If you have any questions while completing this form, you may contact a Vanguard Participant Services Associate Monday through Friday, between 8:30 AM and 9:00 PM Eastern time at 800-523-1188. If you wish to convert your plan assets to a Roth IRA/Roth inherited IRA, please contact Participant Services for the proper form.

Legal Aid Society Staff Attorneys Pension Plan					VISTA # 090820 Distribution Request		
Name (Last, First, MI)							
Address							
City					State Zip — —		
Date of birth				Date o	f termination		
Date of hire		—					
	Check	< here if address list	ed above	is a new add	ress.		
Withdrawal Class	sification						
Reason for final	distributio	on:	Separ	ation of service	Long-Term Disability Retirement		
Form of final distri							
Direct rollove		ve any questions on ro itact Vanguard at 800-		our eligible as	sets to an IRA, or have questions on Vanguard IRA's		
	Vangua (Call a Va	e options apply to eithe ard IRA anguard Specialist at 1-800-52 u in preparing the necessary I	23-1188.Your s	specialist will	Ollover of cash. Other Eligible Retirement Plan: IRA or Qualified Plan (Complete Direct Rollover Form and obtain further instructions from the receiving institution.)		
Other: (available			—	1	Installments		
		Sum Cash		Annuity	(Complete Installment Payment Request Form)		
	Deferra	al		50% Qualifie Survior Annu			
Income Tax With If you elect to have yo will be withheld.					stallments. See Installment Payment Request Form. over to an IRA or a qualified plan, no Federal tax		
on the taxable portion	of the distribu	ution. In addition, state	tax will be	withheld accor	e signer understands that a 20% Federal tax will be withheld ding to your state's guidelines. If you reside in a state which you want to withhold, please indicate below.		
	Withho	ld state taxes. Where	e applicable	e, indicate spe	cific dollars \$ or percentage%.		
	Do not	withhold state taxes.					
Spousal Consen	t	cortify that La	m the spou	iso of the Parti	ipant named below. I understand I am entitled to a survivor		
	ath I may not b	Plan. I have read and in the entitled to receive s	rrevocably urvivor ben	consent to the lefits as a resu	above election executed by my spouse. I understand that t of my spouse's election above. If I have any questions, I will		
Signature of Spouse			Date		nature of Notary Public Date		
	I certify	that I am unmarried o	r my spous	•	tach stamp and seal as appropriate) cated.		
Authorization							
Note: Please be sure	you have read	d the "Safe Harbor Exp	planation" p	provided by you	r Human Resources Department.		
	Signature of Notary Public				Date		
	Signature of	Employee			Date		
	For Office Use	Plan Administrator	's Signature	e	Date Vested Percentages:		
Please make a copy (2/7/2008)	for your reco	ords.			T6037_0220		

Form of Final Distribution

Withdrawal Classification

Vanguard IRA - By selecting this option you may choose to have all or a portion of your eligible balance rolled over to a Vanguard IRA. Call a Vanguard Specialist at 800-523-1188. Your specialist will assist you in preparing the necessary IRA Adoption Agreement.

Other Eligible Retirement Plan; IRA or Qualified Plan - By selecting this option you may have all or a portion of your eligible cash balance rolled over to an IRA or qualified plan. Your Benefits Office will supply you with a Direct Rollover Form. In addition, it is your responsibility to open an account at the receiving institution prior to initiating your direct rollover through Vanguard.

Lump Sum Cash - By selecting this option you will receive your entire eligible cash balance.

Deferral - By selecting this option you elect to postpone receipt of your account balance until some future date.

Annuity - By selecting this option you will receive a series of five payments over a period of five years issued through an insurance carrier.

Installment - By selecting this option you will receive a series of five payments over a period of five years representing 20% of your acccount balance yearly.