

NOTIFICATION OF REHIRED EMPLOYEE

(Name of Retirement Plan) _____

REHIRE INFORMATION

Name: _____ Date of Rehire: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security No: _____

Original Date of Hire: _____ Prior Employment Termination: _____

BENEFIT RESTORATION INFORMATION

If you previously participated in the Plan and received a withdrawal that was less than the full value of your Plan account at the time you discontinued your prior participation in the Plan, you have the right to repay to the Plan the full amount of that withdrawal. If you contribute your "restoration amount", your full account balance (including the portion not previously withdrawn by you), will be restored.

If the withdrawal you previously received was because you terminated your participation in the Plan, you have five years from the date of rehire to make this restoration contribution. However, if you have had five consecutive one-year breaks in service, your restoration contribution privilege expired and cannot be restored.

If you were not previously a Plan participant or you received the full value of your Plan account, this restoration notice does not apply to you and you need only complete the "Rehire Information" section, above.

Amount of Prior Distribution (if any): \$ _____ Date: _____

EXECUTED this _____ day of _____, 20____.

Print Name _____

Signature _____

Mail To: Moran Knobel
10900 NE 8th Street, Suite 1310
Bellevue, WA 98004