



USEC Benefit Service Center  
 C/O USI Consulting Group  
 95 Glastonbury Blvd.  
 Glastonbury, CT 06033  
 Hours: 8:00am-5:00pm M-F EST



## ELECTION OF PENSION PAYMENT INFORMATION

---

This Form describes the value of the retirement plan benefit payment options available to you. Please use this form to elect your chosen form of benefit payment. Any election you make on this Form is valid until the earlier of 180 days after receipt of this Form or the day your benefit payment is made. Once your benefit payments begin, you cannot change your benefit payment election.

**If you choose the QUALIFIED JOINT AND 50% SURVIVOR OPTION, the JOINT AND 75% SURVIVOR OPTION, the LEVEL INCOME - QUALIFIED JOINT AND 50% SURVIVOR OPTION or the LEVEL INCOME – JOINT AND 75% SURVIVOR OPTION you must include a copy of your spouse’s social security card.**

**If you are married and elect a benefit payment with no payments continuing to your spouse after your death, you, and your spouse, must complete the *Pension Plan Spouse’s Benefit* and have the form notarized.**

BADGE NUMBER		WORK LOCATION		CITY	STATE
EMPLOYEE NAME			SOCIAL SECURITY NUMBER		SEX
HOME ADDRESS	STREET				
	CITY		STATE	ZIP CODE	
SPOUSE NAME			SPOUSE SOCIAL SECURITY NUMBER		SPOUSE SEX
SPOUSE DATE OF BIRTH					
BENEFICIARY NAME			BENEFICIARY SOCIAL SECURITY NUMBER		BENEFICIARY SEX
BENEFICIARY DATE OF BIRTH	RELATIONSHIP				

Please review the available retirement benefit payment options listed on the following page and indicate your benefit payment election by checking the appropriate box. If you have questions about your benefit payment options, please call 1-866-305-8846, Plan #158.

Since you made contributions to the retirement plan, you must make a separate election on page 3 of this election form. If you wish to use the value of your contributions to increase your monthly payment, you must elect Option B on page 3.

---

## ELECTION OF PENSION PAYMENT - MONTHLY PAYMENT

### CHECK ONE OF THE OPTIONS BELOW

- 1. MONTHLY LIFE BENEFIT** - I elect to receive a monthly payment for as long as I live. I understand there will be no continuing annuity payments after my death. If married, my spouse and I must complete the *Pension Plan Spouse's Benefit*.  
**In addition, I will receive a monthly Guard Supplement until age 65 in the amount of \$X,XXX.00.**

With Contributory Benefit		Without Contributory Benefit	
Participant		Participant	
\$		\$	

- 2. QUALIFIED JOINT AND 50% SURVIVOR OPTION** - I elect to receive a reduced monthly payment for as long as I live. If my spouse survives me after my death, my spouse will receive **50%** of the payment I had been receiving for as long as my spouse lives.  
**In addition, I will receive a reduced monthly Guard Supplement until age 65 in the amount of \$X,XXX.00 (or if I die before age 65, my spouse will receive \$X,XXX.00 until I would have attained age 65).**

With Contributory Benefit		Without Contributory Benefit	
Participant	Surviving Spouse	Participant	Surviving Spouse
\$	\$	\$	\$

- 3. JOINT AND 50% SURVIVOR OPTION** - I elect to receive a reduced monthly payment for as long as I live. If my named beneficiary survives me after my death, my beneficiary will receive **50%** of the payment I had been receiving for as long as my beneficiary lives or until age 23 if my beneficiary is a dependent child. If married, my spouse and I must complete the *Pension Plan Spouse's Benefit*.  
**In addition, I will receive a reduced monthly Guard Supplement until age 65 in the amount of \$X,XXX.00 (or if I die before age 65, my beneficiary will receive \$X,XXX.00 until I would have attained age 65).**

With Contributory Benefit		Without Contributory Benefit	
Participant	Survivor	Participant	Survivor
\$	\$	\$	\$

- 4. JOINT AND 75% SURVIVOR OPTION** - I elect to receive a reduced monthly payment for as long as I live. If my named beneficiary survives me after my death, my beneficiary will receive **75%** of the payment I had been receiving for as long as my beneficiary lives or until age 23 if my beneficiary is a dependent child. If married, my spouse and I must complete the *Pension Plan Spouse's Benefit*.  
**In addition, I will receive a reduced monthly Guard Supplement until age 65 in the amount of \$X,XXX.00 (or if I die before age 65, my beneficiary will receive \$X,XXX.00 until I would have attained age 65).**

With Contributory Benefit		Without Contributory Benefit	
Participant	Survivor	Participant	Survivor
\$	\$	\$	\$

- 5. LEVEL INCOME OPTION - MONTHLY LIFE BENEFIT** - I elect to receive a monthly payment for as long as I live. I understand that my payment will be adjusted so that I receive larger monthly payments until age 62 and smaller ones thereafter. If married, my spouse and I must complete the *Pension Plan Spouse's Benefit*.  
**In addition, I will receive a monthly Guard Supplement until age 65 in the amount of \$X,XXX.00.**

With Contributory Benefit		Without Contributory Benefit	
Participant		Participant	
Pre-Age 62 Benefit	Post-Age 62 Benefit	Pre-Age 62 Benefit	Post-Age 62 Benefit
\$	\$	\$	\$

- 6. LEVEL INCOME - QUALIFIED JOINT AND 50% SURVIVOR OPTION** - I elect to receive a reduced monthly payment for as long as I live. I understand that my payment will be adjusted so that I receive larger monthly payments until age 62 and smaller ones thereafter. If my spouse survives me after my death, I understand that the survivor benefit will be paid in an amount determined as if this "Level Income" form of payment were not in effect.  
**In addition, I will receive a reduced monthly Guard Supplement until age 65 in the amount of \$X,XXX.00 (or if I die before age 65, my beneficiary will receive \$X,XXX.00 until I would have attained age 65).**

With Contributory Benefit		Without Contributory Benefit	
Participant		Participant	
Pre-Age 62 Benefit	Post-Age 62 Benefit	Pre-Age 62 Benefit	Post-Age 62 Benefit
\$	\$	\$	\$
Surviving Spouse		Surviving Spouse	
\$	\$	\$	\$

- 7. LEVEL INCOME - JOINT AND 50% SURVIVOR OPTION** - I elect to receive a reduced monthly payment for as long as I live. I understand that my payment will be adjusted so that I receive larger monthly payments until age 62 and smaller ones thereafter. If my named beneficiary survives me after my death, I understand that the survivor benefit will be paid in an amount determined as if this "Level Income" form of payment were not in effect. If married, my spouse and I must complete the *Pension Plan Spouse's Benefit*.  
**In addition, I will receive a reduced monthly Guard Supplement until age 65 in the amount of \$X,XXX.00 (or if I die before age 65, my beneficiary will receive \$X,XXX.00 until I would have attained age 65).**

With Contributory Benefit		Without Contributory Benefit	
Participant		Participant	
Pre-Age 62 Benefit	Post-Age 62 Benefit	Pre-Age 62 Benefit	Post-Age 62 Benefit
\$	\$	\$	\$
Survivor		Survivor	
\$	\$	\$	\$

**8. LEVEL INCOME - JOINT AND 75% SURVIVOR OPTION** - I elect to receive a reduced monthly payment for as long as I live. I understand that my payment will be adjusted so that I receive larger monthly payments until age 62 and smaller ones thereafter. If my named beneficiary survives me after my death, I understand that the survivor benefit will be paid in an amount determined as if this "Level Income" form of payment were not in effect. If married, my spouse and I must complete the *Pension Plan Spouse's Benefit*.  
**In addition, I will receive a reduced monthly Guard Supplement until age 65 in the amount of \$X,XXX.00 (or if I die before age 65, my beneficiary will receive \$X,XXX.00 until I would have attained age 65).**

With Contributory Benefit		Without Contributory Benefit	
Participant		Participant	
Pre-Age 62 Benefit	Post-Age 62 Benefit	Pre-Age 62 Benefit	Post-Age 62 Benefit
\$	\$	\$	\$
Survivor		Survivor	
\$		\$	

**9. DEFERRED BENEFIT** - I elect not to receive my benefits under the Company's Retirement Program at this time. I understand, that when I do wish to commence my benefit, I will have to contact the USEC Benefit Service Center 90 days before the date I wish to commence my Pension Benefit. **Note: If you choose to defer your pension payment, return this form along with the Retiree Medical and Dental Continuation Form and the Group Life Form.**

I hereby agree to the election I chose above for my **monthly pension payment** under the Company's Retirement Program. I also understand that my payment will be reduced if I have not reached the age and/or service required for full benefit.

EMPLOYEE'S SIGNATURE	DATE
SPOUSE'S SIGNATURE	DATE
WITNESS'S SIGNATURE	DATE

## ELECTION OF PENSION PAYMENT - CONTRIBUTORY BENEFIT

### CHECK ONE OF THE OPTIONS BELOW

- |   |             |
|---|-------------|
| <input type="checkbox"/> <b>A. LUMP SUM OF CONTRIBUTORY BENEFIT</b> - I elect to receive my contributions plus interest in the form of a lump sum. I understand this lump sum payment is in lieu of a monthly payment and I will be paid the amount under the option I chose on the previous page under the "Without Contributory Benefit". | Participant |
|   | \$          |
| <input type="checkbox"/> <b>B. MONTHLY PAYMENT OF CONTRIBUTORY BENEFIT</b> - I elect to receive my contributions plus interest in my monthly payment and I will be paid the amount under the option I chose on page 2 under the "With Contributory Benefit".  |             |

**If you chose a lump sum of your contributory benefit, you can elect to directly roll over this amount to another eligible retirement plan or to a traditional IRA and avoid the mandatory 20% federal income tax. Please read the attached "Special Tax Notice Regarding Plan Payments" for more information about your Lump Sum Payment options. Do not complete the following if you want your Lump Sum Payment, less 20% federal income tax withholding, paid directly to you in cash.**

**Please complete the following information:**

Check one:  My direct rollover is to an eligible retirement plan.  My direct rollover is to a traditional IRA.

FINANCIAL INSTITUTION NAME		ACCOUNT NUMBER	
STREET		CONTACT NAME	
CITY	STATE	ZIP CODE	CONTACT PHONE NUMBER

Federal law requires that if you are married, your contributory benefit must be paid as a Qualified Joint and 50% Survivor Annuity unless you and your spouse consent in writing to the Lump Sum Payment or the Single Life Annuity. (If you are not married, you will receive the Single Life Annuity unless you elect in writing to receive the Lump Sum Payment.)

If you elect the Qualified Joint and 50% Survivor Annuity, your pension benefit will be reduced depending on your age and your survivor's age at the time the pension benefit begins. If you begin to receive benefits in the form of a Qualified Joint and 50% Survivor Annuity, and your spouse dies before you, there will not be any change in the amount of the monthly benefit payable to you, and benefit payments will cease upon your death.

This form must be completed no more than ninety days before your benefit commences. You have a right to take at least thirty days to consider the benefit election that you are making on this form. If you waive this right by returning this form before the end of that thirty-day period, you will have relinquished your right to consider your benefit election for the full thirty-day period. However, you may still change or cancel your benefit election until your benefits are actually paid (as a Lump Sum Payment) or begin to be paid (as a Qualified Joint and 50% Survivor Annuity or a Single Life Annuity). In no event may your contributory benefit be paid, or begin to be paid, any earlier than the eighth day after the date you receive this form.

**PARTICIPANT'S SIGNATURE** (must be completed by all participants). I elect to receive my contributory benefit in accordance with the payment option selected above. I understand that if I am married and elect the Lump Sum Payment or the Single Life Annuity, I am waiving the Qualified Joint and 50% Survivor Annuity, and in doing so, my spouse will not be entitled to any portion of my contributory benefit upon my death.

**Please check this box if you are not married.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**SPOUSAL CONSENT TO WAIVE QUALIFIED JOINT AND 50% SURVIVOR ANNUITY** (must be completed by spouse if participant is married elects the Lump Sum Payment or Single Life Annuity). I understand that in signing this waiver, my spouse will receive his or her contributory benefit in a Lump Sum Payment or a Single Life Annuity (as elected above), and I will not be entitled to any portion of my spouse's contributory benefit upon his or her death.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Notary's Signature: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_

Notary's Stamp: \_\_\_\_\_ Executed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Please mail this form to: USEC BENEFIT SERVICE CENTER, C/O USI CONSULTING GROUP, 95 GLASTONBURY BOULEVARD, GLASTONBURY, CT 06033