

This form is to be used for persons who elect to take distributions from the Plan to commence after Normal Retirement Age.

This form must be signed and returned to the WHOI Human Resources Office no later than one month after electing to receive payment of a benefit under the Plan.

Woods Hole Oceanographic Institution Acknowledgment of Employment Status and Reemployment Policy

I have elected to receive payment of my retirement benefit under the Retirement Plan for Employees of Woods Hole Oceanographic Institution (the “Plan”) on account of the termination of my employment or of my status as a casual employee. Although I have no current expectation of seeking employment with the Institution in regular status, I understand that I could be disqualified from consideration for employment with the Institution in regular status at any future time if I do not confirm the acknowledgments set forth below.

Acknowledgments

I acknowledge:

- I understand that I may not be employed with the Institution in regular status when I commence receipt of any payment under the Plan.
- I have not formally or informally requested of any employee or other representative of the Institution that I be employed by the Institution in regular status subsequent to the payment of my Plan benefit.
- There is no express or implied agreement between any employee or other representative of the Institution and me that I be employed by the Institution in regular status subsequent to the payment of my Plan benefit.
- I understand that under the Institution policy entitled “Reemployment or Changes of Employment Status of Persons Who Have Taken Distributions from the Retirement Plan,” I am not eligible to apply for employment with the Institution in regular status for at least a 12-month period following the payment of my Plan benefit unless my employment is approved by the President and Director of the Institution. I further understand that any exception from the Policy must be made consistent with the terms of the Policy.

Employee

Date

Representative of the Institution

Date