____ or _____ % of my vested balance to another qualified retirement plan¹.

My new employer has a plan maintained by ASC, please waive all fees associated with this distribution.

My new employer's plan is not maintained by ASC, please debit my account \$15.00 for check processing or \$10 for ACH.

Check Payable: Trustee / Financial Institution / Plan Name

Plan Account Number

Check Mailed To: Mailing Address

City

State/Territory

ZIP

B. Request for a Rollover to an IRA (Roth or Traditional Individual Retirement Acct)

I would like to rollover \$ _____ or _____ % of my vested balance to another qualified retirement plan¹.

The type of account: Traditional (Pre-Tax) ROTH (After-Tax).

Please waive all fees. I would like to rollover my balance to the ASC Trust IRA Rollover Program. With this, please transfer my existing account balances into my own personalized account using the same investment options as I am currently invested in. ASC Trust will send me the appropriate paperwork on my account.

I would like to transfer my account balance to the following IRA account, please debit my account \$15.00 for the processing of a check.

Check Payable: Trustee / Financial Institution / IRA Account Name

Plan Account Number

Check Mailed To: Mailing Address

City

State/Territory

ZIP

C. Request for a Direct Payment to You

Please issue a distribution paid directly to me equal to \$ _____ Gross / Net Amount OR _____ % of my vested balance.

I would like a check issued to me. I understand that there is a \$15.00 check processing fee for distributions.

I would like an automatic deposit to my bank account (ACH). I have attached a deposit slip or voided check that contains the valid routing number and bank account number. I understand that there is a \$10.00 ACH processing fee for distributions.

BANK NAME: _____

Savings Account # _____ Routing # _____

Checking Account # _____ Routing # _____

Further, I understand that my distribution may be subject to 20% Mandatory Federal Income Tax Withholding. Read the Special Tax Notice for more details.

Certification: I have read this payment request and affirm that the above information and elections made are accurate and any payments made by the Trustee pursuant to the above (subject to terms of the Continental Micronesia, Inc. 401(k) Plan) will relieve the Trustee of any liability. I have also read the "Special Tax Notice Regarding Plan Payments", and understand that Federal Tax will be withheld at 20% on the taxable portion unless I elect a Direct Rollover of my "eligible rollover distribution" State Tax will be withheld, if applicable. I certify that the above information is true and correct to the best of my knowledge.

Signature of Participant

Date

Plan Administrator/Notary as Witness to Participant Signature

Date

¹ If I have requested less than 100% of my vested balance to be rolled over, the remainder of my distribution will be issued as a separate check made payable to me with Federal Tax Withheld at 20% on the taxable portion. State taxes will be withheld, where applicable.



Retirement Plan Distribution Form

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CONTINENTAL MICRONESIA, INC. 401(K) SAVINGS PLAN

Employer / Plan Name

Your Name (Last Name, First Name)

Social Security Number

Date of Birth (mm/dd/yyyy)

Date of Hire (mm/dd/yyyy)

Section 1 For Plan Administrator Use Only:

Date of Termination (mm/dd/yyyy)

- Reason for Distribution:
- Termination of Employment
 - Retirement
 - In-Service Withdrawal—age 59 ½ or older
 - Disability
 - Death
 - Termination of the Plan

Hours Worked this Play Year: _____

Plan Administrator Signature and Title for Employer

Date

Plan Administrator Signature and Title for Employer

Date

Section 2 For ASC Use Only:

To Plan Administrator:

Based on the information above and prior census information provided to ASC, our records reflect that this participant is

Money Purchase: VESTED at _____%.

Fixed ER Contribution: VESTED at _____%.

Section 3 Confirmation of Vesting Percentage

(for Plan Administrator to complete and return to ASC for processing):

[_____] As Plan Administrator or Authorized Signatory, I agree with the above vesting percentage and authorize ASC to process this distribution request at the indicated vested percentage rate above.

[_____] As Plan Administrator or Authorized Signatory, I do not agree with the above vesting percentage and authorize ASC to process this distribution request at a **Vested Percentage Rate of _____ % for Money Purchase and Vested Percentage Rate of _____ % for Fixed ER Contributions.**

Plan Administrator Signature and Title for Employer

Date

Plan Administrator Signature and Title for Employer

Date