

VOLUNTARY OPT-OUT OF RETIREMENT PLAN FOR CTA EMPLOYEES

(For Non-Vested, Non-Bargained for Employees)

I understand that Section 4.5 CTA non-vested/non-bargained for employees may voluntarily opt out of this Plan and/or participate in such other plans as the CTA may offer. A non-vested/non-bargained for employee who initially opts out of this Plan may in written notification to the Plan elect to participate at a later date, but may do so only once, and only on a prospective basis.

I further understand that, if I do not opt out of the Plan, eligibility for benefits from the Plan is as follows:

At age 65, a participant is 100% vested and would be eligible for benefits on the first day of the month following his 65th birthday. Prior to age 65, eligibility for benefits depends on when the participant was first hired, as follows:

Hire Date	When You are Eligible for Retirement Benefits
On or before 9/5/01	<ol style="list-style-type: none"> Unreduced pension at any age if the employee retires on or after the first of the month after completion of 25 years of continuous service (Plan Section 10.2) Reduced pension after age 55 upon completion of 3 years of continuous service (Plan Section 10.1)
After 9/5/01 but Before 1/18/08	<ol style="list-style-type: none"> Unreduced pension if the employee retires on or after the first of the month after age 55 with 25 years of continuous service. Reduced pension after age 55 upon completion of 3 years of continuous service (Plan Section 10.1)
On or after 1/18/08	<ol style="list-style-type: none"> Unreduced pension if the employee retires on or after the first of the month after age 64 with 25 years of continuous service. (Plan Section 10.2) Reduced pension after age 55 upon completion of 10 years of continuous service (Plan Section 10.1)
Any Date	A deferred-vested benefit is available at age 65 to a participant who separates from service from the CTA after completing 10 years of continuous pension-eligible service, and prior to eligibility for retirement described above.

I also understand that if this is the second time I have opted out of the Plan, I cannot be reinstated as a participant and that I waive all rights to future benefits from the Plan.

Please Check the box that applies to your situation and complete the form:

I have already made contributions to the Plan. Please direct the CTA to cease my contributions to the Plan and I am requesting a Refund of Contributions application to withdraw those funds from the Plan.

I have not yet begun to make contributions to the Plan. Please notify the CTA of my decision so that contributions do not begin when I am eligible to participate.

PARTICIPANT'S INFORMATION

First Name	Middle Name	Last Name	
Street Address		Apartment Number	
City	State	Zip Code	
Home Phone Number	Mobile Phone Number	Email	
Badge Number	Social Security Number	Date of Birth	Date of Hire

SIGNATURES

Participant's Signature	Date
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