

Con Edison Retirement Plan

Retirement Application Form CONFIDENTIAL

- Section A of this form contains pre-printed information. You must verify the information in this section and correct or add any missing information.
- You must complete Sections A, B, C and G, and read Section F.
- If you elect a Joint and Survivor Annuity you must also complete Section D and if your spouse is not your designated beneficiary, Section E.
- If you elect a Lump Sum Payment and you are married, you must also complete Section E.

A. Employee Data

Name: Thomas R. Poole

Date of Birth: 08/06/1958
(Submit proof of age. See list of acceptable proofs below.)

Normal Retirement Date: 09/01/2023

Effective Date of Benefit Commencement: 07/01/2021

Home Address: 22 Wisconsin Avenue
Rensselaer, NY 12144

Telephone Number (Home):

Alternative Telephone Number:

Personal Email Address:

518-225-9288
KC2IVI@gmail.com

Marital Status (check more than one box if applicable):

☒ Single

☐ Married (attach copy of
marriage certificate)

☐ Widowed (attach copy of
spouse's death certificate)

☐ Legally Separated

Answer **REQUIRED** if
select Divorced:

☐ Divorced (attach copy
of divorce decree **and**
my ex-spouse is:

☐ Not entitled to Pension, or

☐ Entitled to a portion of my
Pension (attach copy of
QDRO)

Acceptable Proof of Age

For each retiring Participant and Beneficiary a proof of age is required. A photocopy of one of the following documents is acceptable:

- Birth Certificate
- Military Records
- Social Security Award Letter
- Passport
- Driver's license
- Marriage Certificate

B. Retirement Information (Choose One):

- ☒ I elect to receive my benefits as of the Effective Date of Benefit Commencement indicated above.
- ☐ I elect to defer receipt of my benefits to a later date, no later than my Normal Retirement date. (Note: No further elections are required at this time.)

C. Form of Payment Election (Choose One):

Having received an **Explanation of Retirement and Payment Options** and a **Statement of Estimated Retirement Benefit** showing all options available to me, I request that my benefits be paid as follows. I hereby elect to waive the **automatic** form of payment (Single Life Annuity for unmarried participants, 50% Joint & Survivor Annuity for married participants) unless I have elected the **automatic** form below:

- ☐ **Single Life Annuity.** Under this option, I will receive a lifelong monthly payment. This benefit will cease on my death. No benefit will be paid to anyone after my death. This is the **automatic** form of payment for participants who are **not** married. It is an optional form of payment for married participants. You will receive monthly payments for as long as you live. After your death, all benefit payments will stop and no further benefit payments are due on your behalf.
- ☒ **Lump Sum Payment.** Under this option, I will receive my entire benefit in a lump sum payment. After this payment is made, no additional benefits are payable to me or on my behalf.

D. Designated Beneficiary – Joint and Survivor Annuity Form of Payment

If you elected a **Joint and Survivor Annuity** form of payment, you must provide the following details of your beneficiary.

Is your Beneficiary your spouse? ☐ YES ☐ NO

Important: You must submit proof of your spouse or beneficiary's birth date.

Provide the following details:

Name: _____ Social Security Number: _____

Relationship: _____ Date of Birth: _____ Gender: _____

Home Address: _____

Important: If you are married and your beneficiary is not your spouse, or if you elect other than a Joint and Survivor Annuity without pop-up feature with your spouse as your designated beneficiary, then a properly completed *Spousal Consent* in Section E is required.

E. Spousal Consent (If Applicable)

The following statement must be signed by your spouse if you are married and you

- Elected the Single Life Annuity form of payment
- Elected any of the Joint and Survivor Annuity forms of payment with someone other than your spouse as designated beneficiary
- Elected the Lump Sum Option

This consent is valid only if it is notarized by a notary public.

I _____, certify that I am the spouse of Thomas Poole. I understand my spouse is entitled to a 50% Joint and Survivor Annuity under the provisions of Consolidated Edison Retirement Plan unless my spouse elects to waive the 50% Joint and Survivor Annuity and I consent to such waiver. I have read and irrevocably consent to the above election executed by my spouse above, including my spouse's designation of a beneficiary (if applicable). I understand that upon my spouse's death I will not be entitled to receive any benefits from the Plan (except to the extent provided under the benefit options elected by my spouse if my spouse has designated me as beneficiary).

Signature of Spouse: _____ Date _____

Signature of Witness*: _____ Date _____

F. Waiver of 30-Day Decision Period

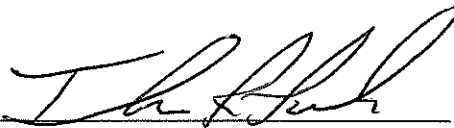
☒ I understand that I have the right to at least 30 days, following receipt of the **Retirement Package**, to decide the form of payment under which I am to receive my benefit and if applicable, to consider whether to commence receiving my benefit before my Normal Retirement Date (the first day of the month after the date I reach age 65). If my payment commencement date falls within the 30-day period, I hereby waive the 30-day election period. However, I understand that I may revoke this waiver and make a new election at any time before payments begin or within 7 days after the date of this letter, if later.

G. Participant Signature and Acknowledgement

I have read the information included in my Retirement Package which was provided to me and I hereby make application for retirement and apply for payment of my benefit under the Consolidated Edison Retirement Plan.

To the best of my knowledge, the information submitted above is complete and accurate. I understand that I can revoke my waiver of the automatic form of payment at any time before my benefit commencement date. I understand that I cannot change my form of payment election once payment of my retirement benefit begins.

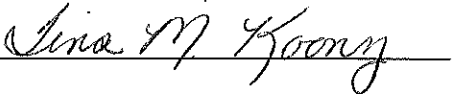
Signature of Participant:



Date

6/18/2021

Signature of Witness*:



Date

6/18/21

*Notary Public or Authorized Plan Representative

TINA M. KOONZ
Notary Public, State of New York
No. 4888345
Qualified in Rensselaer County
Commission Expires On 3/30/23

Con Edison Retirement Plan

Lump Sum Distribution Form

Participant Information

Name: THOMAS Z. POOLE
Address: 22 WISCONSIN AVE, IGENSSAAR NY 12144

Tax Regulations

- You are liable for payment of taxes on cash payments that are not rolled over.
- If you are rolling over your payment in a direct rollover, your check must be made payable to a Plan or financial institution.

Payment Election

- ☐ I am not transferring my lump sum payment to another plan or an IRA in a direct rollover. I understand that Federal Regulations require you to withhold 20% of the payment amount for federal tax purposes (in addition to any applicable mandatory state withholding) and that unless I roll over this payment to another plan or IRA within 60 days after I receive the payment, this amount is taxable in the year it is distributed. I further understand that if I have not attained age 59-1/2, an additional 10% early payment tax may apply. However, if I terminate employment during or after the year I reach age 55 and take my distribution thereafter, there is no 10% penalty tax.
- ☒ I am requesting a direct rollover of the entire amount of my lump sum payment to the plan or IRA described below.

Rollover Account Information

The account listed below has agreed to accept this rollover (check one).

- | | | |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Traditional IRA | <input type="checkbox"/> Qualified Plan | <input type="checkbox"/> Roth IRA* |
| <input type="checkbox"/> Section 403(b) Plan | <input type="checkbox"/> Section 457 Plan | |

***Note:** Since a rollover to a Roth IRA is taxable but is not subject to withholding, you may be subject to tax penalties under the estimated tax payment rules if the total of your payments of estimated tax and your withholding from other sources are inadequate. (Please contact your tax advisor or see IRS Publication 919, 'How Do I Adjust My Tax Withholding?' to determine whether you need to adjust your withholding or file estimated tax payments).

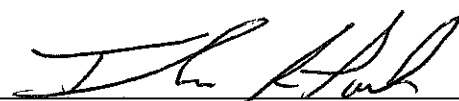
The following section must be completed if you are electing a rollover.

Name of Financial Institution or Plan: Pershing, LLC FBO Thomas Poole

Participant Certification

I hereby certify that my elections above represent my wishes regarding my retirement benefit under the Orange and Rockland Pension Plan. I have received an explanation of my payment options under the Consolidated Edison Retirement Plan. I understand that if I elect a lump sum payment, no additional benefits will be due to me or any survivor under the Plan. I acknowledge that I have read the Special Tax Notice Regarding Plan Payments. I understand that I have a period of at least 30 days following my receipt of this form and the Special Tax Notice Regarding Plan Payments to make my election as to whether or not I want to roll over any portion of my lump sum distribution from the Plan.

I also acknowledge that if I return this form before the end of the 30-day period, this will be considered a waiver of my rights to additional time during the 30-day period to consider my options, and I authorize payment of my benefits in accordance with the distribution election I have made on this form.

Signature  Date 6/18/2021