



403(B) THRIFT PLAN FOR PRAIRIESTAR HEALTH CENTER, INC.

ELECTION TO REFUND AND TO STOP DEFERRALS

As an eligible employee under 403(b) Thrift Plan for PrairieStar Health Center, Inc., I hereby elect not to have any further deferrals automatically taken from my compensation and I elect to have the Plan distribute to me all of my prior automatic deferrals and allocable earnings or losses on the deferrals. I understand that this election will not affect my ability to make future deferrals by subsequently electing to defer on a salary reduction agreement.

I understand that I must make this election within 90 days of the first automatic deferral being taken from my compensation and that this is a one-time election as to receiving a refund of my previous deferrals. I understand that I will pay income tax on the distributed amount, but I will not be subject to the 10% premature distribution penalty tax, even if I receive the distribution prior to age 59 1/2.

I acknowledge that I will forfeit any matching contributions on the distributed amounts.

EXECUTED this _____ day of _____, 20_____.

Participant

Plan Administrator Signature

Participant Signature

Last 4 Digits of Social Security Number