



Benefit Election: KRIP Traditional

Name: Mark Hazel

Date/Time Submitted: 07/23/2024 4:47:14 PM

Transaction ID: 247533

Deadline Date: October 21, 2024

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You have successfully submitted your online retirement! Below is a summary of your elections.

Participant Information

Name:	Mark Thomas Hazel
Date of Birth:	March 20, 1958
SSN:	xxx-xx-0131
Address:	214 Whittier Road, Rochester, NY 14624
Email:	mthazel2151@yahoo.com
Phone Number on file:	(585) 281-3665
Call Back Phone Number:	(585) 281-3665

Benefit Information

Date of Termination	October 13, 2000
Benefit Commencement Date:	September 01, 2024
Marital Status:	Single
Domestic Relations Order:	No
Form of Payment:	Single Life Annuity
Estimated Monthly Payment to You:	\$862.21

Direct Deposit Information

Direct Deposit Institution:	Eastman Savings and Loan
Routing Number:	222371863
Account Number:	24018632
Account Type:	Checking

Tax Withholding Information

Federal Filing Status:	Single or Married filing separately
Other income (not from jobs or pension/annuity payments):	\$0.00
Deductions:	\$180.00
Extra Withholding:	\$0.00
Other adjustments total:	\$180.00
State Tax Withholding Percentage:	12 %

Now that you have submitted your online retirement the following documents are required to complete your request, please provide them by **October 21, 2024**:

- Birth Certificate*

*Please note: You will need to upload Evidence of Name Change, if applicable.



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Below are the terms and agreements of your online retirement election:

- I have reviewed and understand all the materials provided, including but not limited to the Description of Payment Options, the Right to Defer notice and the Explanation of the Qualified Joint and Survivor Annuity that are found in the Supplemental Information section of this retirement kit.
- I understand that I have the right to wait at least 30 days before consenting to receiving benefit payments. Furthermore, I understand that if I return my election form prior to the end of the 30-day consideration period, I waive my right to any remaining portion of the 30-day consideration period.
- I understand that I am required to return all pages of this election form and all required documentation in good order by the **October 21, 2024**. I understand that an incomplete election form or failure to provide required documentation may result in my election being deemed invalid and my benefit payments may be delayed.
- I certify that all of the information provided by me in this election form is true and accurate. I also understand that if any of the information is determined to be incorrect, my benefit amount may change.
- I understand that my election is irrevocable and cannot be changed once payments commence.
- I understand that my benefit may be subject to federal, state, and local tax withholding and that withholding will be applied based on my election or as otherwise required by law.
- I understand that the amount listed is based on the information available today and are subject to change. A final determination of that amount will be made upon receipt of the complete and valid retirement kit and all final data. Examples of items that may change and/or affect that amount include:
 - Change in interest rates
 - Change in your anticipated date of termination
 - Qualified Domestic Relations Order
 - Change in Benefit Commencement Date

Date/Time Signed and Submitted: 07/23/2024 4:47:14 PM

Please read and acknowledge your agreement to the following statements by signing below:

By entering my name below, I am indicating my intent to sign this application electronically and warrant that all of the information I have provided is true, complete and accurate.

Signed by:

Mark T Hazel

IP Address:

66.24.119.229



FROM:

Mark Thomas Hazel
214 Whittier Road
Rochester, NY 14624

TO:

Kodak Pension Service Center
PO Box 551270
Jacksonville, FL 32255

Please include this page for any documents returned by mail, or as a cover page if the documents are faxed.

Thanks