



# THRIFT INVESTMENT PLAN - DISTRIBUTION REQUEST

**IF YOU HAVE ALREADY SENT IN A ROLLOVER OR CASH DISTRIBUTION REQUEST – YOU DO NOT NEED TO SEND IN THIS FORM. WE WILL PROCESS ALL FUTURE INSTALLMENTS AS PER YOUR PREVIOUS REQUEST.**

**SEND THIS FORM IN ONLY IF:**

- YOU HAVE NEVER SENT IN THE FORM, OR
- YOU DID NOT REQUEST AND RECEIVE A DISTRIBUTION SINCE OCTOBER 2004, OR
- YOU WISH TO MAKE A CHANGE FROM THE DISTRIBUTION REQUEST YOU LAST MADE.

## PARTICIPANT IDENTIFICATION

Social Security Number

Last Name

First Name

--	--	--	--	--	--	--	--	--	--

\_\_\_\_\_

\_\_\_\_\_

**SEE THE PAYMENT RIGHTS NOTICE FOR IMPORTANT INFORMATION BEFORE YOU COMPLETE THIS FORM.**

## CASH PAYMENT DIRECTLY TO ME:

\$ \_\_\_\_\_ \*  
*Enter Amount*

**OR**

100% of my **available** Thrift Plan Balance (does not include monies invested and, therefore, frozen in the Company Security Fund).

## DIRECT ROLLOVER TO ANOTHER PLAN OR IRA.

**NOTE: THIS CHECK WILL BE MAILED DIRECTLY TO YOUR HOME ADDRESS. WE WILL NOT SEND A CHECK DIRECTLY TO YOUR FINANCIAL ADVISOR.**

I elect a DIRECT ROLLOVER of:

100% or \$ \_\_\_\_\_  
*Enter Amount*

Of the taxable portion of my withdrawal to the financial institution listed below. I understand that I may receive a separate check for the after-tax portion (if any exists) in my name, which after-tax portion may be eligible for rollover by me.

Financial Institution Name \_\_\_\_\_

Account Number \_\_\_\_\_

## AUTHORIZATION TO PROCESS THIS REQUEST

Participant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_\_) \_\_\_\_\_  
*(area code)*

**Return to: Agway Liquidating Trust, Benefits Administration, PO Box 4933, Syracuse, NY 13221-4933**

**IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CALL: 1-800-738-7823**