

**TOWN OF TRUMBULL
PENSION BOARD**

In accordance with Sec. 1-19 of the General Statutes Right-to-Know Law, the Pension Board will have a meeting on Tuesday, November 15, 2011 at 7:30 P.M. in the Trumbull Town Hall.

A G E N D A

Call to Order

Approval of Minutes - August 31, 2011

Investment Update (Chris Kachmar)

Discussion regarding 403 B Plan (Maria Pires and Daniel Nelson)

Approval of Pension Benefits:

Smith, Brian	eff.7/31/2010	\$1,676.38
	Tabled at 8/18/2010 meeting	
Hayden, George	eff. 8/1/2011	\$2,064.72
Tichy, Dawn	eff. 9/1/2011	\$1,274.48
Lewis, Elizabeth	eff. 9/1/2011	\$ 298.95
Dewey, George	eff. 9/1/2011	\$1,082.50
Murray, Ronald	eff.12/1/2011	\$1,056.15

Withdrawal of Funds:

George Irizarry	terminated 6/30/1993	\$ 6,787.19
Geraldine Cristiano	terminated 9/30/2011	\$ 916.71
Goncalves, Maria	terminated 1/24/2009	\$ 2,980.71

Any Other Business

Adjournment

**Pension Board
Minutes
August 31, 2011**

CALL TO ORDER

Chairman Michael Charland called the Pension Board meeting to order at 7:40 p.m. at the Town Hall, Trumbull, Connecticut.

Members present and absent were as follows:

PRESENT

Chairman Michael Charland
John Ponzio
Donna Pellitteri
James Lavin
Maria Pires

ABSENT

William Schietinger
Michael Knight

Also Present:

Ed Walsh, Esq.; Chris Kachmar

PUBLIC COMMENT

There was no public comment.

INVESTMENT UPDATE - Chris Kachmar

The absolute numbers are fine and there seems to be a lot more interest in what is going on currently in the market than there was at the end of June.

The portfolio at the end of June is roughly aligned with the target allocations. There is a bit of fluctuation, but not too problematic. Diamond Hill and MainStay are now in the mix. We rescaled the domestic equity rates, doubled up the international, and added the inflation protection.

There are no recommendations for portfolio changes at this time. Total performance is good – up .7% for the quarter, 4.5% year-to-date and the one-year number is up 21%.

- Montag is now a top quartile performer up 25.5%.
- Diamond Hill ranks at the 35th percentile.
- MainStay ranks at the 21st percentile.
- Boston Trust is up 34, behind the benchmark.
- Van Eck had a difficult year-to-date number.

Mr. Charland went on the record again that overall net outflows exceed contributions by \$100,000. Mr. Ponzio added that the Town has taken steps in this current this budget year to stop the negative cash flow by increasing the contribution by \$675,000 this fiscal year. In addition, we are introducing a defined contribution plan for new employees, and have started a 457 plan for appointed and elected officials.

Mr. Charland indicated that some individuals in the Town do not understand the benefit. Perhaps we should be providing more information.

WILMINGTON TRUST LITIGATION UPDATE

Mr. Walsh strongly suggested the Board go into executive session for further discussion.

At 8:30 p.m. John Ponzio moved, seconded by Ms. Pellitteri, that the Board go into executive session.
Vote: 6/0

RECEIVED FOR RECORD
VOLUME _____ PAGE _____
2011 SEP - 6 P 4: 15
TOWN CLERK

At 8:50 p.m. Mr. Ponzio moved, and seconded by Mr. Lavin, that the Board come out of executive session. Vote: 6/0

Mr. Ponzio indicated that he would like the record to reflect that Attorney Walsh was directed to do additional research on the matter that was discussed in the executive session.

APPROVAL OF MINUTES - July 12, 2011

The Chair asked for a motion to approve the minutes of the July 12, 2011 meeting. Mr. Lavin noted that the vote of 6/0/1 (Abstention: Knight) should be changed to 5/0/1 (Abstention: Knight). Mr. Lavin moved, seconded by Ms. Pires to approve the minutes as amended. Vote: 4/0/1 (Abstained - Ponzio)

APPROVAL OF PENSION BENEFITS

Grillo, Joseph E.	eff. 6/1/2011	\$1,143.51
Augustus, Symbeth	eff. 6/1/2011	\$ 591.31
Chamberlain, Marcella	eff. 7/1/2011	\$1,439.36
Bonazzo, Carol	eff. 7/1/2011	\$1,806.66
O'Neill, Margaret	eff. 7/1/2011	\$ 251.66
Dausilio, Felix	eff. 7/1/2011	\$1,184.10
Mercurio, Rachel	eff. 7/1/2011	\$ 908.13
Larsen, Elfriede	eff. 7/1/2011	\$ 392.74
Nanni, Jo-Ann	eff. 8/1/2011	\$1,740.20

Ms. Pellitteri moved, seconded by John Ponzio to approve the Pension Benefits as presented. Vote: 5/0.

WITHDRAWAL OF FUNDS

Tuozzoli, Bonita	terminated 6/10/2010	\$ 1,264.25
Altieri, Matthew	terminated 6/30/2011	\$ 8,573.64
Heffern, Matthew	terminated 7/27/2011	\$ 9,186.22

Mr. Ponzio moved, seconded by Mr. Lavin to approve the Withdrawal of Funds as presented. Vote: 5/0.

AUDIT LETTER FROM WELLS FARGO - The Berwyn Group Dated May 6, 2011

Discussion followed regarding the report received from the Berwyn Group indicating those individuals who were deceased or those whose social security numbers did not agree with the database records. All exceptions to the database records were addressed and corrected.

OTHER BUSINESS - DEFINED CONTRIBUTION PLAN

The Town Council approved the Defined Contribution Plan. The plan has been put out to bid. Mr. Lavin indicated that we need an investment policy. Mr. Ponzio indicated that the employees choose the investments. We come up with options to select from, limiting the choices. In addition, the vesting period needs to be determined.

ADJOURNMENT

There being no further business to discuss, the Pension Board adjourned by unanimous consent at 9:15 p.m.

Respectfully Submitted,



Phyllis Collier
Pension Board

Town of Trumbull Employee Pension Plan

Executive Summary

Third Quarter 2011



One Hundred Northfield Drive

Windsor, CT 06095

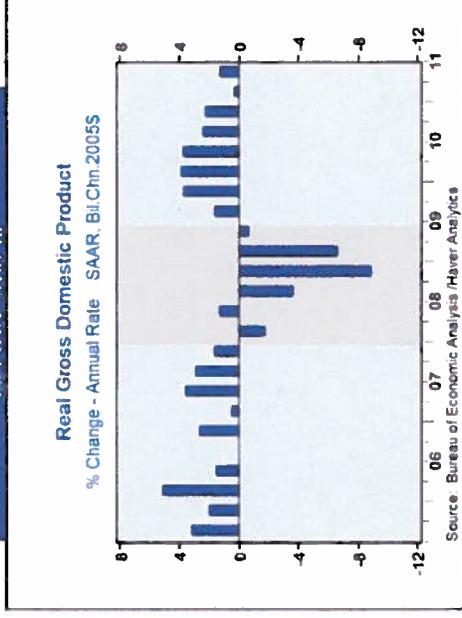
860-683-1187

Toll Free: 866-466-9412

Important Disclosure Information: Past performance may not be indicative of future results. Account information has been compiled solely by Fiduciary Investment Advisors, LLC, has not been independently verified, and does not reflect the impact of taxes on non-qualified accounts. In preparing this report, Fiduciary Investment Advisors, LLC has relied upon information provided by the account custodian. A copy of our current written disclosure statement discussing our advisory services and fees continues to remain available for your review upon request. Historical performance results for investment indices and/or categories have been provided for general comparison purposes only, and generally do not reflect the deduction of transaction and/or custodial charges, the deduction of an investment management fee, nor the impact of taxes, the incurrence of which would have the effect of decreasing historical performance results. It should not be assumed that your account holdings correspond directly to any comparative indices.

Economic Review

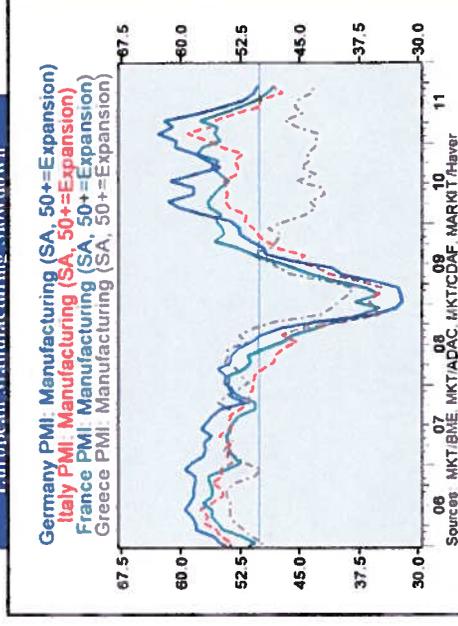
U.S. GDP Growth



- Concerns about the health of the economic recovery were front and center this quarter as both economic data points and news headlines stoked the fears of investors. The downgrade of the US credit rating this summer and growing concerns regarding the sovereign debt crisis in Europe dominated headlines. Meanwhile, analysts have downgraded their expectations for economic growth. These issues resulted in a very weak quarter for markets around the globe.

- In late September, the Fed formally announced “Operation Twist”, a stimulus exercise whereby the Fed will sell some \$400 billion of its short-term Treasury holdings and redeploy proceeds to certain longer-dated Treasuries. The intent is to push longer term interest rates down, engineer concurrent reductions in the wide variety of loans tied to longer term rates, and incent greater borrowing and spending.

European Manufacturing Slowdown



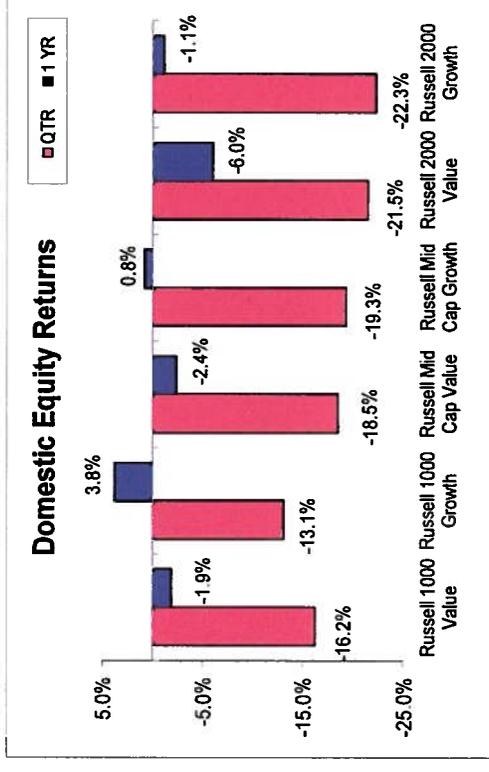
- The high rate of unemployment continues to hamper the recovery. With unemployment remaining at 9.1 percent, the lack of job growth is weighing on the recovery.

- Europe continues to struggle with how to best deal with the sovereign debt issues in Greece. As countries contemplate another round of bailout funds for Greece, economic growth in the region has slowed.

Capital Market Returns

	QUARTER	YTD	1 YEAR	3 YEAR	5 YEAR	10 YEAR
U.S. EQUITY						
S&P 500	-13.87	-8.68	1.14	1.23	-1.18	2.82
Russell 1000 Value	-16.20	-11.24	-1.87	-1.52	-3.53	3.36
Russell 1000 Growth	-13.14	-7.20	3.78	4.69	1.62	3.01
Russell Mid Cap	-18.90	-12.34	-0.88	3.96	0.56	7.45
Russell Mid Cap Value	-18.46	-13.01	-2.36	1.98	-0.84	7.54
Russell Mid Cap Growth	-19.33	-11.59	0.80	5.89	1.64	6.70
Russell 2000	-21.87	-17.02	-3.53	-0.37	-1.02	6.12
Russell 2000 Value	-21.47	-18.51	-5.99	-2.78	-3.08	6.47
Russell 2000 Growth	-22.25	-15.57	-1.12	2.07	0.96	5.45
Russell 3000	-15.28	-9.90	0.55	1.45	-0.92	3.48
NAREIT	-14.71	-6.02	0.98	-1.98	-2.43	9.17
INTERNATIONAL EQUITY						
MSCI ACWI ex-US	-19.85	-16.80	-10.81	0.52	-1.57	6.83
MSCI EAFE	-19.01	-14.98	-9.36	-1.13	-3.46	5.03
MSCI EAFE Value	-19.03	-14.52	-9.99	-1.69	-4.82	5.13
MSCI EAFE Growth	-18.98	-15.43	-8.79	-0.63	-2.16	4.86
MSCI EAFE Small Cap	-18.59	-15.47	-5.50	5.64	-1.88	9.76
MSCI EM (Emerging Markets)	-22.56	-21.88	-16.15	6.27	4.87	16.07
FIXED INCOME						
Barclays US Aggregate Bond	3.82	6.65	5.26	7.97	6.53	5.66
Barclays US Gov/Credit Bond	4.74	7.47	5.14	8.41	6.52	5.74
Barclays Long Gov/Credit Bond	15.64	19.42	12.74	14.87	9.39	8.26
Barclays US High Yield	-6.06	-1.39	1.78	13.83	7.08	8.78
Barclays US TIPS	4.51	10.59	9.87	8.13	7.10	7.17
BofA Merrill 3-Month T-Bill	0.01	0.10	0.14	0.20	1.74	2.01
NON-TRADITIONAL						
HFRX Global Hedge Fund	-6.45	-8.43	-5.47	-1.75	-1.67	1.92
DJ-UBS Commodities	-11.33	-13.62	0.02	-5.67	-1.10	5.95

Domestic Equity Review



- U.S. equity markets **dropped sharply** in the third quarter of 2011 – the worst drop since the last calendar quarter of 2008. While fundamental U.S. economic indicators showed tepid improvement, equity markets reflected investors’ concerns about a possible global recession, European fiscal challenges, and S&P’s downgrade of U.S. sovereign debt.

- The severe sell-off in August continued into September, hitting the higher beta and lower quality names the hardest. Additionally, the **declining trend across stock correlations dramatically reversed** during the quarter making it difficult for active managers to outperform.

- Reflecting skittish investor sentiment, **large caps outperformed** the more economically sensitive and aggressive small and mid cap stocks. Among large cap stocks, **growth outperformed value** largely due to the composition of the respective indices. Several big technology stocks, which are heavily weighted in the Russell 1000 Growth Index, outperformed, while large US banks, sizable components of the Russell 1000 Value, posted significant declines. **In the small and mid cap space, value stocks modestly outperformed growth** in the quarter but continue to trail growth stocks by a significant margin this year.

- The **flight to safety** that took hold in the second quarter continued throughout the market’s downturn, prompting **safe haven sectors** of the market such as utilities, consumer staples and healthcare to **outperform**. The worst performing sectors were the more cyclical energy and materials sectors.

Russell 3000 Index	Weight	Return
Consumer Discretionary	11.7%	-15.0%
Consumer Staples	10.2%	-4.6%
Energy	10.7%	-21.5%
Financials	14.8%	-21.6%
Health Care	12.0%	-11.4%
Industrials	10.8%	-22.2%
Information Technology	18.9%	-10.6%
Materials	3.9%	-25.0%
Telecom. Services	3.0%	-9.6%
Utilities	4.1%	0.0%
Total	100.0%	-15.3%

International Equity Review



• It was a difficult quarter for international equities. The sovereign debt issues in Europe remained front and center. The inability to come up with a comprehensive plan for countries dealing with sovereign debt issues weighed on markets around the globe. Both Europe and emerging markets were hit the hardest, while Japan and the United Kingdom performed better.

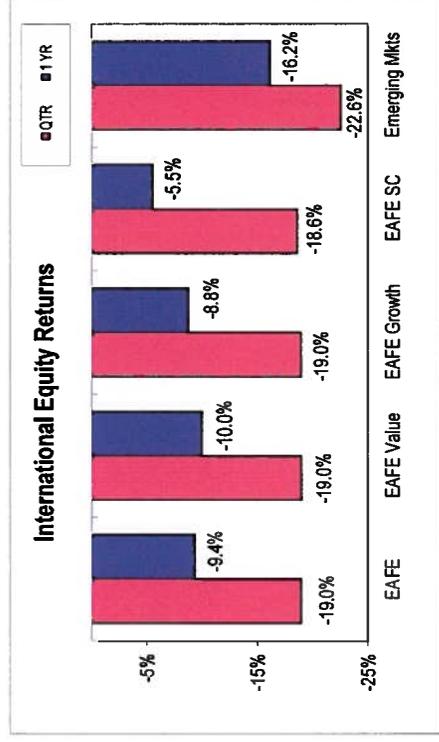
• The more economically sensitive sectors were the worst performers as investors sought the perceived stability in more defensive sectors. Among the best performing sectors in the international market were the consumer staples, health care, and telecommunication services. Meanwhile, the materials, industrials, energy, and financials sectors were the worst performers.

• European equities were weak due to the issues facing the region. Unlike last quarter, no countries were able to escape the selling pressure. Both France and Germany were weak this quarter as concerns grew regarding resident banks' exposure to sovereign debt of the troubled countries.

• Japanese equities declined in the quarter but outperformed most other markets around the globe as the country continues to rebuild from the earthquake and tsunami earlier this year. The Yen rose against both the US dollar and the Euro, benefitting from the risk-off trade this quarter. The rise of the Yen has raised concerns about competitiveness going forward.

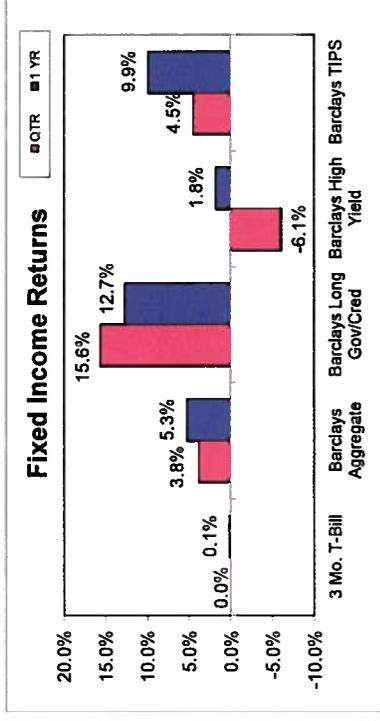
• Emerging markets were weak in the quarter, falling significantly due to concerns over slowing global growth and weaker commodity prices. Signs of slower growth in China caused a sharp decline in its equities. Commodity rich countries of Brazil and Russia also fell sharply this quarter. The materials, energy, industrials and financials were the leading detractors in emerging markets.

• Despite the downgrade of the US credit rating, the US Dollar rose against most major currencies this quarter. Also benefiting from the flight to quality was the Japanese Yen, which posted gains against the US Dollar and the Euro. Emerging markets currencies came under pressure this quarter with the Brazilian Real among the weakest currencies.



MSCI Country Results	3Q 2011	
	Local	USD
United Kingdom	-13.6%	-16.2%
France	-24.5%	-30.2%
Germany	-25.5%	-31.0%
Japan	-11.5%	-7.3%
China	-25.6%	-25.7%
India	-12.7%	-20.3%
Brazil	-14.1%	-27.7%
Russia	-21.9%	-31.0%

Fixed Income Review



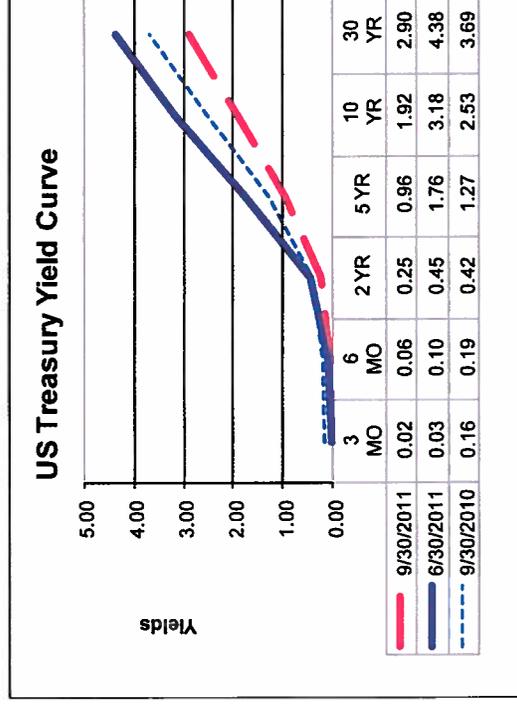
- **Treasury yields declined** sharply during the period, with the yield on the 10 year falling over 130 basis points. Investors essentially ignored the U.S Treasury downgrade by Standard and Poor's, instead flocking to Treasuries as a safe haven from a deteriorating global outlook and growing concerns regarding the sovereign debt crisis in Europe.

- **Corporate bonds lagged** similar duration Treasuries but outpaced most other areas of the fixed income markets. Yields on most issues were flat, causing significant spread widening to occur. Financial companies, including banks, were hit particularly hard as falling equities and potential for contagion from Europe raised investors' concerns.

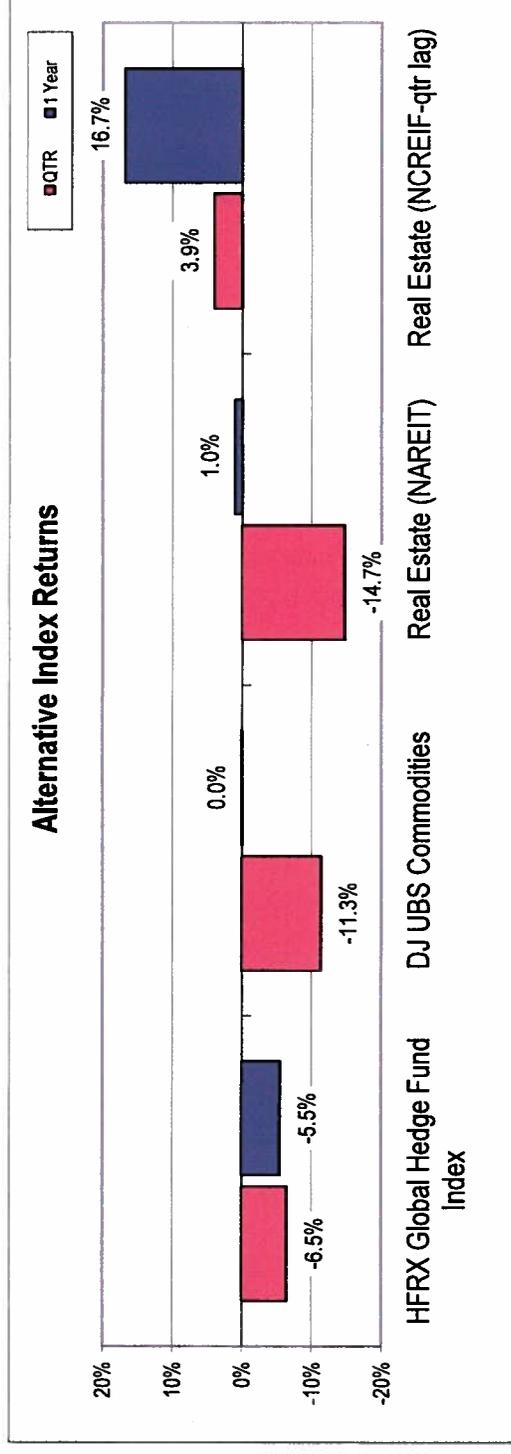
- **Below investment grade issues fell** as risk aversion in the markets outweighed healthy balance sheets, good corporate earnings, and continued low defaults. Both bonds and bank loans came under pressure, with the lowest credit quality issues declining the most. Bank loans were also hurt by technical pressure as falling yields meant less demand than in past months.

- **Like the U.S., most sovereign issues moved higher** led by the United Kingdom, Canada, France and Germany. Greece continued to struggle under the pressure of frequent rumors regarding potential default or exit from the European Union. Spreading political turmoil and slowing global growth also had a negative impact on Italian and Portuguese bonds.

- **Emerging market bonds came under pressure** due to concerns about China's growth and the sell-off in commodities. Latin American bonds held up best, also benefitting from strong currency performance.



Alternatives Review

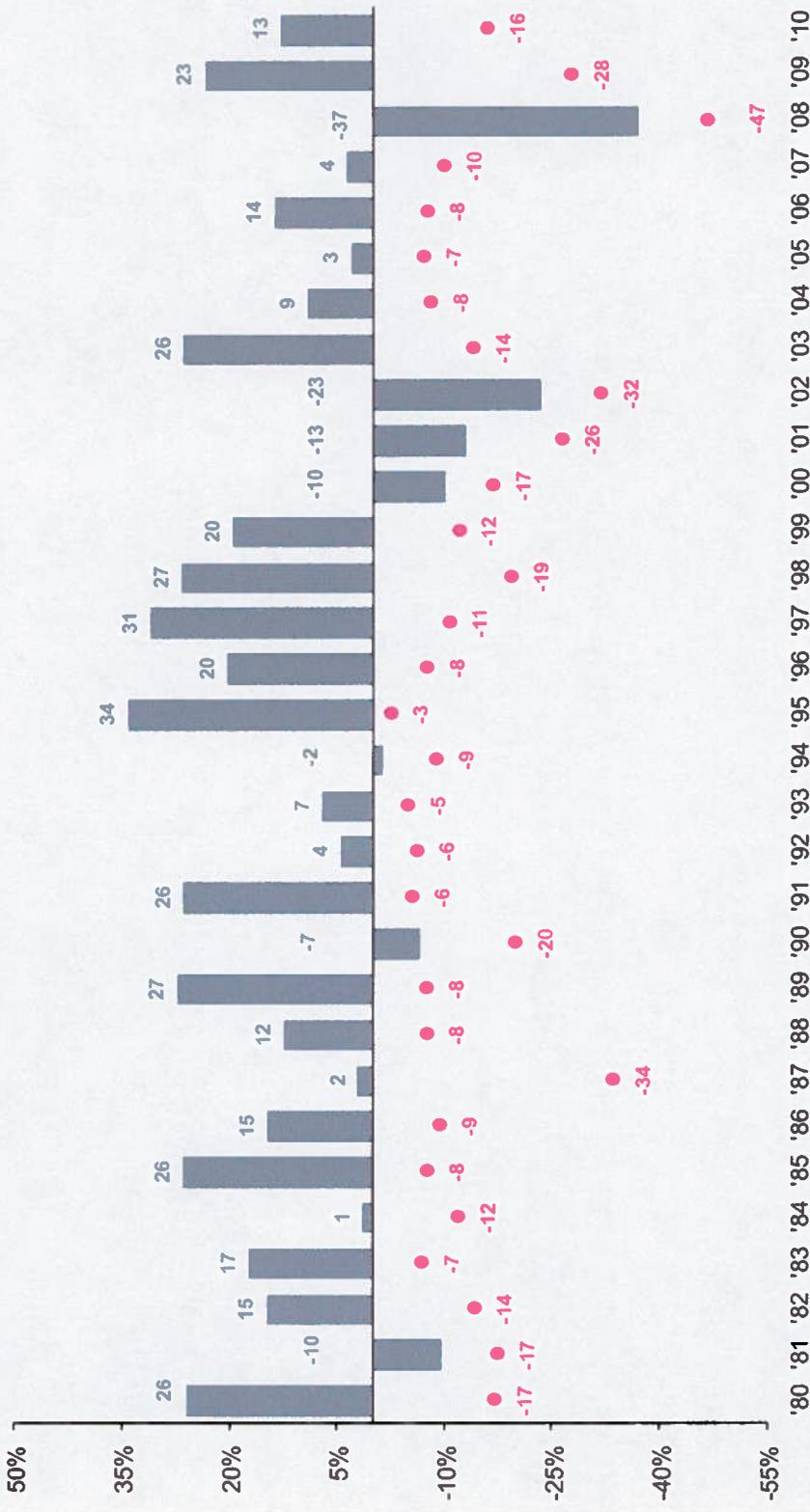


- **REITs sold off sharply** in the third quarter, alongside the broader equity markets. Price declines were fueled by safe haven demand and a pause in the recovery of operating fundamentals in the underlying real estate portfolios. The sell-off curtailed transaction activity in the quarter, which had been accelerating out of the 2008 crisis. In addition, demand was further limited by a decline in the relative attractiveness of REITs to investment grade debt, as spreads widened significantly. **Domestic REITs outperformed** their international counterparts, with Europe experiencing the largest declines. Non-cyclical sectors such as healthcare and self storage outperformed.
- Recent economic concerns have effectively muted the outlook for improving operating fundamentals in a majority of private real estate markets. Transaction activity experienced a moderate slowdown in the latter half of the quarter, as buyers became more cautious and focused predominately on top-quality core properties, furthering the pricing discrepancy between primary versus secondary assets. Property valuations, occupancy rates, and market rents were relatively stable, and remain well above the trough levels experienced in 2008.
- **Hedge funds posted negative absolute results** during the quarter. Falling equity markets had the biggest impact on hedged equity managers, especially those with a net long bias. Event-driven managers also struggled in this environment, highlighted by both special situation and distressed managers.

S&P 500 Index Return Profile

Intra-year Declines vs. Calendar Year Returns

Despite average intra-year drops of 14.3%, annual returns positive in 24 of 31 years

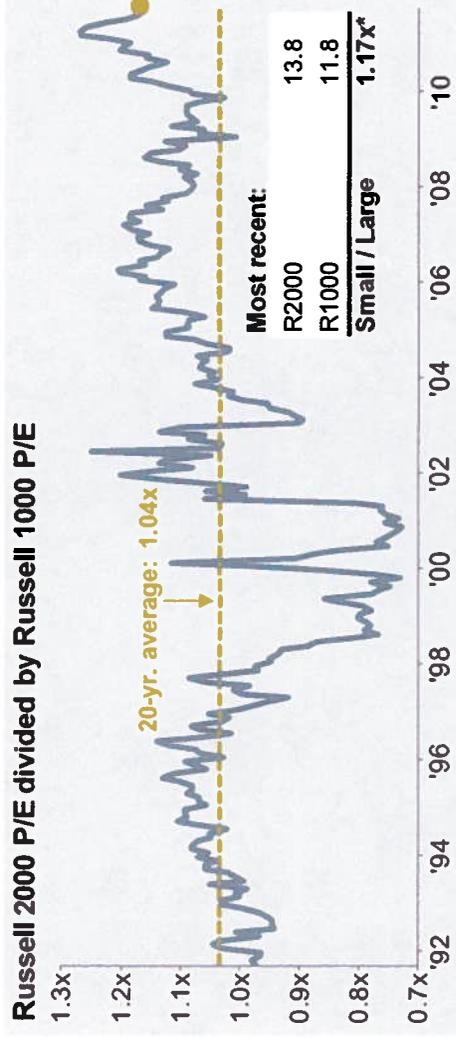
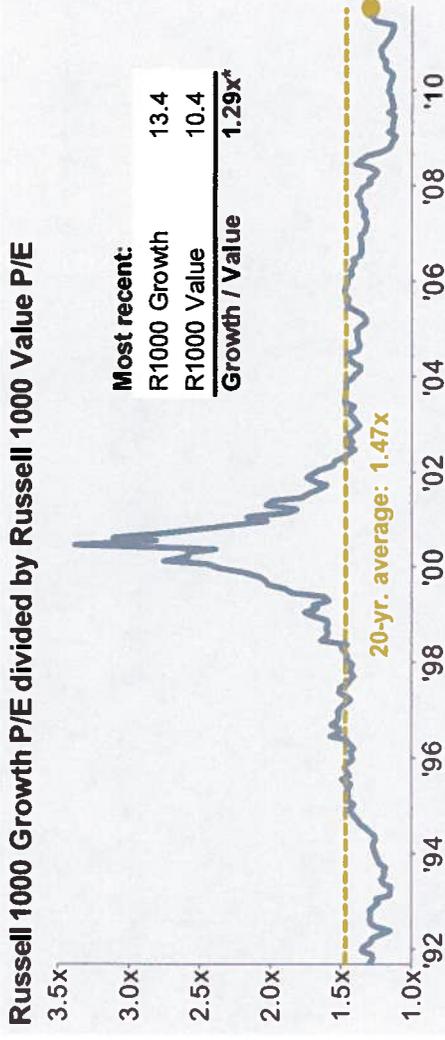


Source: Standard and Poor's, FactSet, J.P. Morgan Asset Management.

Returns are based on price index only and do not include dividends. Intra-year drops refers to the largest market drops over periods of 6 months or less. For illustrative purposes only.

Data are as of 9/30/11.

Domestic Equity Valuations



Current P/E vs. 20-year avg. P/E

	Value	Blend	Growth
Large	10.4 / 14.1	11.8 / 16.8	13.4 / 21.1
Mid	11.7 / 14.0	13.2 / 16.3	15.0 / 22.0
Small	12.3 / 14.2	13.8 / 17.1	15.4 / 21.4

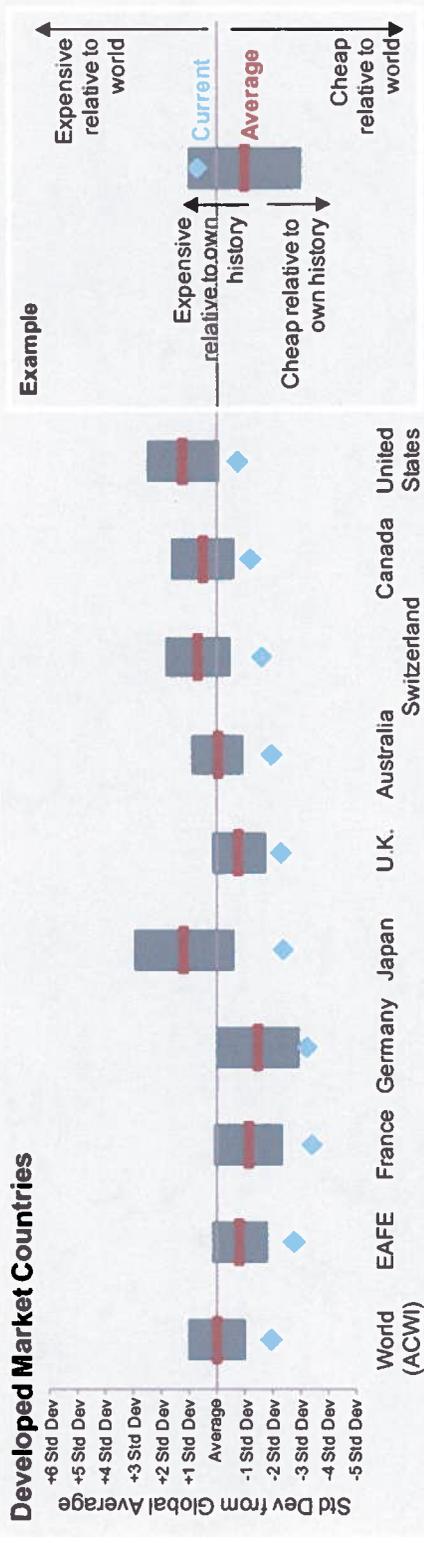
Current P/E as % of 20-year avg. P/E

E.g.: Large Cap Blend stocks are 30.0% cheaper than their historical average.

	Value	Blend	Growth
Large	73.9%	70.0%	63.5%
Mid	83.4%	80.7%	68.1%
Small	86.8%	80.6%	71.9%

Source: Russell Investment Group, IBES, FactSet, J.P. Morgan Asset Management. P/E ratios are calculated and provided by Russell based on IBES consensus estimates of earnings over the next twelve months. *Represents the Russell 1000 Growth Index P/E ratio divided by the Russell 1000 Value Index P/E ratio (top) and Russell 2000 Index P/E ratio divided by the Russell 1000 Index P/E ratio (bottom). Data reflect P/E ratios as provided by Russell based on IBES estimates of next twelve months' earnings. Data are as of 9/30/11.

International Equity Market Valuations



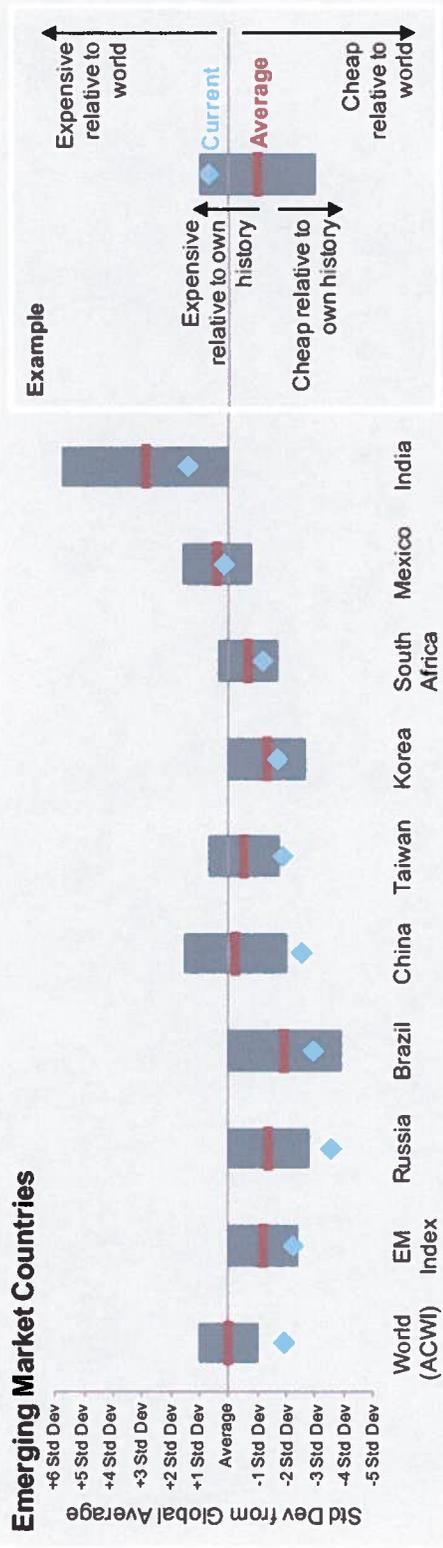
	Current				10-year avg.				
	Current Composite Index	Fwd. P/E	P/B	P/CF	Div. Yld.	Fwd. P/E	P/B	P/CF	Div. Yld.
World (ACWI)	-1.93	9.9	1.5	5.6	3.1%	14.1	2.2	7.8	2.4%
EAFE Index	-2.75	9.4	1.2	4.5	4.1%	13.6	1.8	6.8	3.0%
France	-3.40	8.2	1.0	3.9	5.2%	12.3	1.8	6.4	3.1%
Germany	-3.22	7.9	1.1	3.8	4.3%	12.6	1.5	5.3	2.9%
Japan	-2.37	11.7	0.9	3.2	2.5%	18.8	1.5	5.5	1.5%
U.K.	-2.27	8.4	1.5	6.4	4.2%	12.1	2.1	8.6	3.6%
Australia	-1.96	10.0	1.6	7.2	5.2%	13.9	2.2	10.9	4.1%
Switzerland	-1.61	11.0	1.9	6.2	3.9%	13.9	2.5	9.8	2.4%
Canada	-1.20	11.1	1.7	6.8	2.8%	14.2	2.1	8.2	2.2%
United States	-0.74	10.6	1.8	7.2	2.2%	15.1	2.6	9.2	1.9%

Source: MSCI, FactSet, J.P. Morgan Asset Management.

Note: Each valuation index shows an equally weighted composite of four metrics: price to forward earnings (Fwd. P/E), price to current book (P/B), price to last 12 months' cash flow (P/CF) and price to last 12 months' dividends normalized using means and average variability over the last 10 years. The grey bars represent valuation index variability relative to that of the All Country World Index (ACWI). See disclosures page at the end for metric definitions.

Data are as of 9/30/11.

Emerging Markets Valuations



	Current				10-year avg.				
	Current Composite Index	Fwd. P/E	P/B	P/CF	Div. Yld.	Fwd. P/E	P/B	P/CF	Div. Yld.
World (ACWI)	-1.93	9.9	1.5	5.6	3.1%	14.1	2.2	7.8	2.4%
EM Index	-2.25	8.8	1.5	5.0	3.2%	11.0	1.9	6.2	2.7%
Russia	-3.53	4.7	0.8	3.2	2.8%	8.2	1.4	5.4	2.1%
Brazil	-2.94	7.9	1.3	4.3	4.1%	9.4	1.9	5.5	3.7%
China	-2.54	7.6	1.4	5.3	3.8%	12.5	2.1	8.3	2.6%
Taiwan	-1.88	12.3	1.7	5.7	4.6%	15.2	1.9	7.0	3.3%
Korea	-1.68	8.1	1.2	3.5	1.6%	9.1	1.4	4.1	1.9%
South Africa	-1.18	10.1	2.1	7.5	3.6%	11.1	2.4	7.7	3.2%
Mexico	0.20	13.5	2.4	6.2	1.8%	12.9	2.5	7.3	2.1%
India	1.43	13.0	2.4	9.8	1.5%	14.7	3.2	12.6	1.6%

Source: MSCI, FactSet, J.P. Morgan Asset Management.

Note: Each valuation index shows an equally weighted composite of four metrics: price to forward earnings (Fwd. P/E), price to current book (P/B), price to last 12 months' cash flow (P/CF) and price to last 12 months' dividends normalized using means and average variability over the last 10 years. The grey bars represent valuation index variability relative to that of the All Country World Index (ACWI). See disclosures page at the end for metric definitions.

Data as of 9/30/11.

Fixed Income Statistics & Interest Rate

Impacts



U.S. Treasuries	# of issues	Mkt. Value	Avg. Maturity	Yield			Return
				12/31/2010	9/30/2011	YTD 2011	
2-Year	# of issues: 149 Total value: \$4.343 tn		2 years	0.61%	0.25%	1.44%	0.51%
5-Year			5	2.01	0.96	8.01	4.57
10-Year			10	3.30	1.92	15.76	12.16
30-Year			30	4.34	2.90	33.01	31.07
Sector							
Broad Market	7,833	\$15,798 bn	7.2 years	2.97%	2.35%	6.65%	3.82%
MBS	1,043	5,120	5.1	3.67	2.82	5.30	2.36
Corporates	3,936	3,117	10.4	4.02	3.83	6.10	2.85
Municipals	45,625	1,258	13.5	3.80	3.02	8.40	3.81
Emerging Debt	453	601	11.1	5.76	6.59	1.94	-2.91
High Yield	1,868	888	6.8	7.51	9.51	-1.39	-6.06
TIPS	31	669	9.4	2.78	1.86	10.59	4.51

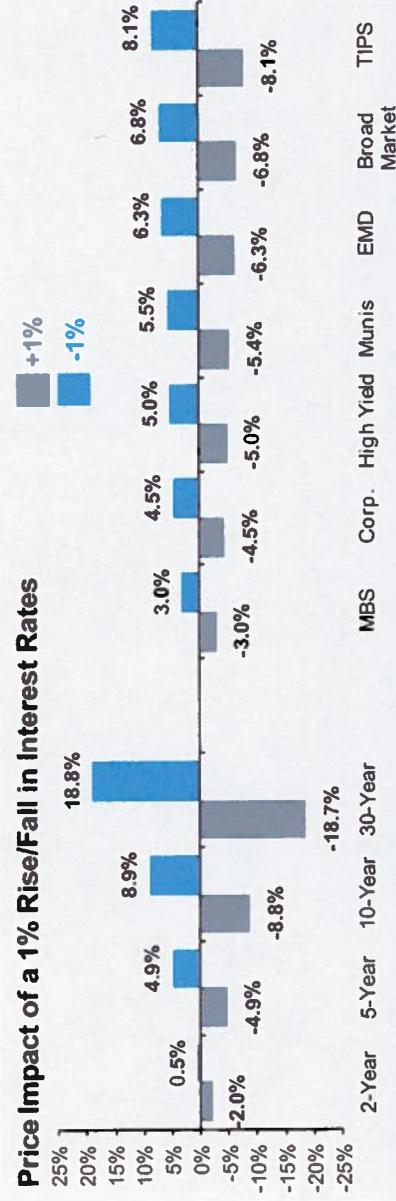
Source: U.S. Treasury, Barclays Capital, FactSet, J.P. Morgan Asset Management.

Fixed income sectors shown above are provided by Barclays Capital and are represented by – Broad Market: US Barclays Capital Index; MBS: Fixed Rate MBS Index; Corporate: U.S. Corporates; Municipals: Muni Bond Index; Emerging Debt: Emerging Markets Index; High Yield: Corporate High Yield Index, TIPS: Treasury Inflation Protection Securities (TIPS). Treasury securities data for # of issues and market value based on U.S. Treasury benchmarks from Barclays Capital. Yield and return information based on Bellwethers for Treasury securities.

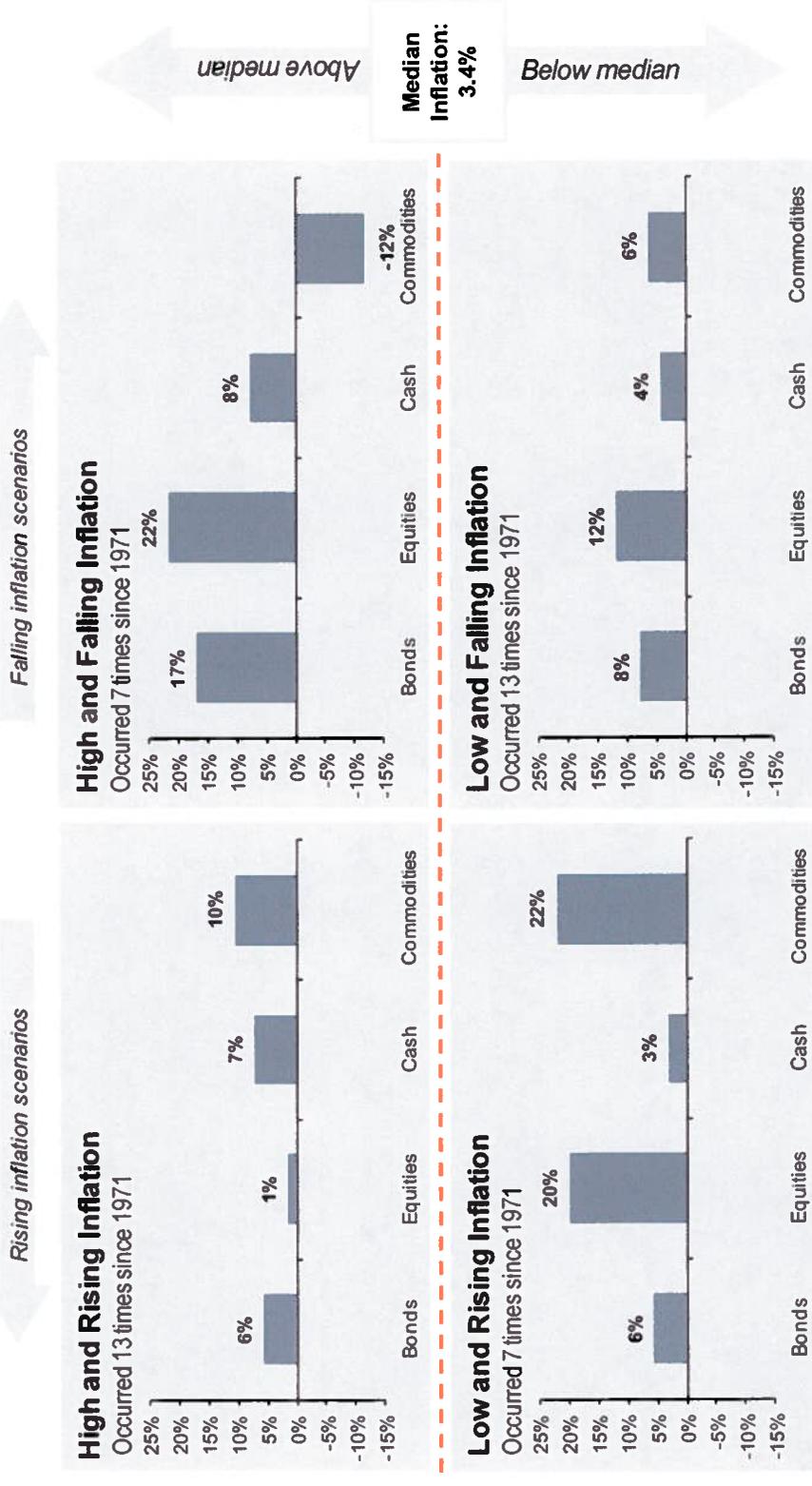
Change in bond price is calculated using both duration and convexity according to the following formula:
 New Price = (Price + (Price * -Duration * Change in Interest Rates)) + (0.5 * Price * Convexity * (Change in Interest Rates)^2)

*Calculation assumes 2-Year Treasury interest rate falls 0.25% to 0.00% as interest rates can only fall to 0.00%.

Chart is for illustrative purposes only. Past performance is not indicative of comparable future results. Data are as of 9/30/11.



Return Profiles in Different Inflation Environments



Source: BLS, Barclays Capital, Robert Shiller, Federal Reserve, Strategas/Ibbotson, Standard and Poor's, FactSet, J.P. Morgan Asset Management. High or low inflation distinction is relative to median CPI-U inflation for the period 1971 to 2010. Rising or falling inflation distinction is relative to previous year CPI-U inflation rate. Bond returns are based on the Barclays U.S. Aggregate index since its inception in 1976 and a composite bond index prior to that. Equity returns based on S&P 500 price return and annual dividend yield. Cash returns are based on the Barclays 1-3 Month T-Bill index since its inception in 1992 and 3-month T-Bill rates prior to that. Commodities returns based on GSCI.

For illustrative purposes only. Past performance is not indicative of comparable future returns.

Data reflect most recently available as of 9/30/11.

Asset Allocation - Town of Trumbull Employee Pension Plan

As of September 30, 2011

Investment	Market Value (\$)	Allocation (%)	Target (%)	Difference (%)
Short Term Liquidity				
WF Advantage Money Market	23,958	0.1%	0.0%	0.1%
Fixed Income				
PIMCO Total Return Institutional	4,019,935	24.0%	22.5%	1.5%
Vanguard Total Bond Market Index Signal	1,358,718	8.1%	7.5%	0.6%
Total Fixed Income	5,378,653	32.2%	30.0%	2.2%
Domestic Equity				
Vanguard 500 Index Fund Signal	4,090,149	24.4%	25.0%	-0.6%
Diamond Hill Large Cap I	804,074	4.8%	5.0%	-0.2%
MainStay Large Cap Growth I	816,033	4.9%	5.0%	-0.1%
Aston/Montag & Caldwell Growth N	783,045	4.7%	5.0%	-0.3%
Boston Trust Small Cap Fund	800,039	4.8%	5.0%	-0.2%
Total Domestic Equity	7,293,340	43.6%	45.0%	-1.4%
International Equity				
Thornburg International Value R5	1,542,107	9.2%	10.0%	-0.8%
American Funds EuroPacific Growth R6	1,534,158	9.2%	10.0%	-0.8%
Total International Equity	3,076,265	18.4%	20.0%	-1.6%
Inflation Protection				
Vanguard Inflation Protected Securities Adm	319,152	1.9%	1.7%	0.2%
Van Eck Global Hard Assets I	294,950	1.8%	1.7%	0.1%
PIMCO Commodity Real Return Institutional	343,101	2.1%	1.7%	0.4%
Total Inflation Protection	957,204	5.7%	5.0%	0.7%
Total Plan Assets	16,729,420			

Balances provided by Wells Fargo

Total Plan Performance Summary - Trumbull

As of September 30, 2011

Account Reconciliation

	QTR	YTD	Since Inception	Inception Date
Total Plan				07/01/2008
Beginning Market Value	18,949,876	18,346,348	18,275,083	
Net Contributions	-62,357	-304,576	-2,120,432	
Gain/Loss	-2,158,099	-1,312,352	574,770	
Ending Market Value	16,729,420	16,729,420	16,729,420	

Blended Benchmark Composition

Allocation Mandate	Weight (%)
Barclays Capital Aggregate S&P 500	30.0
Russell 1000 Growth Index	25.0
Russell 1000 Value Index	10.0
Russell 2000 Index	5.0
MSCI EAFE (net)	5.0
Inflation Protection Index	20.0
	5.0

Trailing Performance Summary

	QTR	YTD	1 Year	3 Years	5 Years	7 Years	10 Years	Since Inception	Inception Date
Total Plan	-11.2	-7.2	-1.3	3.6	N/A	N/A	N/A	1.1	07/01/2008
Blended Benchmark	-10.1	-5.8	0.5	4.0	1.9	4.1	4.9	1.7	
Difference	-1.1	-1.4	-1.8	-0.4	N/A	N/A	N/A	-0.6	

Calendar Year Performance Summary

	2010	2009	2008	2007	2006	2005	2004	2003
Total Plan	14.0	21.9	N/A	N/A	N/A	N/A	N/A	N/A
Blended Benchmark	14.4	20.6	-24.3	6.0	13.0	5.0	10.3	22.4
Difference	-0.4	1.3	N/A	N/A	N/A	N/A	N/A	N/A

New Blended Benchmark effective 4/1/2011.

Historical Hybrid Composition

Blended Benchmark

As of September 30, 2011

Allocation Mandate	Weight (%)	Allocation Mandate	Weight (%)
Jan-1979		Apr-2011	
S&P 500	45.0	Barclays Capital Aggregate	30.0
Russell 2000 Index	10.0	S&P 500	25.0
Barclays Capital Aggregate	35.0	Russell 1000 Growth Index	10.0
MSCI EAFE Index	10.0	Russell 1000 Value Index	5.0
		Russell 2000 Index	5.0
Nov-2009		MSCI EAFE (net)	20.0
Barclays Capital Aggregate	35.0	Inflation Protection Index	5.0
S&P 500	27.5		
Russell 1000 Growth Index	12.5		
S&P Completion Index	15.0		
MSCI EAFE (net)	10.0		
Apr-2010			
Barclays Capital Aggregate	35.0		
S&P 500	27.5		
Russell 1000 Growth Index	12.5		
Russell 2000 Index	5.0		
S&P Completion Index	10.0		
MSCI EAFE (net)	10.0		
Jul-2010			
Barclays Capital Aggregate	30.0		
S&P 500	27.5		
Russell 1000 Growth Index	12.5		
Russell 2000 Index	5.0		
MSCI EAFE (net)	20.0		
Inflation Protection Index	5.0		

Town of Trumbull Employee Pension Plan

Portfolio Comments & Manager Status Summary

As of September 30, 2011

Total Performance Summary					
	<u>QTR</u>	<u>YTD</u>	<u>1-Yr</u>	<u>3-Yr</u>	<u>7/1/2008*</u>
Consolidated Plan¹	-11.2%	-7.2%	-1.3%	3.6%	1.1%
Blended Benchmark	-10.1%	-5.8%	0.5%	4.0%	1.7%

Total Portfolio Comments

The Trumbull Employee Pension Plan fell 11.2% in the third quarter and 7.2% year-to-date, compared with the blended benchmark losses of 10.1% and 5.8%, respectively. Volatility in the markets due to economic uncertainty, particularly in the domestic and international equity markets, weighted on results. Favorable relative performance within the domestic equity holdings was offset primarily by a marked underperformance by PIMCO Total Return. The Fund fell 1.1%, trailing the Barclay's Capital Aggregate by 490 basis points due to underweight allocations to Treasuries and duration, which detracted from performance as rates fell. Vanguard Total Bond Index Fund (+4.0%) performed in line with the Barclay's Capital Bond Index gain of 3.8%. Domestic equities retreated during the quarter. The Vanguard 500 Index Fund (-13.9%) tracked the S&P 500 index. Diamond Hill Large Cap (-15.0%) outperformed the Russell 1000 Value Index loss of 16.2%, helped by favorable stock selection. MainStay Large Cap Growth (-15.3%) trailed the Russell 1000 Growth Index by 220 basis points due to an underweight allocation to the consumer staples sector. The Aston/Montag & Caldwell Growth Fund (-10.1%) performed favorably to the Russell 1000 Growth Index's loss of 13.1%, with stock selection in the consumer discretionary and information technology sectors adding value. Boston Trust Small Cap Fund (-19.9%) also outperformed its benchmark, helped by stock selection in the consumer discretionary, industrials and technology sectors. International Equities fell sharply in the quarter on concerns over weakness in the global economy. The Thornburg International Value Fund (-20.9%) trailed its MSCI index by 100 basis points, hurt mainly by weak stock selection in the financials sector. American Funds EuroPacific Growth Fund (-20.8%) trailed its benchmark by 110 basis points due to stock selection. Vanguard Inflation Protected Securities Fund (+4.9%) performed approximately in line with the Barclay's Capital U.S. TIPS Index. The Van Eck Global Hard Assets Fund (-24.4%) reflected a worldwide sell-off in hard asset commodities. The Fund trailed its benchmark index by 120 basis points. PIMCO Commodity Real Return (-11.2%) also fell along with the decline in commodity prices, but outperformed its benchmark slightly.

Manager Status Summary

<u>Mandate</u>	<u>Manager/Fund</u>	<u>Status</u>	<u>Note</u>
Fixed Income	Vanguard Total Bond Market Index Signal	Maintain	N/A
Fixed Income	PIMCO Total Return Institutional	Maintain	N/A
Equity - Large Cap	Vanguard 500 Index Signal	Maintain	N/A
Equity - Large Cap	MainStay Large Cap Growth I	Maintain	N/A
Equity - Large Cap	Diamond Hill Large Cap I	Maintain	N/A
Equity - Large Cap	Aston/Montag & Caldwell Growth Fund N	Maintain	N/A
Equity - Small Cap	Boston Trust Small Cap Fund	Maintain	N/A
International Equity	Thornburg International Value R5	Maintain	N/A
International Equity	American Funds EuroPacific Growth R6	Maintain	N/A
Inflation Protection	Vanguard Inflation Protected Securities Adm	Maintain	N/A
Inflation Protection	Van Eck Global Hard Assets I	Maintain	N/A
Inflation Protection	PIMCO Commodity Real Return Instl	Maintain	N/A

¹ Consolidated plan performance reflects total fund level returns on an aggregate basis including the Wilmington Trust Portfolio prior to 11/1/09.

* Inception date of 7/1/2008 reflects the first full quarter under which Wilmington Trust served as recordkeeper for the plan's assets.

Manager Commentary

As of September 30, 2011

Manager	Comments	Status
Fixed Income		Maintain
Vanguard Tot Bd;Sig (VBTSX)	3Q 2011 - In accordance with its investment objective, the Fund performed in line with the Barclays Capital Aggregate Bond Index.	Maintain
PIMCO:Tot Rtn;Inst (PTTRX)	3Q 2011 – This strategy trailed the Barclays Aggregate and ranked near the bottom of its peer group during the third quarter. PIMCO was positioned to benefit from a period of slow to moderate growth by investing in safe spread product and as a result largely missed the Treasury rally sparked by a flight to quality. An underweight to duration and U.S. Treasuries were the top detractors as interest rates fell sharply during the period. Corporate bonds, most notably financial issuers, trailed similar maturity Treasuries and weighed on relative results. Exposure to emerging market debt and currencies also hurt performance as investors continued to downgrade their expectations for global growth. PIMCO has also lowered its expectations and as a result have worked to de-risk the portfolio by lengthening duration and trimming spread product exposure. The portfolio’s weighting in Treasuries increased during the period but remains an underweight relative to the benchmark.	Maintain
Domestic Equity		Maintain
Vanguard 500 Index;Sig (VIFSX)	3Q 2011 - In accordance with its objective, the Fund has performed in line with the S&P 500 Index.	No Status
Diamond Hill Lg Cap;l (DHLRX)	3Q 2011 - The Fund declined this quarter, but outpaced the Russell 1000 Value Index. Superior stock selection was the main driver of relative performance. Strong picks in the consumer discretionary, health care and information technology sectors added to outperformance in the third quarter. The Fund also initiated a position in Nike which contributed to relative value. The energy sector was the hardest hit overall during the quarter due to stock selection and the overweight position compared to the Index. The three largest names in the portfolio – Anadarko, Occidental Petroleum and Devon Energy – were among the hardest hit as commodity prices fell and investors were eager to exit the sector. The portfolio’s overweight to health care and consumer staples also contributed to outperformance during the third quarter. As of the end of the quarter, the Fund remains overweight to the energy and healthcare sectors.	Maintain
MainStay:Lg Cap Gro;l (MLAIX)	3Q 2011 - The Fund declined this quarter and trailed the Russell 1000 Growth Index. Despite trailing the Index, the Fund still landed in the top half of the Morningstar Large Growth category. Both sector allocation and stock selection detracted from overall relative performance during the third quarter. Helping relative performance was the Fund’s overweight to the information technology sector, but this was not enough to offset the relative underperformance due to the underweight of the consumer staples sector. Security selection was the leading detractor of the portfolio especially within the information technology sector. Within this sector, NetApp, Autodesk and Citrix Systems were among the leading detractors during the third quarter. Security selection in the industrials sector was strong, led by Goodrich Corporation and construction equipment manufacturer, Caterpillar, Inc. Stock selection in the energy and materials sectors also detracted from relative performance, specifically Occidental Petroleum and Schlumberger.	Maintain

Manager Commentary

As of September 30, 2011

Manager	Comments	Status
Aston:M&C Growth;N (MCGFX)	<p>3Q 2011 - The Fund faced some headwinds this quarter, but still outperformed the Russell 1000 Growth Index. Both stock selection and sector allocation contributed to the strong relative performance during the third quarter. Stock picks in the consumer discretionary and information technology sectors led the way as the portfolio team initiated a position in Visa and continued to hold strong performers Apple, McDonalds and TJX. Selection in the energy sector was the biggest detractor of relative performance during the third quarter as worries of a weakening global economy continued to plague investors' minds. Within this sector Halliburton, Occidental Petroleum and Apache all contributed negatively. An overweight to consumer staples also contributed to overall relative outperformance along with an underweight to the materials sector, one of the worst performing sectors in the Index during the third quarter. The portfolio's underweight to information technology weighed on relative performance.</p>	Maintain
Boston Trust Small Cap (BOSOX)	<p>3Q 2011 - U.S. equity markets dropped sharply in the third quarter - the worst drop since the last calendar quarter of 2008. Generally speaking, higher quality firms outperform in a period of declining stock prices. Boston Trust's Small Cap Equity Fund maintained its performance pattern in the third quarter of generally participating in rising markets and protecting in down markets. More specifically, there was notable contribution to performance from security selection in the consumer discretionary, industrials and technology sectors. In contrast, the worst performers were the more cyclical names in the energy and materials sectors including OYO Geospace, Tesco Corp and STR Holdings. Underperformance by these holdings has been driven by weaker commodity prices on a worsening outlook for the global economy.</p>	Maintain
International Equity Thornburg Intl Val;R5 (TIVRX)	<p>3Q 2011 - The portfolio declined this quarter with performance that trailed its benchmark. Relative results were impacted due to stock selection, as sector allocation actually added to results. Sector allocation benefited from the overweight allocation to the consumer staples and health care sectors. These more defensive sectors were among the best performing this quarter due to investors seeking safety. Stock selection was weak across the portfolio with the financials sector having the biggest impact to results. Among the top detractors in the financials sector was BNP Paribas. The French bank's shares declined significantly due to fears surrounding their holdings of Italian and Greek debt. Poor country allocation also detracted from results. The overweight to Germany and underweight to Japan detracted from returns. The portfolio reduced its exposure to several financial companies this quarter while taking advantage of the market decline to buy quality franchises at reasonable prices.</p>	Maintain
American Funds EuPc;R-6 (REGX)	<p>3Q 2011 - The American Funds EuroPacific Growth Fund declined for the quarter and trailed its benchmark. Sector allocation added to relative results, while stock selection detracted from returns this quarter. Sector allocation was strong across the Fund, with 9 of 10 sectors adding to relative results. Underweight allocations to the materials and energy sectors were two of the biggest contributors this period. These economically sensitive sectors came under pressure this quarter due to concerns over the health of the global economy. Also helping results was the allocation to cash that averaged over 8 percent. The strength in sector allocation was more than offset by widespread weakness in stock selection, with the majority of sectors detracting from relative results. Among the weakest sectors for stock selection was the financials sector. Exposure to a commercial banks and insurance companies weighed on results.</p>	Maintain

Manager Commentary

As of September 30, 2011

Manager	Comments	Status
<p>Inflation Protection</p> <p>Vanguard Infl-Prot:Adm (VAIPX)</p> <p>Van Eck:GI Hard Asst:I (GHAIX)</p>	<p>3Q 2011 - In accordance with its objective, the Fund performed approximately in line with the Barclays US TIPS Index.</p> <p>3Q 2011 - The Fund declined sharply on an absolute basis and lagged its benchmark modestly in the quarter. Hard asset commodities and their corresponding equity sectors experienced a drastic sell off this period, as global economic concerns reduced demand and drove a spike in risk aversion. The economically sensitive base metals sector was the weakest performer this quarter, with copper, zinc, and nickel falling more than 20%. Moderate exposure to First Quantum Minerals (-50.3%), which traded off following low production forecasts, was a primary detractor. Agricultural equities also struggled, with sizable grain surpluses indicating limited demand, falling 18.9% in the quarter. Energy related positions also struggled on falling crude prices and the sectors historically high beta to global economic trends. Weak sector results were compounded by poor security selection in the space. Positions in Newfield Exploration (-41.65%) and Halliburton (-40.0%) were notable detractors. Precious metals were the only major subsector to post positive returns in the quarter. Gold bullion prices rose and propelled modest gains among Gold Mining equities, while silver and platinum prices declined. Newmont Mining (+17.2%) and Rango Resources (+15.1%) were of the few positive contributors this period. The investment team remains committed to the energy sub-sector, focusing on unconventional oil opportunities and international exploration and production companies, as well as gold mining companies, which they view as significantly undervalued.</p>	<p>Maintain</p> <p>Maintain</p>
<p>PIMCO:Comm RR Str:Inst (PCRIX)</p>	<p>3Q11 - The fund ended the quarter with a negative absolute return, as commodity prices sold off sharply amidst concerns of stalling economic growth, but did outperform its target benchmark modestly. The use of TIPS as the primary collateral to the commodity futures contracts continues to be the primary driver relative outperformance, when compared to the nominal counterparts held in the index. An overweight to nominal duration was also positive, in an environment where yields on longer-dated issues declined significantly. Structural alpha strategies were neutral this period. Going forward, the investment team plans to focus on longer maturity TIPS to capture higher real yields, while reducing its overall TIPS exposure in the collateral portfolio.</p>	<p>Maintain</p>

Asset Allocation & Performance

As of September 30, 2011

	Performance(%)						Expense Ratio
	QTR	YTD	1 Year	Nov-2009 To Sep-2011	Since Inception	Inception Date	
Short Term Liquidity							
WF Advantage Money Market	0.0	0.0	0.0	0.0	0.0	11/01/2009	
90 Day U.S. Treasury Bill	0.0	0.1	0.1	0.1	0.1		
Fixed Income							
PIMCO Total Return Instl	-1.1 (93)	1.9 (92)	1.0 (92)	5.8 (80)	5.8 (80)	11/01/2009	0.46
Barclays Capital Aggregate	3.8	6.6	5.3	6.7	6.7		
IM U.S. Broad Market Core Fixed Income (MF)	2.2	5.1	4.1	6.7	6.7		
Vanguard Total Bond Market Index Signal	4.0 (5)	6.7 (7)	5.2 (13)	6.7 (49)	6.7 (49)	11/01/2009	0.11
Barclays Capital Aggregate	3.8	6.6	5.3	6.7	6.7		
IM U.S. Broad Market Core Fixed Income (MF)	2.2	5.1	4.1	6.7	6.7		
Domestic Equity							
Vanguard 500 Index Trust Signal	-13.9 (29)	-8.7 (29)	1.1 (26)	6.8 (20)	6.8 (20)	11/01/2009	0.06
S&P 500 Index	-13.9	-8.7	1.1	6.8	6.8		
IM U.S. Large Cap Core Equity (MF)	-14.9	-10.5	-1.4	4.5	4.5		
Diamond Hill Large Cap I	-15.0 (18)	N/A	N/A	N/A	-14.4 (14)	04/01/2011	0.87
Russell 1000 Value Index	-16.2	-11.2	-1.9	5.2	-16.6		
IM U.S. Large Cap Value Equity (MF)	-17.1	-12.8	-3.5	2.6	-17.6		
MainStay Large Cap Growth I	-15.3 (57)	N/A	N/A	N/A	-15.2 (57)	04/01/2011	0.88
Russell 1000 Growth Index	-13.1	-7.2	3.8	9.3	-12.5		
IM U.S. Large Cap Growth Equity (MF)	-14.9	-10.1	0.5	6.5	-14.8		
Aston/Montag & Caldwell Growth Fund	-10.1 (5)	-5.9 (11)	2.5 (27)	5.1 (69)	5.1 (69)	11/01/2009	1.09
Russell 1000 Growth Index	-13.1	-7.2	3.8	9.3	9.3		
IM U.S. Large Cap Growth Equity (MF)	-14.9	-10.1	0.5	6.5	6.5		

Asset Allocation & Performance

As of September 30, 2011

	Performance(%)						Expense Ratio
	QTR	YTD	1 Year	Nov-2009 To Sep-2011	Since Inception	Inception Date	
Boston Trust Small Cap Fund	-19.9 (27)	-13.8 (21)	0.3 (21)	N/A	5.4 (21)	03/01/2010	1.01
Russell 2000 Index	-21.9	-17.0	-3.5	8.7	2.9		
IM U.S. Small Cap Core Equity (MF)	-21.5	-15.9	-2.9	8.3	2.8		
International Equity							
Thornburg International Value R5	-20.9 (64)	-16.5 (50)	-9.9 (33)	N/A	2.4 (71)	07/01/2010	0.99
MSCI AC World ex USA (Net)	-19.9	-16.8	-10.8	-1.5	3.2		
IM International Large Cap Core Equity (MF)	-20.5	-16.5	-10.9	-2.7	3.5		
Europacific Growth R6	-20.8 (60)	-17.1 (61)	-12.4 (74)	-2.1 (38)	-2.1 (38)	11/01/2009	0.50
MSCI AC World ex USA (Net)	-19.9	-16.8	-10.8	-1.5	-1.5		
IM International Large Cap Core Equity (MF)	-20.5	-16.5	-10.9	-2.7	-2.7		
Inflation Protection							
Vanguard Inflation Protected Sec.	4.9 (4)	10.4 (14)	9.6 (8)	N/A	9.9 (10)	07/01/2010	0.11
Barclays Capital U.S. Treasury: U.S. TIPS	4.5	10.6	9.9	9.1	10.0		
IM U.S. TIPS (MF)	4.2	9.4	8.1	8.4	8.8		
Van Eck Global Hard Assets	-24.4 (41)	-23.0 (40)	-4.9 (22)	N/A	9.8 (11)	07/01/2010	1.01
S&P North American Natural Resources Sector	-23.2	-18.9	-1.6	3.7	8.5		
IM Global Natural Resources (MF)	-25.7	-24.0	-9.2	-1.0	3.5		
PIMCO Commodity Real Return Institutional	-11.2 (40)	-9.6 (43)	4.4 (33)	N/A	N/A	05/01/2010	0.74
Dow Jones-UBS Commodity Index	-11.3	-13.6	0.0	3.4	3.0		
IM All Commodities (MF)	-11.6	-10.2	2.3	3.0	1.8		

Manager Gain/Loss Summary

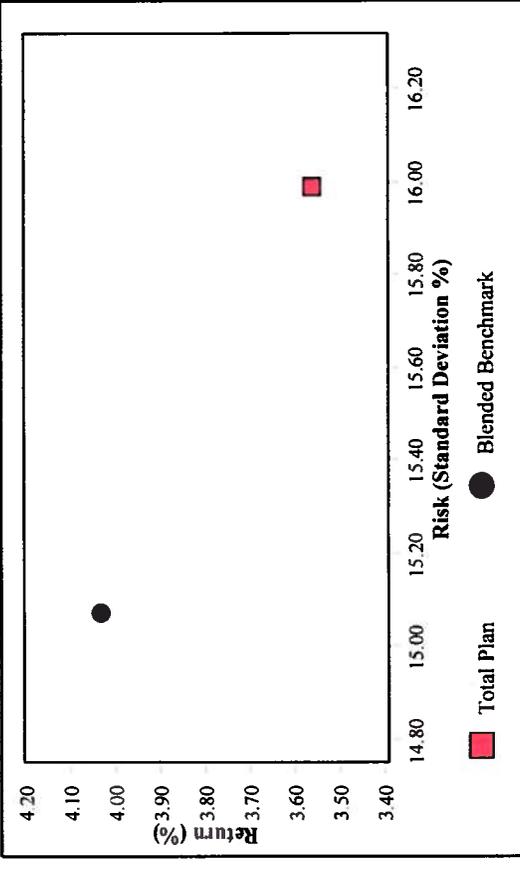
Quarter Ending September 30, 2011

	Market Value As of 07/01/2011	Net Flows	Return On Investment	Market Value As of 09/30/2011
<u>Short Term Liquidity</u>				
WF Advantage Money Market	86,304	-62,357	11	23,958
Short Term Liquidity	86,304	-62,357	11	23,958
<u>Fixed Income</u>				
PIMCO Total Return Instl	4,062,939	-	-43,004	4,019,935
Vanguard Total Bond Market Index Signal	1,306,328	-	52,390	1,358,718
Total Fixed Income	5,369,266	-	9,387	5,378,653
<u>Domestic Equity</u>				
Vanguard 500 Index Trust Signal	4,748,722	-	-658,573	4,090,149
Diamond Hill Large Cap I	945,509	-	-141,435	804,074
MainStay Large Cap Growth I	963,166	-	-147,133	816,033
Aston/Montag & Caldwell Growth Fund	871,314	-	-88,269	783,045
Boston Trust Small Cap Fund	998,983	-	-198,944	800,039
Total Domestic Equity	8,527,694	-	-1,234,354	7,293,340
<u>International Equity</u>				
Thornburg International Value R5	1,948,745	-	-406,637	1,542,107
Europacific Growth R6	1,937,271	-	-403,114	1,534,158
Total International Equity	3,886,016	-	-809,751	3,076,265
<u>Inflation Protection</u>				
Vanguard Inflation Protected Sec.	304,362	-	14,790	319,152
Van Eck Global Hard Assets	389,894	-	-94,944	294,950
PIMCO Commodity Real Return Institutional	386,339	-	-43,238	343,101
Total Inflation Protection	1,080,596	-	-123,392	957,204
Total Plan	18,949,876	-62,357	-2,158,099	16,729,420

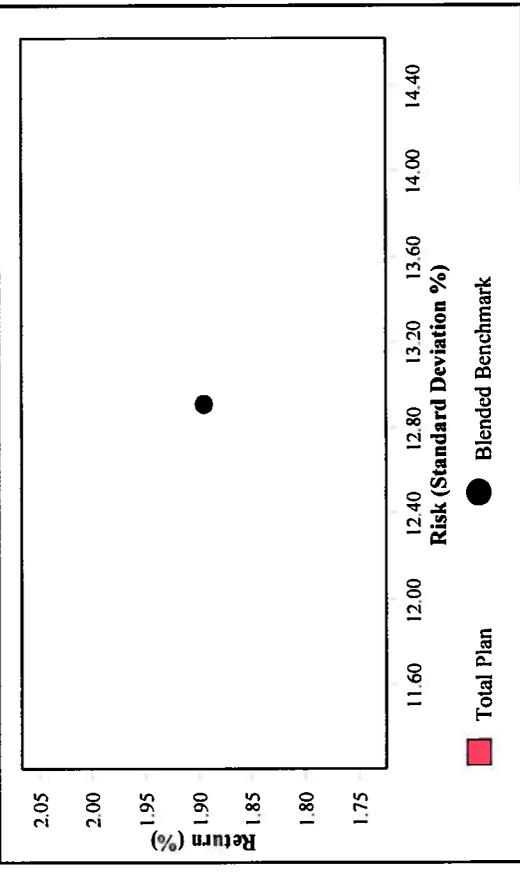
Risk vs. Return

As of September 30, 2011

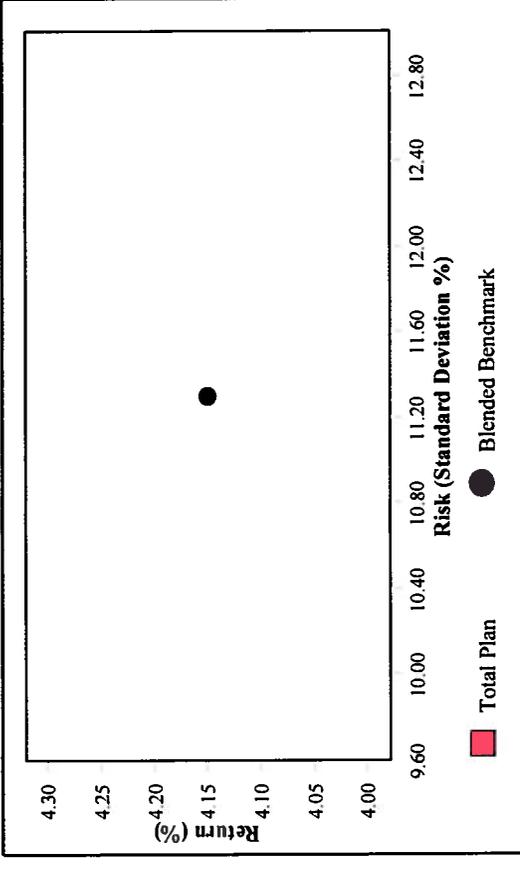
3 Year Risk and Return



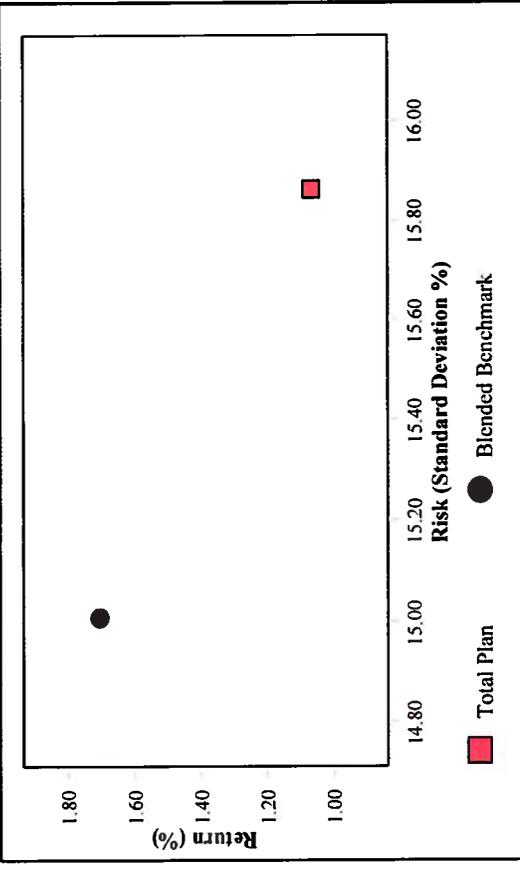
5 Year Risk and Return



7 Year Risk and Return



Since Inception Risk and Return



MPT Statistical Data

As of September 30, 2011

3 Year Historical MPT Statistics

	Return	Standard Deviation	Tracking Error	Information Ratio	R-Squared	Sharpe Ratio	Alpha	Beta	Downside Risk
Total Plan	3.56	15.99	18.60	-0.02	0.08	0.29	3.29	0.30	10.57
Blended Benchmark	4.03	15.07	0.00	N/A	1.00	0.32	0.00	1.00	10.93
90 Day U.S. Treasury Bill	0.21	0.10	15.11	-0.32	0.15	N/A	0.22	0.00	0.01

5 Year Historical MPT Statistics

	Return	Standard Deviation	Tracking Error	Information Ratio	R-Squared	Sharpe Ratio	Alpha	Beta	Downside Risk
Total Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Blended Benchmark	1.89	12.91	0.00	N/A	1.00	0.08	0.00	1.00	9.59
90 Day U.S. Treasury Bill	1.71	0.61	12.97	-0.08	0.01	N/A	1.73	0.00	0.01

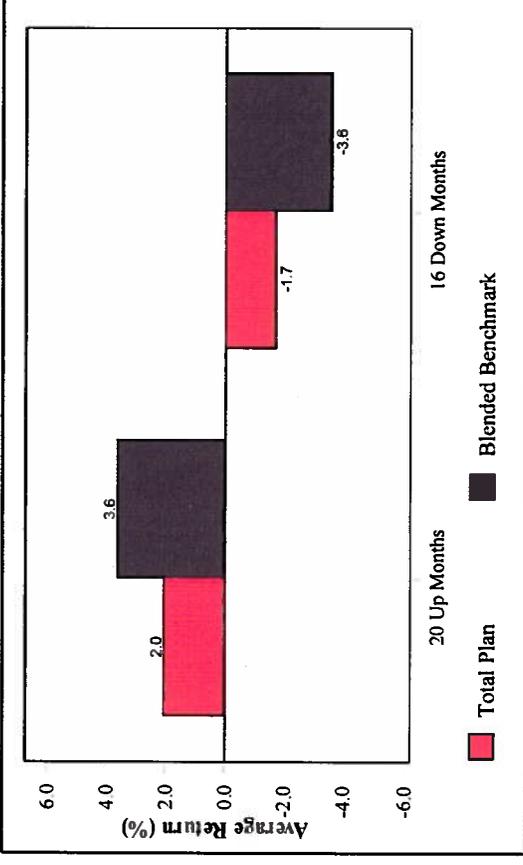
7 Year Historical MPT Statistics

	Return	Standard Deviation	Tracking Error	Information Ratio	R-Squared	Sharpe Ratio	Alpha	Beta	Downside Risk
Total Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Blended Benchmark	4.15	11.30	0.00	N/A	1.00	0.23	0.00	1.00	8.22
90 Day U.S. Treasury Bill	2.19	0.59	11.34	-0.23	0.00	N/A	2.20	0.00	0.01

Market Capture Report

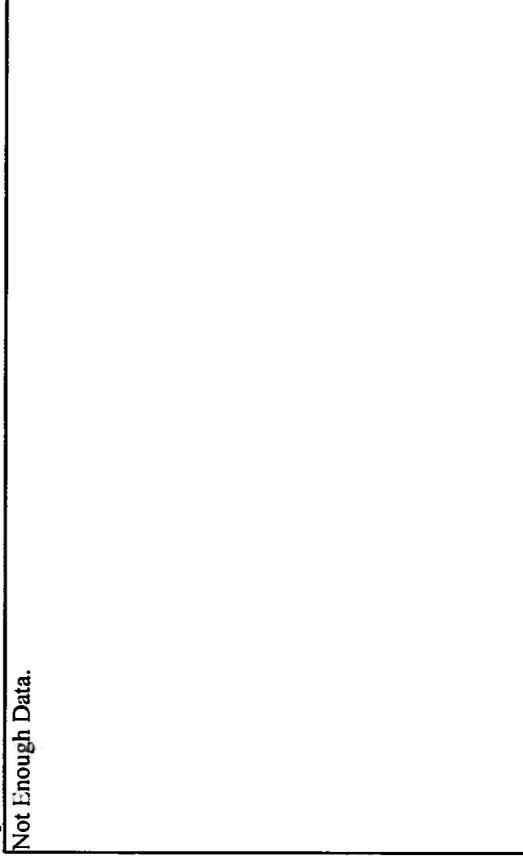
As of September 30, 2011

Up/Down Markets - 3 Years

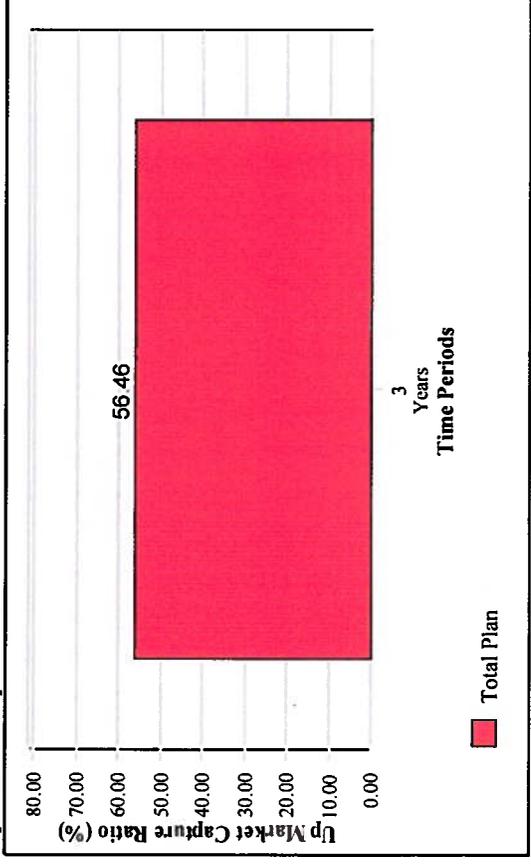


Up/Down Markets - 5 Years

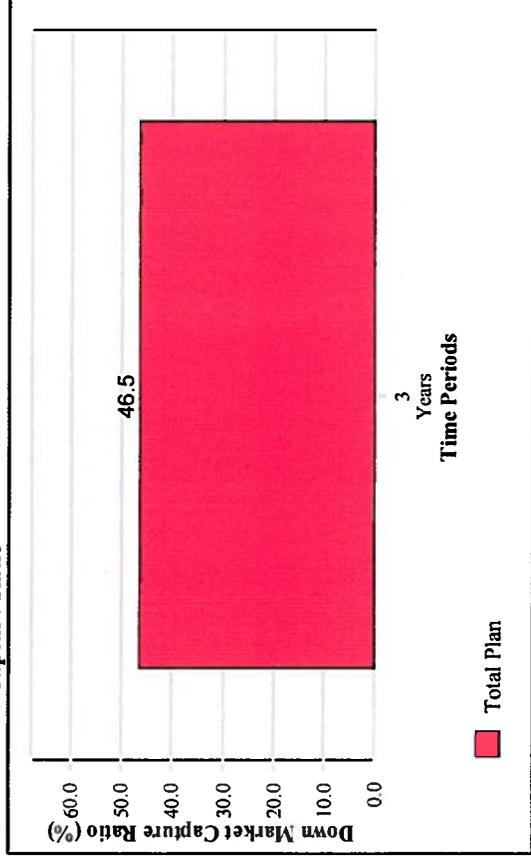
Not Enough Data.



Up Market Capture Ratio



Down Market Capture Ratio



Town of Trumbull

	Q1 09	Q2 09	Q3 09	Q4 09	Q1 2010	Q2 10	Q3 10	Q4 10	Q1 11	Q2 11	Q3 11	Inception to date
Employee Contributions	214,642	185,690	154,408	202,068	184,090	176,317	157,088	203,099	195,184	216,568	166,015	2,694,298
Town Contributions	456,250	456,250	506,250	506,250	506,250	517,143	581,250	581,250	581,250	581,250	750,000	6,628,283
Total Contributions	670,892	641,940	660,658	708,318	690,340	693,461	738,338	784,349	776,434	797,818	916,015	9,322,582
Benefit Payments	(785,677)	(610,820)	(959,738)	(793,299)	(824,647)	(986,026)	(886,842)	(901,713)	(911,381)	(899,431)	(957,980)	(11,158,872)
Plan Expenses	(28,052)	(29,569)	(32,730)	(12,684)	(40,335)	(25,028)	(2,649)	(20,164)	(2,782)	(2,878)	(20,393)	(284,141)
Total Payments & Expenses	(813,729)	(640,389)	(992,468)	(805,983)	(864,982)	(1,011,054)	(889,492)	(921,877)	(914,162)	(902,309)	(978,372)	(11,443,013)
Net Cashflows	(142,836)	1,552	(331,810)	(97,666)	(174,642)	(317,593)	(151,154)	(137,528)	(137,728)	(104,491)	(62,357)	(2,120,431)
Market Value	13,227,031	14,902,776	16,392,422	16,815,848	17,293,189	16,042,558	17,365,481	18,338,336	18,923,552	18,949,876	16,729,420	
Net Contributions Annual Rate	-4.32%	0.04%	-8.10%	-2.32%	-4.04%	-7.92%	-3.48%	-3.00%	-2.91%	-2.21%	-1.49%	

Plan Name _____	Distribution Company Code _____
-----------------	---------------------------------

SECTION I: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: Elizabeth Smith		
	Social Security Number: 041-38-8895	Code: _____	Date Of Birth (MM/DD/YYYY): 12/7/1946
	Address: _____		
	Address: _____		
	Address: _____		
	City: _____	State: _____	Zip Code: 06611

Beneficiary Data (If applicable, Death Benefit Payment)	Name: Brian Smith			Relationship: Spouse
	Social Security Number: 049-32-9928	Code: _____	Date Of Death (MM/DD/YYYY): 6/17/2010	
	Address: 20 Grove Street			
	Address: _____			
	Address: _____			
# _____ of _____	City: Trumbull	State: CT	Zip Code: _____	

Tax Withholding (Substitute W-4P)	Hire Date: 12/8/1989 Participation Date: 7/1/1991 Termination Date: 12/7/2009 Retirement Date: _____		
	Check ONE of the following (FEDERAL):		Check ONE of the following (STATE):
	<input checked="" type="checkbox"/> I Do Not want Federal Income Tax Withheld		<input checked="" type="checkbox"/> I Do Not want State Income Tax Withheld
	<input type="checkbox"/> I Do want Federal Income Tax Withheld		<input type="checkbox"/> I Do want State Income Tax Withheld
	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: 0		State of Withholding _____ <input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: _____
<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount		<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount	
<input type="checkbox"/> Flat amount \$ _____		<input type="checkbox"/> Flat amount \$ _____	
<input type="checkbox"/> Percentage _____ %			

The taxable portion of your distribution to be received may be subject to federal and/or state income tax. You may elect not to have withholding apply to your pension payments. If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If no election is made, Wachovia is required by IRS Sec. 3405(a)(4) to withhold as if you were a married individual claiming three withholding allowances. Since Wachovia cannot advise participants on tax matters, we recommend you consult your tax advisor prior to authorizing this distribution.

Payment Method	<input checked="" type="checkbox"/> Send check. <input type="checkbox"/> Electronic deposit (Attach completed direct deposit form and voided check or savings deposit ticket)
-----------------------	--

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distribution and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

Participant Signature _____	Date _____
-----------------------------	------------

SECTION II: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

Type of Transaction	<input type="checkbox"/> New Benefit	<input type="checkbox"/> Change Social Security Number	<input type="checkbox"/> Change Name/Address
	<input type="checkbox"/> New Disability Benefit	<input type="checkbox"/> Inactive/Death	<input type="checkbox"/> Change Payment/Deductions
	<input checked="" type="checkbox"/> Beneficiary Benefit	<input type="checkbox"/> Reactivate Benefit	<input type="checkbox"/> Change Stop Date

Frequency of Payment	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually (Frequency will default to monthly if no selection indicated.)
-----------------------------	---

Benefit Amount and Fund Breakdown	Total Periodic Payment Amount \$ 1,676.38		Commencement Date: 7/31/2010		(MM/DD/YYYY)		
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		1,676.38				1,676.38	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTALS:		\$1,676.38	\$0.00			\$1,676.38	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: _____	Total Retroactive Amount \$: _____
	Payment Set-Up: <input type="checkbox"/> Fixed Payment <input type="checkbox"/> Declining Balance	Beginning Balance: \$ _____

Deductions	<input type="checkbox"/> Medical: \$ _____	<input type="checkbox"/> Union Dues: \$ _____
	<input type="checkbox"/> Dental: \$ _____	<input type="checkbox"/> Other: _____ \$: _____
	<input type="checkbox"/> Insurance: \$ _____	<input type="checkbox"/> Other: _____ \$: _____

Mailing Instructions <small>(If no selection provided, checks will be mailed to participant.)</small>	<input type="checkbox"/> First check to Company <input type="checkbox"/> Check to Participant <input type="checkbox"/> Check to Company <input type="checkbox"/> Other: _____
---	---

Additional Information	_____
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Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for all distributions.

Plan Administrator Signature (Required on all payments) _____	Date 7/15/2010
---	-----------------------

BANK USE ONLY:	
Consultant Name: _____	Region: _____
Database Ref #: _____	PFPC Code: <input type="checkbox"/> R <input type="checkbox"/> C

Partners with our Clients
in Achieving Optimal Solutions

December 15, 2009

Confidential

Ms. Gail Bokine
Pension Clerk
Town of Trumbull
Town Hall
5866 Main Street
Trumbull, CT 06611

Ronald O. Schlee, F.S.A.
Arthur L. Gaither
Richard S. Sych, F.S.A.
Stuart H. Herskowitz, CRC
Shirley F. Assantes, F.C.A.
Arthur J. Assantes, F.S.A.
Elizabeth J. Churney, F.S.A.
Rodger K. Metzger, CFA
Timothy Ryor, FCA, FSPA
Evan W. Woollacott, Jr., F.C.A.

Russell O. Hooker, F.S.A.
1956-1976
Shepherd M. Holcombe, F.S.A.
1969-1989

Re: Elizabeth Smith

Dear Gail:

We have calculated the retirement benefit to which Elizabeth Smith is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your fax dated December 9, 2009.

The benefit to which Ms. Smith is entitled is a monthly retirement income of \$1,848.78 beginning January 1, 2010. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Smith or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	December 7, 1946
Spouse's Date of Birth:	March 19, 1943
Date of Hire:	December 8, 1989
Date of Termination:	December 7, 1999
Date of Rehire:	December 2001
Date of Termination:	December 7, 2009
Date of Participation:	July 1, 1991
Credited Service Date:	December 8, 1989
Benefit Commencement Date:	January 1, 2010

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2009 to 12-07-2009	\$ 32,148.32	5.25	\$ 32,148.32
07-01-2008 to 06-30-2009	69,722.80	12.0	69,722.80
07-01-2007 to 06-30-2008	53,592.18	12.0	53,592.18
07-01-2006 to 06-30-2007	52,291.96	6.75	<u>29,414.23</u>
Total 3 consecutive years' annual salary			\$ 184,877.53

Page 2
 December 15, 2009
 Ms. Gail Bokine
 Town of Trumbull
 Re: *Elizabeth Smith*

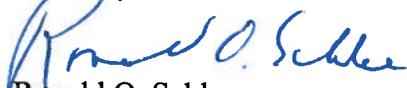
Benefit payable to	Ms. Smith	Beneficiary upon Ms. Smith's death
Life Income with 10 years certain	\$1,848.78	Balance of initial 120 payments, if any
✓ 100% Joint and Survivor	1,676.38	\$1,676.38
66 2/3% Joint and Survivor	1,762.96	1,175.30

We have calculated the non-taxable amount of monthly benefit for Ms. Smith at her Late Retirement Date. The non-taxable amount is as follows:

Post-Tax Contributions Without Interest (Total Non-taxable Amounts)	Monthly Non-taxable Amount Life Income with 10 Years Certain	Monthly Non-taxable Amount with Joint and Survivor
N/A	N/A	N/A

Please let us know if you have any questions.

Sincerely,


 Ronald O. Schlee

/mmh
 Enclosure

c: Maria Pires

N:\TRUMBULL\BENCALCS\2009\Smith.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **ELIZABETH SMITH**

Sex **F**

Applying for: Normal (the earlier of: (a) age 62 and 10 years of service, or (b) age 60 and age plus service equals at least 85)
 Late (after Normal Retirement Date)
 Early (age 55 and 10 years)
 TV (5 years of service - benefit can start at age 62)
 Disability (10 years and Social Security)
 Pre-Retirement Death

(A) Date of Termination	12-07-2009	(B) Birth Date	12-07-1946
(C) Date of Hire	12-08-1989	(D) Benefit Commencement Date	01-01-2010
(E) Age at Benefit Commencement Date [(D) - (B)]	63		
(F) Normal Retirement Date	01-01-2009		
(G) Spouse's Birth Date	03-19-1943		

1. Aggregate Salary (the highest 3 years' annual salary)	\$184,877.53
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$61,625.84
3. Total Credited Service rounded to the nearest year*	18
4. Vesting Percent	100%
5. The annual retirement life income with 10-year certain is the [lesser of 2% times (3) or 60%] times (2) [but not less than \$240/yr. minimum for terminations, \$660/year minimum for retirements] times (4)	\$22,185.30
6. Adjustment for early payment commencement:	
a. Payments commence	1/1/2010
b. Yrs., Mos. Early [age 62 - (E)] E R factor (3 decimals)	
1/2% per month reduction	N/A
7. Annual normal form pension : [(5) times (6b)]	\$22,185.30
8. Monthly normal form pension : [(7) / 12]	\$1,848.78

** In making the foregoing computation, a period of six months or more but less than one year shall be considered one completed year; a period of less than six months shall be disregarded.*

TOWN OF TRUMBULL
5866 MAIN STREET
TRUMBULL, CT 06611

APPLICATION FOR RETIREMENT

DATE: 6/17/2010

TO: THE TOWN OF TRUMBULL PENSION BOARD
5866 MAIN STREET
TRUMBULL CT 06611

I, ELIZABETH SMITH, hereby make application for retirement from active service as a ADMINISTRATIVE ASSISTANT in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 7/1/2010

My present home address is 20 GROVE STREET
TRUMBULL, CT 06611

Telephone Number: 203 261-3553 Date of Plan Participation _____

Social Security Number 041 38 8895

Date of Birth 12/7/46

Date of Hire 12/8/89

Date of Termination 12/7/2009

BENEFICIARY INFORMATION:

Any benefits which may be due and payable after my death I wish paid to the following beneficiary if s/he survives me.

Name of Beneficiary BRIAN SMITH

Address 20 GROVE STREET
TRUMBULL, CT 06611

Social Security Number 049-32-9928

Date of Birth March, 19 1943

[Signature]
Witness

[Signature] for Elizabeth C. Smith
Signature of Applicant

Notice: The powers granted by this document are broad and sweeping. They are defined in Connecticut Statutory Short Form Power of Attorney Act, sections 1-42 to 1-56, inclusive, of the general statutes, which expressly permits the use of any other form of power of attorney desired by the parties concern. The grantor of any Power of Attorney or the attorney-in-fact may make application to a court of probate for an accounting as provided in Connecticut General Statutes, section 45a-175(b).

KNOW ALL PERSONS BY THESE PRESENTS, Which are intended to constitute a GENERAL POWER OF ATTORNEY pursuant to Connecticut Statutory Short Form Power of Attorney Act:

THAT I, ELIZABETH C. SMITH, of 20 Grove Street, Trumbull, Connecticut 06611

do hereby appoint

BRIAN P. SMITH, of 20 Grove Street, Trumbull, Connecticut 06611

my attorney(s)-in-fact TO ACT

If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, insert in this blank the word "severally." Failure to make any insertion or the insertion of the word "jointly" shall require the agents to act jointly.

FIRST: In my name, place and stead in any way which I myself could do, if I myself could do, if I were personally present, with respect to the following matters as each of them is defined in the Connecticut Statutory Short Form Power of Attorney Act to the extent that I am permitted by law to act through an agent:

(Strike out and initial in the opposite box any one or more of the subdivisions as to which the principal does not desire to give the agent authority. Such elimination of any one or more of subdivisions (A) to (K), inclusive, shall automatically constitute an elimination also of subdivision (L). To strike out any subdivision the principal must draw a line through the texts of that subdivision AND write his initials in the box opposite.)

- | | |
|---|-----|
| (A) real estate transactions; | () |
| (B) chattel and goods transactions; | () |
| (C) bond, share and commodity transactions; | () |
| (D) banking transactions; | () |
| (E) business operating transactions; | () |
| (F) insurance transactions; | () |
| (G) estate transactions; | () |
| (H) claims and litigation; | () |
| (I) personal relationships and affairs; | () |
| (J) benefits from military service; | () |
| (K) records, reports and statements; | () |
| (L) all other matters; | () |

(Special provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of the Connecticut Statutory Short Form Power of Attorney Act).

SECOND: With full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom my attorneys-in-fact shall select.

THIRD: Hereby ratifying and confirming all that said attorney or substitute do or cause to be done.

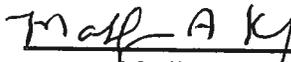
FOURTH: This Power of Attorney shall not be affected by my subsequent disability or incompetence.

rcy

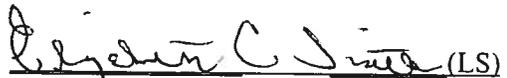
FIFTH: I hereby agree that any third party receiving a copy of facsimile of this executed instrument may act in reliance thereon and that revocation or termination of this power of attorney shall be ineffective as to such third party unless and until actual notice or knowledge thereof shall have been received by such third party, and I, for myself and my heirs, assigns and legal representative, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of reliance on such copy of this instrument.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my seal this 25th day of May, 2010.

Signed, sealed and delivered
in presence of:



Marilyn A. Kelly

 (LS)

ELIZABETH C. SMITH



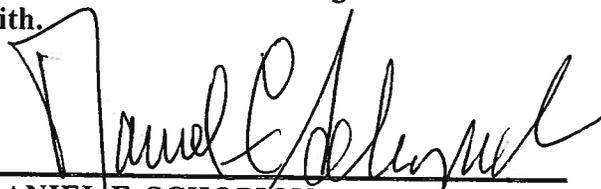
Debra A. Stinchcomb

STATE of Connecticut :

ss: Trumbull

COUNTY of Fairfield :

The foregoing POWER OF ATTORNEY was acknowledged before me this 25th day of May, 2010 by **Elizabeth C. Smith**.



DANIEL F. SCHOPICK
Commissioner of the Superior Court

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) ELIZABETH CELLINI SMITH				2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) JUNE 17, 2010		4. ACTUAL OR PRESUMED TIME OF DEATH 9:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
5. AGE LAST BIRTHDAY 63		6. UNDER 1 YEAR Mo. Days		7. DATE OF BIRTH (MM/DD/YYYY) December 7, 1946		8. BIRTHPLACE (City, State or Foreign Country) Bridgeport, Connecticut					
9. RESIDENCE (State) Connecticut			10. RESIDENCE (County) Fairfield			11. RESIDENCE (City or Town) Trumbull		12. RESIDENCE (Street and No.) 20 Grove St.		13. APT. NO.	
14. ZIP CODE 06611		15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Brian Smith					
18. FATHER'S NAME (First, Middle, Last) Daniel Cellini					19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Virginia Capasso						
20. INFORMANT'S NAME Brian Smith				21. INFORMANT'S RELATIONSHIP TO DECEDENT Husband		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) 20 Grove St., Trumbull, CT 06611					
23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival				24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)				25. FACILITY NAME (If not institution, give street & number) 20 Grove Street			
26. CITY OR TOWN OF DEATH Trumbull			27. COUNTY OF DEATH Fairfield		28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)		29. DISPOSITION (Name of cemetery, crematory, other place) Lakeview Crematory				
30. LOCATION (city/town, state) Bridgeport, Connecticut			31. DATE (MM/DD/YYYY) 06/21/2010		32. WAS BODY EMBALMED? *If yes, Name of Embalmer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No;		33. FUNERAL FACILITY - Name and Address (street, town, state, zip) Abricola Parkview Funeral Home 419 White Plains Rd., Trumbull, CT 06611				
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <i>James S. Alroy</i>				35. LICENSE NUMBER OF SIGNEE IN BOX 34 2320		36. DATE PRONOUNCED DEAD JUNE 17, 2010		37. TIME PRONOUNCED 10:40 pm		38. NURSE PRONOUNCEMENT NAME AND DEGREE OR TITLE (Print) CRISTINA PATIAG RN	
39. SIGNATURE <i>Catalay</i>				40. DATE SIGNED 6-17-10		41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST											
(a) Metastatic Non-Small Cell Lung Cancer 18 months											
(b) Due to (or as a consequence of):											
(c) Due to (or as a consequence of):											
(d) Due to (or as a consequence of):											
45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				46. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
48. CERTIFIER (Check only one box) <input type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.											
49. MAILING - CERTIFIER Neal Fischbach				M.D.		6-18-10		Date Certified		Title of Certifier	
50. MAILING - CERTIFIER 111 Beach Rd.				(Street) Fairfield		(City or Town) CT		06824		(State) (Zip)	
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: JUN 18 2010				BY REGISTRAR <i>Suzanne Burr Monahan</i>							
50. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input checked="" type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available				51. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)				52. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)			
53. DECEDENT'S USUAL OCCUPATION Administrative Assistant				54. KIND OF BUSINESS/INDUSTRY Town of Trumbull				55. SOCIAL SECURITY NUMBER 041-38-8895			

Name of Decedent: Elizabeth Cellini Smith
 For use by Physician or Institution

I certify that this is a true transcript of the information as recorded in this office.

Attest: *Gloria S. Murphy* Registrar of Vital Statistics

Dated: *July 15, 2010* Town of Trumbull, Connecticut

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL



Traditional Periodic Payment Request

Plan Name TOWN OF TRUMBULL	Distribution Company Code
--------------------------------------	---------------------------

SECTION I: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: GEORGE HAYDEN
	Social Security Number: 043-32-9812 Code: <input type="checkbox"/> Date Of Birth (MM/DD/YYYY): 07/12/1941
	Address: 36 NELLS ROCK ROAD
	Address: _____
	Address: _____
City: SHELTON State: CT Zip Code: 06484	

Beneficiary Data (If applicable, Death Benefit Payment)	Name: _____ Relationship: _____
	Social Security Number: _____ Code: _____ Date Of Death (MM/DD/YYYY): _____
	Address: _____
	Address: _____
	Address: _____
# _____ of _____	City: _____ State: _____ Zip Code: _____

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: 07/05/1988 Participation Date: 07/01/1990 Termination Date: _____ Retirement Date: 07/29/2011	
	Check ONE of the following (FEDERAL):	Check ONE of the following (STATE):
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld	<input type="checkbox"/> I Do Not want State Income Tax Withheld
	<input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld	<input checked="" type="checkbox"/> I Do want State Income Tax Withheld
	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate	State of Withholding: _____
# of exemptions: 2	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate	
<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount	# of exemptions: 2	
<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount	<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount	
<input type="checkbox"/> Percentage _____ %	<input type="checkbox"/> Flat amount \$ _____	
<input type="checkbox"/> Percentage _____ %	<input type="checkbox"/> Percentage _____ %	

The taxable portion of your distribution to be received may be subject to federal and/or state income tax. You may elect not to have withholding apply to your pension payments. If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If no election is made, Wells Fargo is required by IRS Sec. 3405(a)(4) to withhold as if you were a married individual claiming three withholding allowances. Since Wells Fargo cannot advise participants on tax matters, we recommend you consult your tax advisor prior to authorizing this distribution.

Payment Method	<input checked="" type="checkbox"/> Send check.
	<input type="checkbox"/> Electronic deposit (Attach completed direct deposit form and voided check or savings deposit ticket)

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distribution and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

Participant Signature _____	Date _____
-----------------------------	------------

SECTION II: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

Type of Transaction	<input checked="" type="checkbox"/> New Benefit	<input type="checkbox"/> Change Social Security Number	<input type="checkbox"/> Change Name/Address
	<input type="checkbox"/> New Disability Benefit	<input type="checkbox"/> Inactive/Death	<input type="checkbox"/> Change Payment/Deductions
	<input type="checkbox"/> Beneficiary Benefit	<input type="checkbox"/> Reactivate Benefit	<input type="checkbox"/> Change Stop Date

Frequency of Payment	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually
	(Frequency will default to monthly if no selection indicated.)

Benefit Amount and Fund Breakdown	Total Periodic Payment Amount \$ 2,064.72		Commencement Date: 08/01/2011 (MM/DD/YYYY)				
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		2,064.72		08/01/2011		2,064.72	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTALS:	\$2,064.72	\$0.00			\$2,064.72	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1099-R Distribution Code: _____	Number of Monthly Retroactive Payments Due: 2	Total Retroactive Amount \$: 4,129.54
	Payment Set-Up: <input checked="" type="checkbox"/> Fixed Payment <input type="checkbox"/> Declining Balance	Beginning Balance: \$ _____

Deductions	<input type="checkbox"/> Medical: \$ _____	<input type="checkbox"/> Union Dues: \$ _____
	<input type="checkbox"/> Dental: \$ _____	<input type="checkbox"/> Other: _____ \$: _____
	<input type="checkbox"/> Insurance: \$ _____	<input type="checkbox"/> Other: _____ \$: _____

Mailing Instructions (If no selection provided, checks will be mailed to participant.)	<input type="checkbox"/> First check to Company	<input checked="" type="checkbox"/> Check to Participant	<input type="checkbox"/> Check to Company	<input type="checkbox"/> Other: _____
--	---	--	---	---------------------------------------

Additional Information	_____
-------------------------------	-------

Distribution Authorization: Plan Administrator authorizes and accepts the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for all distributions.

Plan Administrator Signature (Required on all payments) Maura T. Ky Date 8/23/2011

BANK USE ONLY:	
Consultant Name: _____	Region: _____
Database Ref #: _____	PFPC Code: <input type="checkbox"/> R <input type="checkbox"/> C



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Benefit Consultants and Actuaries

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Confidential

August 18, 2011

Ms. Phyllis Collier
Town of Trumbull
5866 Main St.
Trumbull, CT 06611

Re: George Hayden

Dear Phyllis:

We have calculated the retirement benefit to which George Hayden is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated August 3, 2011.

The benefit to which Mr. Hayden is entitled is a monthly retirement income of \$2,064.72 beginning August 1, 2011. This annuity is payable during his lifetime with a minimum of 120 monthly payments payable to Mr. Hayden or his beneficiary. Before forwarding the benefit calculation to him, please verify the data and salary information outlined below:

Date of Birth:	July 12, 1941 ✓
Spouse's Date of Birth:	July 20, 1945
Date of Hire:	July 5, 1988 ✓
Date of Participation:	July 1, 1990 ✓
Date of Termination:	July 29, 2011 ✓
Benefit Commencement Date:	August 1, 2011 ✓

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2011 to 07-29-2011	\$ 5,176.00	1.0	\$ 5,176.00 ✓
07-01-2010 to 06-30-2011	53,823.93	12.0	53,823.93 ✓
07-01-2009 to 06-30-2010	54,832.80	12.0	54,832.80 ✓
07-01-2008 to 06-30-2009	52,095.60	11.0	<u>47,754.30</u> ✓
Total 3 consecutive years' annual salary			\$ 161,587.03

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f: (860) 521-3742

Page 2
August 18, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: George Hayden

Benefit payable to	Mr. Hayden	Beneficiary upon Mr. Hayden's death
Life Income with 10 years certain	\$2,064.72	Balance of initial 120 payments, if any
100% Joint and Survivor	\$1,751.77	\$1,751.77
66 2/3% Joint and Survivor	\$1,911.85	\$1,274.57

It is our understanding the employee contributions were made on a post-tax basis only until the 1989-1990 plan year. Since Mr. Hayden did not become a participant until July 1, 1990, all of his employee contributions would have been on a pre-tax basis. Therefore, his entire benefit is taxable.

Post-Tax Contributions Without Interest (Total Non-taxable Amounts)	Monthly Non-taxable Amount Life Income with 10 Years Certain	Monthly Non-taxable Amount with Joint and Survivor
N/A	N/A	N/A

Please let us know if you have any questions.

Sincerely,



Ronald O. Schlee

/mmh

Enclosure

N:\TRUMBULL\BEN\CALCS\2011\Hayden.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **GEORGE HAYDEN**

Sex **M**

Applying for:

- Normal (the earlier of: (a) age 62 and 10 years of service, or (b) age 60 and age plus service equals at least 85)
- Late (after Normal Retirement Date)
- Early (age 55 and 10 years)
- TV (5 years of service - benefit can start at age 62)
- Disability (10 years and Social Security)
- Pre-Retirement Death

(A) Date of Termination	07-29-2011	(B) Birth Date	07-12-1941
(C) Date of Hire	07-05-1988	(D) Benefit Commencement Date	08-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]			70
(F) Normal Retirement Date	08-01-2003		
(G) Spouse's Birth Date	07-20-1945		

1. Aggregate Salary (the highest 3 years' annual salary)	\$161,587.03
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$53,862.34 ✓
3. Total Credited Service rounded to the nearest year*	23
4. Vesting Percent	100%
5. The annual retirement life income with 10-year certain is the [lesser of 2% times (3) or 60%] times (2) [but not less than \$240/yr. minimum for terminations, \$660/year minimum for retirements] times (4)	\$24,776.68 ✓
6. Adjustment for early payment commencement:	
a. Payments commence	8/1/2011
b. Yrs., Mos. Early [age 62 - (E)] E R factor (3 decimals)	
1/2% per month reduction	N/A
7. Annual normal form pension : [(5) times (6b)]	\$24,776.68
8. Monthly normal form pension : [(7) / 12]	\$2,064.72 ✓

** In making the foregoing computation, a period of six months or more but less than one year shall be considered one completed year; a period of less than six months shall be disregarded.*

TOWN OF TRUMBULL
5866 MAIN STREET
TRUMBULL, CT 06611

RECEIVED

APPLICATION FOR RETIREMENT

PERSONNEL DEPT.

DATE: 7-22-11

TO: THE TOWN OF TRUMBULL PENSION BOARD
5866 MAIN STREET
TRUMBULL CT 06611

I, George Hayden, hereby make application for retirement from active service as a Head Custodian in the Town of Trumbull.

I request that my retirement allowance become effective on (date) Aug 1-2011

My present home address is 36 Nells Rock Rd

Telephone Number: 203) 929-5766

Social Security Number 043-32-9812

Date of Birth 7-12-41

Date of Hire 7-5-88

Date of Termination 7-29-11

BENEFICIARY INFORMATION:

Any benefits which may be due and payable after my death I wish paid to the following beneficiary if s/he survives me.

Name of Beneficiary Rita Hayden

Address 36 Nells Rock Rd
Shelton, CT 06484

Social Security Number 045-36-9349

Date of Birth 7-20-45

[Signature]
Witness

[Signature]
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: George HAYDEN

Please read carefully your pension calculation as prepared by Hooker & Holcombe.

After you have read this, please indicate below which option you would like, sign, have your spouse acknowledge, and return to the Finance Department.

OPTIONAL FORMS OF PAYMENT

OPTION 1: Life Income with 10 Years Certain: The normal form of payment of a participant's normal retirement benefit is a ten year certain and life annuity. This benefit will be paid monthly for the life of the participant provided, however, that if the participant dies before receiving 120 monthly payments, the balance of the 120 monthly payments will be paid to his or her designated beneficiary.

OPTION 2: Joint and 100% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 100% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

OPTION 3: Joint and 66-2/3% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 66-2/3% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

Beneficiary upon Participant's Death

Life Income with 10 Years Certain

\$ 2064.72

Balance of initial 120 payments, if any

100% Joint & Survivor

\$ 1751.77

\$ 1751.77

66-2/3% Joint & Survivor

\$ 1911.85

\$ 1274.57

George Hayden
Pensioner's Signature

8/22/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: Rita Hayden
(Please Print)

Rita Hayden
Spouse's Signature

8-22-11
Date



Traditional Periodic Payment Request

Plan Name TOWN OF TRUMBULL	Distribution Company Code
--------------------------------------	---------------------------

SECTION I: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: Dawn Tichy
	Social Security Number: 042-48-7480 Code: <input type="checkbox"/> Date Of Birth (MM/DD/YYYY): 03/13/1952
	Address: 16 Rushbrooke Lane
	Address: _____
	Address: _____
	City: Shelton State: CT Zip Code: 06484

Beneficiary Data (If applicable, Death Benefit Payment)	Name: _____ Relationship: _____
	Social Security Number: _____ Code: <input type="checkbox"/> Date Of Death (MM/DD/YYYY): _____
	Address: _____
	Address: _____
	Address: _____
# _____ of _____	City: _____ State: _____ Zip Code: _____

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: 08/24/1992 Participation Date: 07/01/1994 Termination Date: _____ Retirement Date: 08/30/2011
	Check ONE of the following (FEDERAL):
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld
	<input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld
	<input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input checked="" type="checkbox"/> Married, Single Rate
# of exemptions: <u>1</u>	
<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount	
NOTE: You cannot enter a flat amount without entering the number of exemptions, including zero.	
	Check ONE of the following (STATE):
	<input type="checkbox"/> I Do Not want State Income Tax Withheld
	<input checked="" type="checkbox"/> I Do want State Income Tax Withheld
	State of Withholding: <u>CT</u>
	<input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input checked="" type="checkbox"/> Married, Single Rate
	# of exemptions: <u>1</u>
	<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount
	<input type="checkbox"/> Flat amount \$ _____
	<input type="checkbox"/> Percentage _____ %

The taxable portion of your distribution to be received may be subject to federal and/or state income tax. You may elect not to have withholding apply to your pension payments. If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If no election is made, Wells Fargo is required by IRS Sec. 3405(a)(4) to withhold as if you were a married individual claiming three withholding allowances. Since Wells Fargo cannot advise participants on tax matters, we recommend you consult your tax advisor prior to authorizing this distribution.

Payment Method	<input type="checkbox"/> Send check.
	<input checked="" type="checkbox"/> Electronic deposit (Attach completed direct deposit form and voided check or savings deposit ticket)

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distribution and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

Participant Signature	Date
-----------------------	------

SECTION II: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

Type of Transaction	<input checked="" type="checkbox"/> New Benefit	<input type="checkbox"/> Change Social Security Number	<input type="checkbox"/> Change Name/Address
	<input type="checkbox"/> New Disability Benefit	<input type="checkbox"/> Inactive/Death	<input type="checkbox"/> Change Payment/Deductions
	<input type="checkbox"/> Beneficiary Benefit	<input type="checkbox"/> Reactivate Benefit	<input type="checkbox"/> Change Stop Date

Frequency of Payment	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually (Frequency will default to monthly if no selection indicated.)
-----------------------------	---

Benefit Amount and Fund Breakdown	Total Periodic Payment Amount \$ <u>1,274.48</u>		Commencement Date: <u>08/31/2011</u> (MM/DD/YYYY)				
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		1,274.48		08/31/2011		1,274.48	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTALS:	\$1,274.48	\$0.00			\$1,274.48	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: <u>1</u>	Total Retroactive Amount \$: <u>1,274.48</u>
	Payment Set-Up: <input checked="" type="checkbox"/> Fixed Payment <input type="checkbox"/> Declining Balance	Beginning Balance: \$ _____

Deductions	<input type="checkbox"/> Medical: \$ _____	<input type="checkbox"/> Union Dues: \$ _____
	<input type="checkbox"/> Dental: \$ _____	<input type="checkbox"/> Other: _____ \$: _____
	<input type="checkbox"/> Insurance: \$ _____	<input type="checkbox"/> Other: _____ \$: _____

Mailing Instructions (If no selection provided, checks will be mailed to participant.)	<input type="checkbox"/> First check to Company	<input type="checkbox"/> Check to Participant	<input type="checkbox"/> Check to Company	<input checked="" type="checkbox"/> Other: <u>EFT</u>
--	---	---	---	---

Additional Information	
-------------------------------	--

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for all distribution.

Plan Administrator Signature (Required on all payments): Maura T. King Date: 09/02/2011 9/9/2011

BANK USE ONLY:	
Consultant Name: _____	Region: _____
Database Ref #: _____	PFPC Code: <input type="checkbox"/> R <input type="checkbox"/> C



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August 25, 2011

Ms. Phyllis Collier
Town of Trumbull
5866 Main St.
Trumbull, CT 06611

Re: Dawn Tichy

Dear Phyllis:

We have calculated the retirement benefit to which Dawn Tichy is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated August 22, 2011.

The benefit to which Ms. Tichy is entitled is a monthly retirement income of \$1,274.48 beginning September 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Tichy or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	March 13, 1952
Spouse's Date of Birth:	N/A
Date of Hire:	August 24, 1992
Date of Participation (with Buyback):	July 1, 1994
Date of Termination:	August 30, 2011
Benefit Commencement Date:	September 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2010 to 06-30-2011	\$ 50,917.16	12.0	\$ 50,917.16
07-01-2009 to 06-30-2010	46,972.21	12.0	46,972.21
07-01-2008 to 06-30-2009	44,998.40	12.0	<u>44,998.40</u>
Total 3 consecutive years' annual salary			\$ 142,887.77

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Page 2
August 25, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: Dawn Tichy

Benefit payable to	Ms. Tichy	Beneficiary upon Ms. Tichy's death
Life Income with 10 years certain	\$1,274.48	Balance of initial 120 payments, if any
100% Joint and Survivor	N/A	N/A
66 2/3% Joint and Survivor	N/A	N/A

We have calculated the non-taxable amount of monthly benefit for Ms. Tichy at her Retirement Date. The non-taxable amount is as follows:

Post-Tax Contributions Without Interest (Total Non-taxable Amounts)	Monthly Non-taxable Amount Life Income with 10 Years Certain	Monthly Non-taxable Amount with Joint and Survivor
N/A	N/A	N/A

Please let us know if you have any questions.

Sincerely,



Ronald O. Schlee

/mmh
Enclosure

N:\TRUMBULL\BENCALCS\2011\Tichy.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **DAWN TICHY**

Sex **F**

- Applying for:
- Normal (the earlier of: (a) age 62 and 10 years of service, or (b) age 60 and age plus service equals at least 85)
 - Late (after Normal Retirement Date)
 - Early (age 55 and 10 years)
 - TV (5 years of service - benefit can start at age 62)
 - Disability (10 years and Social Security)
 - Pre-Retirement Death

(A) Date of Termination	08-30-2011	(B) Birth Date	03-13-1952
(C) Date of Hire	08-24-1992	(D) Benefit Commencement Date	09-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	59		
(F) Normal Retirement Date	04-01-2014		
(G) Spouse's Birth Date	N/A		

- | | |
|---|---------------|
| 1. Aggregate Salary (the highest 3 years' annual salary) | \$142,887.77 |
| 2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3) | \$47,629.26 ✓ |
| 3. Total Credited Service rounded to the nearest year* | 19 |
| 4. Vesting Percent | 100% |
| 5. The annual retirement life income with 10-year certain is the [lesser of 2% times (3) or 60%] times (2) [but not less than \$240/yr. minimum for terminations, \$660/year minimum for retirements] times (4) | \$18,099.12 ✓ |
| 6. Adjustment for early payment commencement: | |
| a. Payments commence | 9/1/2011 |
| b. Yrs., Mos. Early [age 62 - (E)] E R factor (3 decimals)
1/2% per month reduction | 0.8450 ✓ |
| 7. Annual normal form pension : [(5) times (6b)] | \$15,293.75 ✓ |
| 8. Monthly normal form pension : [(7) / 12] | \$1,274.48 ✓ |

** In making the foregoing computation, a period of six months or more but less than one year shall be considered one completed year; a period of less than six months shall be disregarded.*

TOWN OF TRUMBULL
5866 MAIN STREET
TRUMBULL, CT 06611

APPLICATION FOR RETIREMENT

DATE: 8/8/2011

TO: THE TOWN OF TRUMBULL PENSION BOARD
5866 MAIN STREET
TRUMBULL CT 06611

I, Dawn M. Tichy, hereby make application for retirement from active service as a School Nurse in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 8/30/2011

My present home address is 16 Rushbrooke Lane
Shelton, CT 06484

Telephone Number: 203-225-0886 Date of Plan Participation _____

Social Security Number 042-48-7480

Date of Birth 3/13/1952

Date of Hire 8/24/1992

Date of Termination 8/8/2011

BENEFICIARY INFORMATION:

Any benefits which may be due and payable after my death I wish paid to the following beneficiary if s/he survives me.

	50%	50%
Name of Beneficiary	<u>SEAN Tichy</u>	<u>Kate KurtaneK</u>
Address	<u>501 Cidermill Rd</u> <u>YORK, ME 03909</u>	<u>3117 Meadowbrook Blvd</u> <u>Cleveland Heights, OH 44118</u>
Social Security Number	<u>044-78-1375</u>	<u>SS# 044-78-1273</u>
Date of Birth	<u>10/11/1977</u>	<u>9/28/1981</u>

Phyllis Collier
Witness

Dawn M Tichy
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Dawn Tichy

Please read carefully your pension calculation as prepared by Hooker & Holcombe.

After you have read this, please indicate below which option you would like, sign, have your spouse acknowledge, and return to the Finance Department.

OPTIONAL FORMS OF PAYMENT

X **OPTION 1: Life Income with 10 Years Certain:** The normal form of payment of a participant's normal retirement benefit is a ten year certain and life annuity. This benefit will be paid monthly for the life of the participant provided, however, that if the participant dies before receiving 120 monthly payments, the balance of the 120 monthly payments will be paid to his or her designated beneficiary.

 OPTION 2: Joint and 100% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 100% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

 OPTION 3: Joint and 66-2/3% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 66-2/3% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

		<u>Beneficiary upon Participant's Death</u>
Life Income with 10 Years Certain	\$ <u>1274.48</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	_____	_____
66-2/3% Joint & Survivor	_____	_____

only option available since it's an early retirement

Dawn M Tichy
Pensioner's Signature 9-2-11 Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: _____
(Please Print)

Spouse's Signature _____ Date _____

Traditional Periodic Payment Request

Plan Name: **TOWN OF TRUMBULL** Distribution Company Code: _____

SECTION I: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data
 Name: Elizabeth A. Lewis
 Social Security Number: 049-30-4615 Code: _____ Date Of Birth (MM/DD/YYYY): 09/22/1939
 Address: 255 Kneen Street
 Address: Unit 10
 Address: _____
 City: Shelton State: CT Zip Code: 06484

Beneficiary Data (If applicable, Death Benefit Payment)
 Name: _____ Relationship: _____
 Social Security Number: _____ Code: _____ Date Of Death (MM/DD/YYYY): _____
 Address: _____
 Address: _____
 Address: _____
 # _____ of _____
 City: _____ State: _____ Zip Code: _____

Tax Withholding (Substitute W-4P)
 (MM/DD/YYYY) Hire Date: 08/28/2000 Participation Date: 07/01/2002 Termination Date: _____ Retirement Date: 08/16/2011
Check ONE of the following (FEDERAL):
 I Do Not want Federal Income Tax Withheld
 I Do want Federal Income Tax Withheld
 Single Married, Joint Married, Single Rate
 # of exemptions: _____
 Flat amount of \$ _____ plus calculated amount
NOTE: You cannot enter a flat amount without entering the number of exemptions, including zero.

Check ONE of the following (STATE):
 I Do Not want State Income Tax Withheld
 I Do want State Income Tax Withheld
 State of Withholding: _____
 Single Married, Joint Married, Single Rate
 # of exemptions: _____
 Flat amount of \$ _____ plus calculated amount
 Flat amount \$ _____
 Percentage _____ %

The taxable portion of your distribution to be received may be subject to federal and/or state income tax. You may elect not to have withholding apply to your pension payments. If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If no election is made, Wells Fargo is required by IRS Sec. 3405(a)(4) to withhold as if you were a married individual claiming three withholding allowances. Since Wells Fargo cannot advise participants on tax matters, we recommend you consult your tax advisor prior to authorizing this distribution.

Payment Method
 Send check.
 Electronic deposit (Attach completed direct deposit form and voided check or savings deposit ticket)

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distribution and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

Participant Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

Type of Transaction
 New Benefit Change Social Security Number Change Name/Address
 New Disability Benefit Inactive/Death Change Payment/Deductions
 Beneficiary Benefit Reactivate Benefit Change Stop Date

Frequency of Payment
 Monthly Quarterly Annually Semi-Annually
 (Frequency will default to monthly if no selection indicated.)

Total Periodic Payment Amount \$ 298.95 Commencement Date: 08/31/2011 (MM/DD/YYYY)

Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
	298.95		08/31/2011		298.95	<input type="checkbox"/> Yes <input type="checkbox"/> No
					0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
					0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
					0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
					0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
					0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
					0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
					0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTALS:	\$298.95	\$0.00			\$298.95	

1099-R Distribution Code: _____
 Number of Monthly Retroactive Payments Due: 2 Total Retroactive Amount \$: 597.90
 Payment Set-Up: Fixed Payment Declining Balance Beginning Balance: \$ _____

Deductions
 Medical: \$ _____ Union Dues: \$ _____
 Dental: \$ _____ Other: _____ \$: _____
 Insurance: \$ _____ Other: _____ \$: _____

Mailing Instructions (If no selection provided, checks will be mailed to participant.)
 First check to Company Check to Participant Check to Company Other: _____

Additional Information
 Do not withhold Federal or State Taxes.

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election Waiver, Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for all distributions.
 Plan Administrator Signature: Maria T. Kus Date: 09/29/2011 10/11/2011

BANK USE ONLY:
 Consultant Name: _____ Region: _____
 Database Ref #: _____ PFPC Code: R C



HOOKER & HOLCOMBE, INC.
Benefit Consultants and Actuaries

65 LaSalle Road | West Hartford, CT 06107-2397 | *Founded in 1956*

Confidential

August 31, 2011

Ms. Phyllis Collier
Town of Trumbull
5866 Main St.
Trumbull, CT 06611

Re: Elizabeth Lewis

Dear Phyllis:

We have calculated the retirement benefit to which Elizabeth Lewis is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated August 26, 2011.

The benefit to which Ms. Lewis is entitled is a monthly retirement income of \$298.95 beginning September 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Lewis or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	September 22, 1939
Spouse's Date of Birth:	N/A
Date of Hire:	August 28, 2000
Date of Participation:	July 1, 2002
Date of Termination:	August 16, 2011
Benefit Commencement Date:	September 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2010 to 06-30-2011	\$17,107.18 ✓	12.0	\$ 17,107.18
07-01-2009 to 06-30-2010	16,218.73 ✓	12.0	16,218.73
07-01-2008 to 06-30-2009	15,593.13 ✓	12.0	<u>15,593.13</u>
Total 3 consecutive years' annual salary			\$ 48,919.04

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Defined Benefit Plan Services
Postretirement Health Valuations

Defined Contribution Plan Services
Internet Retirement Solutions
401(k), 403(b), ESOP

Investment Advisory Services
Pension Portfolio Advisory
DC Investment Oversight

hhconsultants.com
p: (860) 521-8400
f: (860) 521-3742

Page 2
August 31, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: Elizabeth Lewis

Benefit payable to	Ms. Lewis	Beneficiary upon Ms. Lewis's death
Life Income with 10 years certain	\$298.95	Balance of initial 120 payments, if any
100% Joint and Survivor	N/A	N/A
66 2/3% Joint and Survivor	N/A	N/A

We have calculated the non-taxable amount of monthly benefit for Ms. Lewis at her Retirement Date. The non-taxable amount is as follows:

Post-Tax Contributions Without Interest (Total Non-taxable Amounts)	Monthly Non-taxable Amount Life Income with 10 Years Certain	Monthly Non-taxable Amount with Joint and Survivor
N/A	N/A	N/A

Please let us know if you have any questions.

Sincerely,



Ronald O. Schlee

/mmh
Enclosure

N:\TRUMBULL\BENCALCS\2011\Lewis.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **ELIZABETH LEWIS**

Sex **F**

Applying for: Normal (the earlier of: (a) age 62 and 10 years of service, or (b) age 60 and age plus service equals at least 85)
 Late (after Normal Retirement Date)
 Early (age 55 and 10 years)
 TV (5 years of service - benefit can start at age 62)
 Disability (10 years and Social Security)
 Pre-Retirement Death

(A) Date of Termination	08-16-2011	(B) Birth Date	09-22-1939
(C) Date of Hire	08-28-2000	(D) Benefit Commencement Date	09-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]			71
(F) Normal Retirement Date	07-01-2010		
(G) Spouse's Birth Date	N/A		

1. Aggregate Salary (the highest 3 years' annual salary)	\$48,919.04
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$16,306.35
3. Total Credited Service rounded to the nearest year*	11
4. Vesting Percent	100%
5. The annual retirement life income with 10-year certain is the [lesser of 2% times (3) or 60%] times (2) [but not less than \$240/yr. minimum for terminations, \$660/year minimum for retirements] times (4)	\$3,587.40
6. Adjustment for early payment commencement:	
a. Payments commence	9/1/2011
b. Yrs., Mos. Early [age 62 - (E)] E R factor (3 decimals) 1/2% per month reduction	N/A
7. Annual normal form pension : [(5) times (6b)]	\$3,587.40
8. Monthly normal form pension : [(7) / 12]	\$298.95

** In making the foregoing computation, a period of six months or more but less than one year shall be considered one completed year; a period of less than six months shall be disregarded.*

TOWN OF TRUMBULL
5866 MAIN STREET
TRUMBULL, CT 06611

APPLICATION FOR RETIREMENT

DATE: 8/16/11

TO: THE TOWN OF TRUMBULL PENSION BOARD
5866 MAIN STREET
TRUMBULL CT 06611

I, Elizabeth A. Lewis, hereby make application for retirement from active service as a Para in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 9-1-2011

My present home address is 56 Broc Terr. Ext.
Shelton, Ct. 06484

Telephone Number: 203-924-8832

Social Security Number 049-30-4615

Date of Birth 9/22/39

Date of Hire 8/28/00

Date of Termination 8/16/11

BENEFICIARY INFORMATION:

Any benefits which may be due and payable after my death I wish paid to the following beneficiary if s/he survives me.

Name of Beneficiary Thomas M. Lewis

Address 141 Cricket Lane
Orange, Ct. 06477

Social Security Number 042-46-8638

Date of Birth 8/3/1962

[Signature]

Witness

Elizabeth A. Lewis
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: ELIZABETH A. LEWIS

Please read carefully your pension calculation as prepared by Hooker & Holcombe.

After you have read this, please indicate below which option you would like, sign, have your spouse acknowledge, and return to the Finance Department.

OPTIONAL FORMS OF PAYMENT

OPTION 1: Life Income with 10 Years Certain: The normal form of payment of a participant's normal retirement benefit is a ten year certain and life annuity. This benefit will be paid monthly for the life of the participant provided, however, that if the participant dies before receiving 120 monthly payments, the balance of the 120 monthly payments will be paid to his or her designated beneficiary.

OPTION 2: Joint and 100% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 100% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

OPTION 3: Joint and 66-2/3% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 66-2/3% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

Beneficiary upon Participant's Death

Life Income with 10 Years Certain

\$ 298.95

Balance of initial 120 payments, if any

100% Joint & Survivor

66-2/3% Joint & Survivor

Elizabeth A. Lewis
Pensioner's Signature

9/19/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: _____
(Please Print)

Spouse's Signature

Date

Traditional Periodic Payment Request

Plan Name The Town of Trumbull	Distribution Company Code
--	---------------------------

SECTION I: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: George H. Dewey, Sr.		
	Social Security Number: 049-38-9565	Code: <input type="checkbox"/>	Date Of Birth (MM/DD/YYYY): 03/10/1946
	Address: 816 Popes Island Road		
	Address: _____		
	Address: _____		
	City: Milford	State: CT	Zip Code: 06461

Beneficiary Data (If applicable, Death Benefit Payment)	Name: _____ Relationship: _____		
	Social Security Number: _____	Code: _____	Date Of Death (MM/DD/YYYY): _____
	Address: _____		
	Address: _____		
	Address: _____		
# _____ of _____	City: _____	State: _____	Zip Code: _____

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: 08/26/1998 Participation Date: 07/01/2000 Termination Date: _____ Retirement Date: 08/31/2011		
	Check ONE of the following (FEDERAL):		
	<input type="checkbox"/> Do Not want Federal Income Tax Withheld <input checked="" type="checkbox"/> Do want Federal Income Tax Withheld <input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input checked="" type="checkbox"/> Married, Single Rate # of exemptions: 0 <input type="checkbox"/> Flat amount of \$ _____ plus calculated amount		
	Check ONE of the following (STATE):		
	<input type="checkbox"/> Do Not want State Income Tax Withheld <input checked="" type="checkbox"/> Do want State Income Tax Withheld State of Withholding: _____ <input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input checked="" type="checkbox"/> Married, Single Rate # of exemptions: 1 <input checked="" type="checkbox"/> Flat amount of \$ 170.00 plus calculated amount <input type="checkbox"/> Flat amount \$ _____ <input type="checkbox"/> Percentage _____ %		

The taxable portion of your distribution to be received may be subject to federal and/or state income tax. You may elect not to have withholding apply to your pension payments. If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If no election is made, Wells Fargo is required by IRS Sec. 3405(a)(4) to withhold as if you were a married individual claiming three withholding allowances. Since Wells Fargo cannot advise participants on tax matters, we recommend you consult your tax advisor prior to authorizing this distribution.

Payment Method	<input type="checkbox"/> Send check.
	<input checked="" type="checkbox"/> Electronic deposit (Attach completed direct deposit form and voided check or savings deposit ticket)

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distribution and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

Participant Signature _____	Date _____
-----------------------------	------------

SECTION II: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

Type of Transaction	<input checked="" type="checkbox"/> New Benefit	<input type="checkbox"/> Change Social Security Number	<input type="checkbox"/> Change Name/Address
	<input type="checkbox"/> New Disability Benefit	<input type="checkbox"/> Inactive/Death	<input type="checkbox"/> Change Payment/Deductions
	<input type="checkbox"/> Beneficiary Benefit	<input type="checkbox"/> Reactivate Benefit	<input type="checkbox"/> Change Stop Date

Frequency of Payment	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually
	(Frequency will default to monthly if no selection indicated)			

Benefit Amount and Fund Breakdown	Total Periodic Payment Amount \$ 1,082.50		Commencement Date: 08/31/2011				
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		1,082.50		08/31/2011		1,082.50	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
		0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTALS:	\$1,082.50	\$0.00			\$1,082.50	<input type="checkbox"/> Yes <input type="checkbox"/> No

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: 2 ✓	Total Retroactive Amount \$ 2,165.00 ✓
	Payment Set-Up: <input checked="" type="checkbox"/> Fixed Payment <input type="checkbox"/> Declining Balance	Beginning Balance: \$ _____

Deductions	<input type="checkbox"/> Medical: \$ _____	<input type="checkbox"/> Union Dues: \$ _____
	<input type="checkbox"/> Dental: \$ _____	<input type="checkbox"/> Other: _____ \$: _____
	<input type="checkbox"/> Insurance: \$ _____	<input type="checkbox"/> Other: _____ \$: _____

Mailing Instructions (If no selection provided, checks will be mailed to participant.)	<input type="checkbox"/> First check to Company	<input type="checkbox"/> Check to Participant	<input type="checkbox"/> Check to Company	<input type="checkbox"/> Other: _____
---	---	---	---	---------------------------------------

Additional Information	_____
-------------------------------	-------

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for all distributions.

Plan Administrator Signature (Required on all payments) _____	Date 10/10/11
---	----------------------

BANK USE ONLY:	
Consultant Name: _____	Region: _____
Database Ref #: _____	PFPC Code <input type="checkbox"/> R <input type="checkbox"/> C



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Confidential

September 26, 2011

Ms. Phyllis Collier
Town of Trumbull
5866 Main St.
Trumbull, CT 06611

Re: George Dewey

Dear Phyllis:

We have calculated the retirement benefit to which George Dewey is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated September 20, 2011.

The benefit to which Mr. Dewey is entitled is a monthly retirement income of \$1,082.50 beginning September 1, 2011. This annuity is payable during his lifetime with a minimum of 120 monthly payments payable to Mr. Dewey or his beneficiary. Before forwarding the benefit calculation to him, please verify the data and salary information outlined below:

Date of Birth:	March 10, 1946
Spouse's Date of Birth:	June 3, 1952
Date of Hire:	August 26, 1998
Date of Participation:	July 1, 2000
Date of Termination:	August 31, 2011
Benefit Commencement Date:	September 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2011 to 08-31-2011	\$ 9,192.96	2.0	\$ 9,192.96 ✓
07-01-2010 to 06-30-2011	49,795.00	12.0	49,795.00 ✓
07-01-2009 to 06-30-2010	50,722.80	12.0	50,722.80 ✓
07-01-2008 to 06-30-2009	48,208.00	10.0	<u>40,173.33</u> ✓
Total 3 consecutive years' annual salary			\$ 149,884.09

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401(k), 403(b), ESOP

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Page 2
September 26, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: George Dewey

Benefit payable to	Mr. Dewey	Beneficiary upon Ms. Dewey's death
Life Income with 10 years certain	\$1,082.50	Balance of initial 120 payments, if any
100% Joint and Survivor	900.91	\$900.91
66 ² / ₃ % Joint and Survivor	975.20	650.13

We have calculated the non-taxable amount of monthly benefit for Mr. Dewey at his Retirement Date. The non-taxable amount is as follows:

Post-Tax Contributions Without Interest (Total Non-taxable Amounts)	Monthly Non-taxable Amount Life Income with 10 Years Certain	Monthly Non-taxable Amount with Joint and Survivor
N/A	N/A	N/A

Please let us know if you have any questions.

Sincerely,


Ronald O. Schlee

/mmh
Enclosure

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TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **GEORGE DEWEY**

Sex **M**

Applying for: Normal (the earlier of: (a) age 62 and 10 years of service, or (b) age 60 and age plus service equals at least 85)
 Late (after Normal Retirement Date)
 Early (age 55 and 10 years)
 TV (5 years of service - benefit can start at age 62)
 Disability (10 years and Social Security)
 Pre-Retirement Death

(A) Date of Termination	08-31-2011	(B) Birth Date	03-10-1946
(C) Date of Hire	08-26-1998	(D) Benefit Commencement Date	09-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	65		
(F) Normal Retirement Date	09-01-2008		
(G) Spouse's Birth Date	06-03-1952		

1. Aggregate Salary (the highest 3 years' annual salary)	\$149,884.09
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$49,961.36
3. Total Credited Service rounded to the nearest year*	13
4. Vesting Percent	100%
5. The annual retirement life income with 10-year certain is the [lesser of 2% times (3) or 60%] times (2) [but not less than \$240/yr. minimum for terminations, \$660/year minimum for retirements] times (4)	13,989 \$12,989.95
6. Adjustment for early payment commencement:	
a. Payments commence	9/1/2011
b. Yrs., Mos. Early [age 62 - (E)] E R factor (3 decimals) 1/2% per month reduction	N/A
7. Annual normal form pension : [(5) times (6b)]	\$12,989.95
8. Monthly normal form pension : [(7) / 12]	\$1,082.50

* In making the foregoing computation, a period of six months or more but less than one year shall be considered one completed year; a period of less than six months shall be disregarded.

TOWN OF TRUMBULL
5866 MAIN STREET
TRUMBULL, CT 06611

APPLICATION FOR RETIREMENT

DATE: 8-19-11

TO: THE TOWN OF TRUMBULL PENSION BOARD
5866 MAIN STREET
TRUMBULL CT 06611

I, George Dewey, hereby make application for retirement from active service as a Security Guard in the Town of Trumbull.

I request that my retirement allowance become effective on (date) Sept. 9, 2011 } *Changed - see letter attached*

My present home address is 816 Popes Island Rd
Milford, Ct. 06461

Telephone Number: (203) 783 9053

Social Security Number 049-38-9565

Date of Birth 03-10-46

Date of Hire 08/27/1996 ²⁶ ₈ *see letter attached - left was rehired 8/26/1996*

Date of Termination Sept. 9, 2011 *- last date worked - was 8/31/2011 - see letter attached*

BENEFICIARY INFORMATION:

Any benefits which may be due and payable after my death I wish paid to the following beneficiary if s/he survives me.

Name of Beneficiary Kali Dewey

Address 816 Popes Island Rd.
Milford, Ct. 06461

Social Security Number 049-40-5207

Date of Birth June 3, 1952

[Signature] Witness

[Signature] Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: George Dewey

Please read carefully your pension calculation as prepared by Hooker & Holcombe.

After you have read this, please indicate below which option you would like, sign, have your spouse acknowledge, and return to the Finance Department.

OPTIONAL FORMS OF PAYMENT

OPTION 1: Life Income with 10 Years Certain: The normal form of payment of a participant's normal retirement benefit is a ten year certain and life annuity. This benefit will be paid monthly for the life of the participant provided, however, that if the participant dies before receiving 120 monthly payments, the balance of the 120 monthly payments will be paid to his or her designated beneficiary.

OPTION 2: Joint and 100% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 100% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

OPTION 3: Joint and 66-2/3% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 66-2/3% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

		<u>Beneficiary upon Participant's Death</u>
Life Income with 10 Years Certain	\$ <u>1082.50</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>900.91</u>	<u>900.91</u>
66-2/3% Joint & Survivor	<u>975.20</u>	<u>650.13</u>
<u>George H. Dewey</u> Pensioner's Signature		<u>9-29-11</u> Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: Kali Dewey
(Please Print)

Kali Dewey
Spouse's Signature 9-29-11
Date



Traditional Periodic Payment Request

Plan Name Town of Trumbull	Distribution Company Code
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SECTION I: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: Ronald Murray		
	Social Security Number: 045-40-6099	Code: <input type="checkbox"/>	Date Of Birth (MM/DD/YYYY): 11/24/1949
	Address: 2836 SE Hamden Road		
	Address: _____		
Beneficiary Data (If applicable, Death Benefit Payment)	Name: _____		Relationship: _____
	Social Security Number: _____	Code: <input type="checkbox"/>	Date Of Death (MM/DD/YYYY): _____
	Address: _____		
	Address: _____		
# _____ of _____	City: _____		State: _____ Zip Code: _____

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: 11/29/1971 · Participation Date: 07/01/1973 · Termination Date: 08/07/1992 · Retirement Date: 11/30/2011		
	Check ONE of the following (FEDERAL):		Check ONE of the following (STATE):
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld		<input checked="" type="checkbox"/> I Do Not want State Income Tax Withheld <input type="checkbox"/> I Do want State Income Tax Withheld
	<input type="checkbox"/> Flat amount of \$ _____ plus calculated amount <i>15% Flat RATE</i>		<input type="checkbox"/> State of Withholding _____ <input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate <input type="checkbox"/> # of exemptions: _____ <input type="checkbox"/> Flat amount of \$ _____ plus calculated amount <input type="checkbox"/> Flat amount \$ _____ <input type="checkbox"/> Percentage _____ %

The taxable portion of your distribution to be received may be subject to federal and/or state income tax. You may elect not to have withholding apply to your pension payments. If you elect not to have withholding apply or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. If no election is made, Wells Fargo is required by IRS Sec. 3405(a)(4) to withhold as if you were a married individual claiming three withholding allowances. Since Wells Fargo cannot advise participants on tax matters, we recommend you consult your tax advisor prior to authorizing this distribution.

Payment Method	<input type="checkbox"/> Send check. <input checked="" type="checkbox"/> Electronic deposit (Attach completed direct deposit form and voided check or savings deposit ticket)
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I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distribution and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

Participant Signature _____ Date _____

SECTION II: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

Type of Transaction	<input checked="" type="checkbox"/> New Benefit	<input type="checkbox"/> Change Social Security Number	<input type="checkbox"/> Change Name/Address
	<input type="checkbox"/> New Disability Benefit	<input type="checkbox"/> Inactive/Death	<input type="checkbox"/> Change Payment/Deductions
	<input type="checkbox"/> Beneficiary Benefit	<input type="checkbox"/> Reactivate Benefit	<input type="checkbox"/> Change Stop Date
Frequency of Payment	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually (Frequency will default to monthly if no selection indicated)		

Benefit Amount and Fund Breakdown	Total Periodic Payment Amount \$ 1,056.15		Commencement Date: 11/30/2011		(MM/DD/YYYY)		
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		1,019.29	36.86	11/30/2011		1,056.15	<input type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
						0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTALS:		\$1,019.29	\$36.86			\$1,056.15	<input type="checkbox"/> Yes <input type="checkbox"/> No

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: 0	Total Retroactive Amount \$: 0.00
	Payment Set-Up: <input checked="" type="checkbox"/> Fixed Payment <input type="checkbox"/> Declining Balance	Beginning Balance: \$ _____

Deductions	Medical: \$ _____	Union Dues: \$ _____
	Dental: \$ _____	Other: _____ \$: _____
	Insurance: \$ _____	Other: _____ \$: _____

Mailing Instructions (If no selection provided, checks will be mailed to participant.)	<input type="checkbox"/> First check to Company <input type="checkbox"/> Check to Participant <input type="checkbox"/> Check to Company <input checked="" type="checkbox"/> Other: Direct Deposit
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Additional Information	<input checked="" type="checkbox"/> Withhold Federal Taxes at a flat rate of 15% ONLY.
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Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for all distributions.

Plan Administrator Signature (Required on all payments) _____ Date 11/8/2011

BANK USE ONLY:	
Consultant Name: _____	Region: _____
Database Ref #: _____	PFPC Code: <input type="checkbox"/> R <input type="checkbox"/> C



HOOKER & HOLCOMBE, INC.
Benefit Consultants and Actuaries

65 LaSalle Road | West Hartford, CT 06107-2397 | *Founded in 1956*

Confidential

September 26, 2011

Ms. Phyllis Collier
Town of Trumbull
5866 Main St.
Trumbull, CT 06611

Re: Ronald Murray

Dear Phyllis:

We have calculated the retirement benefit to which Ronald Murray is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated September 19, 2011.

The benefit to which Mr. Murray is entitled is a monthly retirement income of \$1,201.81 beginning December 1, 2011. This annuity is payable during his lifetime with a minimum of 120 monthly payments payable to Mr. Murray or his beneficiary. Before forwarding the benefit calculation to him, please verify the data and salary information outlined below:

Date of Birth:	November 24, 1949
Spouse's Date of Birth:	December 30, 1949
Date of Hire:	November 29, 1971
Date of Termination:	August 7, 1992
Benefit Commencement Date:	December 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-1991 to 06-30-1992	\$ 36,504	12.0	\$ 36,504
07-01-1990 to 06-30-1991	33,746	12.0	33,746
07-01-1989 to 06-30-1990	32,762	12.0	<u>32,762</u>
Total 3 consecutive years' annual salary			\$ 103,012

Actuarial and Benefits Consulting
Defined Benefit Plan Services
Postretirement Health Valuations

Defined Contribution Plan Services
Internet Retirement Solutions
401(k), 403(b), ESOP

Investment Advisory Services
Pension Portfolio Advisory
DC Investment Oversight

hhconsultants.com
p: (860) 521-8400
f: (860) 521-3742

Page 2
September 26, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: Ronald Murray

Benefit payable to	Mr. Murray	Beneficiary upon Mr. Murray's death
Life Income with 10 years certain	\$1,201.81	Balance of initial 120 payments, if any
100% Joint and Survivor	1,056.15	\$1,056.15
66 2/3% Joint and Survivor	1,119.00	746.00

We have calculated the non-taxable amount of monthly benefit for Mr. Murray at his Retirement Date. The non-taxable amount is as follows:

Post-Tax Contributions Without Interest (Total Non-taxable Amounts)	Monthly Non-taxable Amount Life Income with 10 Years Certain	Monthly Non-taxable Amount with Joint and Survivor
\$11,427.75	\$43.95	\$36.86

Please let us know if you have any questions.

Sincerely,



Ronald O. Schlee

/mmh

Enclosure

N:\TRUMBULL\BENCALCS\2011\Murray.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **RONALD MURRAY**

Sex **M**

- Applying for:
- Normal (the earlier of: (a) age 62 and 10 years of service, or (b) age 60 and age plus service equals at least 85)
 - Late (after Normal Retirement Date)
 - Early (age 55 and 10 years)
 - TV (5 years of service - benefit can start at age 62)
 - Disability (10 years and Social Security)
 - Pre-Retirement Death

(A) Date of Termination	08-07-1992	(B) Birth Date	11-24-1949
(C) Date of Hire	11-29-1971	(D) Benefit Commencement Date	12-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	62		
(F) Normal Retirement Date	12-01-2011		
(G) Spouse's Birth Date	12-30-1949		

1. Aggregate Salary (the highest 3 years' annual salary)	\$103,012.00
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$34,337.33
3. Total Credited Service rounded to the nearest year*	21
4. Vesting Percent	100%
5. The annual retirement life income with 10-year certain is the [lesser of 2% times (3) or 60%] times (2) [but not less than \$240/yr. minimum for terminations, \$660/year minimum for retirements] times (4)	\$14,421.68
6. Adjustment for early payment commencement:	
a. Payments commence	12/1/2011
b. Yrs., Mos. Early [age 62 - (E)] E R factor (3 decimals) 1/2% per month reduction	1.0000
7. Annual normal form pension : [(5) times (6b)]	\$14,421.68
8. Monthly normal form pension : [(7) / 12]	\$1,201.81

** In making the foregoing computation, a period of six months or more but less than one year shall be considered one completed year; a period of less than six months shall be disregarded.*

TOWN OF TRUMBULL
5866 MAIN STREET
TRUMBULL, CT 06611

APPLICATION FOR RETIREMENT

DATE: 10/6/11

TO: THE TOWN OF TRUMBULL PENSION BOARD
5866 MAIN STREET
TRUMBULL, CT 06611

I, Ronald Murray, hereby make application to receive my Retirement Benefits earned during my employment with the Town of Trumbull Health Department.

I request that my retirement allowance become effective on December 1, 2011

My present home address is 2686 SE Hamden Road, Port St. Lucie, Florida 34952

Telephone Number: 772-337-9029

Social Security Number: 045-40-6099

Date of Birth: 11/24/1949

Date of Hire: 11/29/1971

Date of Termination: 8/7/1992

BENEFICIARY INFORMATION

Any benefits that may be due and payable after my death I want paid to the following beneficiary if s/he survives me.

Name of Beneficiary: Donna R. Murray

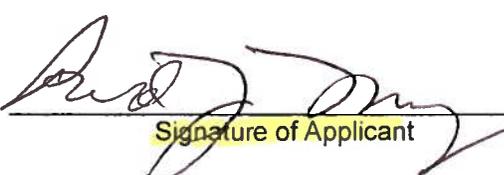
Address: 2686 SE Hamden Road, Port St. Lucie, Florida 34952

Social Security Number: 040-46-4930

Date of Birth: 12-30-1949



Witness



Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Ronald Murray

Please read carefully your pension calculation as prepared by Hooker & Holcombe.

After you have read this, please indicate below which option you would like, sign, have your spouse acknowledge, and return to the Finance Department.

OPTIONAL FORMS OF PAYMENT

 OPTION 1: Life Income with 10 Years Certain: The normal form of payment of a participant's normal retirement benefit is a ten year certain and life annuity. This benefit will be paid monthly for the life of the participant provided, however, that if the participant dies before receiving 120 monthly payments, the balance of the 120 monthly payments will be paid to his or her designated beneficiary.

OPTION 2: Joint and 100% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 100% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

 OPTION 3: Joint and 66-2/3% Survivor Annuity: An actuarially equivalent reduced monthly benefit payable to the participant for his or her life with the provision that, upon the participant's death, 66-2/3% of the monthly amount paid to the participant during his or her life will be paid monthly to the participant's surviving joint annuitant (spouse) for the remainder of his or her life.

Beneficiary upon Participant's Death

Life Income with 10 Years Certain	\$ <u>1201.81</u>	Balance of initial 120 payments, if any
<input checked="" type="checkbox"/> 100% Joint & Survivor	<u>1056.15</u>	<u>1056.15</u>
66-2/3% Joint & Survivor	<u>1119.00</u>	<u>746.00</u>

Ronald Murray
Pensioner's Signature

10/6/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: Donna Murray
(Please Print)

Donna Murray
Spouse's Signature

10/6/11
Date

Traditional Distribution Request

Plan Name TOWN OF TRUMBULL	Paygroup #
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SECTION 1: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: GEORGE IRIZARRY	Phone #: (203) 285-0095
	Social Security Number: 046-54-9047	Date of Birth: 11/08/1958
	(NOTE: If no Date of Birth provided, IRS code defaults to premature distribution indicating 10% IRS penalty due when filing 1040 form.)	
	Address: 167 Wilson Street	
	Address: Apt. 2	
	City: Bridgeport	State: CT Zip Code: 06605

Reason for Distribution	<input type="checkbox"/> Partial	<input checked="" type="checkbox"/> Retirement/Termination	<input type="checkbox"/> QDRO
	<input checked="" type="checkbox"/> Total	<input type="checkbox"/> Minimum Distribution	<input type="checkbox"/> Death Benefit (ATTACH DEATH CERTIFICATE)
	<input type="checkbox"/> Forced Out	<input type="checkbox"/> Disability	Date of Death: _____/_____/_____
		<input type="checkbox"/> Hardship	<input type="checkbox"/> In-service Withdrawal
		<input type="checkbox"/> Load Default	<input type="checkbox"/> Refund of Employee Contributions
	(IF DEATH BENEFIT, COMPLETE THE NEXT SECTION) TAXABLE YEAR: _____		

Beneficiary Data (If applicable, Death Benefit Payment) # _____ of _____	Name: _____	Relationship: _____
	Social Security Number: _____	
	Address: _____	
	Address: _____	
	Address: _____	
	City: _____	State: _____ Zip Code: _____

Payment Method	<input type="checkbox"/> Direct Rollover of my entire distribution into an IRA or Qualified Plan.
	<input checked="" type="checkbox"/> Entire distribution to participant.
	<input type="checkbox"/> Pay \$ _____ of my distribution to me and pay \$ _____ of my distribution as Direct Rollover.
	(IF ROLLOVER, NEXT SECTION MUST BE COMPLETED)

Rollover Information (All rollover checks are sent to participant's address, unless Wachovia is payee)	Select <u>one</u> of the following:	<input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will accept the rollover of my entire distribution (including the <u>non-taxable portion</u> , if applicable).
		<input checked="" type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will <u>not</u> accept the rollover of the non-taxable portion of my distribution, and I understand that the non-taxable portion of my distribution will be made payable to me.
		Institution/Plan Name: _____
		Address: _____
		Address: _____
	ATTN: _____	ACCT #: _____

Tax Withholding (Substitute W-4P)	Check one of the following (FEDERAL TAXES)	Check one of the following (STATE TAXES)
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld	State of Withholding: <u>CT</u>
	<input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld	<input type="checkbox"/> I Do Not want State Income Tax Withheld
	I want to have \$ _____ (Federal) withheld	<input checked="" type="checkbox"/> I Do want State Income Tax Withheld
	I want to have _____% (Federal) withheld	<input type="checkbox"/> I want to have \$ _____ (State) withheld
		<input type="checkbox"/> I want to have _____% (State) withheld

The distribution to be received may be subject to MANDATORY 20% federal tax withholding. Withholding will only apply to the portion of the distribution that is included in your income subject to federal income tax. If the distribution is not subject to the MANDATORY federal tax you may elect not to withhold federal income tax from your distribution. If you elect not to have federal income tax withheld or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. A change CANNOT be made to your federal income tax withholding election once a distribution is processed. Since Wells Fargo cannot advise participants on tax matters we recommend you consult your tax advisor prior to authorizing this distribution. Certain states may require mandatory state tax withholding.

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distributions and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

X George Irizarry Participant Signature / Beneficiary Signature 8/26/11 Date

SECTION 2: TO BE COMPLETED BY PLAN SPONSOR/RECORD KEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

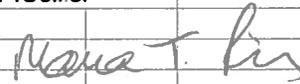
1099 - R INFORMATION	HIRE DATE	PARTICIPATION DATE	TERMINATION DATE	OR	RETIREMENT DATE
	07/15/1985	07/01/1990	06/30/1993		
Fund Breakdown	Account #	Total Amount	Distribution Amount	CASH PORTION	
		6,787.19		Taxable Amount:	\$ 6,787.19
				After-Tax Amount:	\$ _____
				Pre-87 After-Tax:	\$ _____
			Post-86 After-Tax:	\$ _____	
			Other Non-Taxable:	\$ _____	
	TOTALS:	6,787.19		Outstanding Loan Amount:	\$ _____
Mailing Instructions (If no selection provided, checks will be mailed to participant)	Rollover check to:	<input type="checkbox"/> Company	<input type="checkbox"/> Participant	<input type="checkbox"/> Rollover Institution	
	Mail participant check(s) to:	<input type="checkbox"/> Company	<input checked="" type="checkbox"/> Participant	<input type="checkbox"/> Other	
	Special Instructions:	_____			
	Mail Carrier:	<input type="checkbox"/> Airborne	<input type="checkbox"/> Federal Express	<input type="checkbox"/> UPS	
		<input type="checkbox"/> Express Mail	<input checked="" type="checkbox"/> Regular		

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for amounts over \$5,000.00 and QDROs.

X Wanda T. Rus Plan Administrator Signature (Required on all payments) 8/25/2011 Date

Prepared by: P. Collier

Approved by:



George Irizarry
167 Wilson Street
Bridgeport, CT 06605

DOB 11/8/1958
DOH 7/15/1985
DOT 1993

FY	CONTRIB.	5% INTEREST	TOTAL
6/30/1993			\$2,796.91
6/30/1994		139.85	2,936.76
6/30/1995		146.84	3,083.59
6/30/1996		154.18	3,237.77
6/30/1997		161.89	3,399.66
6/30/1998		169.98	3,569.64
6/30/1999		178.48	3,748.13
6/30/2000		187.41	3,935.53
6/30/2001		196.78	4,132.31
6/30/2002		206.62	4,338.93
6/30/2003		216.95	4,555.87
6/30/2004		227.79	4,783.67
6/30/2005		239.18	5,022.85
6/30/2006		251.14	5,273.99
6/30/2007		263.70	5,537.69
6/30/2008		276.88	5,814.58
6/30/2009		290.73	6,105.30
6/30/2010		305.27	6,410.57
6/30/2011		320.53	6,731.10
7/1 - 8/31/2011		1) 56.09	6,787.19

Total Due: \$ 6,787.19

1) Interest calculated on \$6,731.19 for 2 months

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PENSION 12-28-00

FPYPENSION..... 177

Employee}Name... IRIZARRY, GEORGE ✓

Fiscal Annual Annual

Year.. Salary... Contribution

1993 21,540.18 753.90

1992 19,958.88 698.66

1991 20,035.00 701.35

1990 18,380.00 643.00

Comments 7-1-90 CONT 916.00 W/INT 985.00

Birth}Date..... 11/08/58

Employed}Date... 07/15/85

Social}Security 046-54-9047 ✓

Employee}Union.. MT

Employee}Status. T

Employee}Name... IRIZARRY, GEORGE

Annual}Contribution 2,796.91 ✕

Town of Trumbull

CONNECTICUT



August 26, 2011

Mr. George Irizarry
167 Wilson Street – Apt. 2
Bridgeport, CT 06605

Dear Mr. Irizarry:

As we discussed in our conversation, I am enclosing the form that you need to complete so we can process your request for the return of your pension contributions with interest. The value of this fund is \$6,787.19. When you choose to have the funds distributed, you forfeit any further benefits from the plan.

Please note that since you have elected to receive a return of your contributions, you will have 20% withheld for federal and state taxes. In addition, you will be liable for a 10% early withdrawal penalty fee when you file your income taxes for 2011.

If you decide to roll the distribution into an IRA, you will avoid paying the penalty and the 20% for federal and state taxes.

Please complete and sign the Traditional Distribution Request form where indicated and return to me in the enclosed envelope. If you have any questions, please do not hesitate to contact me at 203-452-5009.

Very truly yours,

A handwritten signature in cursive script that reads "Phyllis Collier".

Phyllis Collier
Administrative Assistant

Enc.

corrected & entered
9-19-2011



Traditional Distribution Request

Plan Name TOWN OF TRUMBULL	Paygroup #
--------------------------------------	------------

SECTION 1: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: Geraldine Cristiano		Phone #: (203) 261-8226
	Social Security Number: 054-32-9404		Date of Birth: 07/15/1941
	(NOTE: If no Date of Birth provided, IRS code defaults to premature distribution indicating 10% IRS penalty due when filing 1040 form.)		
	Address: 105 Hurd Avenue		
	Address:		
	City: Trumbull	State: CT	Zip Code: 06611
Reason for Distribution	<input type="checkbox"/> Partial <input checked="" type="checkbox"/> Retirement/Termination <input type="checkbox"/> QDRO <input checked="" type="checkbox"/> Total <input type="checkbox"/> Minimum Distribution <input type="checkbox"/> Death Benefit (ATTACH DEATH CERTIFICATE) <input type="checkbox"/> Forced Out <input type="checkbox"/> Disability Date of Death _____/_____/_____ <input type="checkbox"/> <input type="checkbox"/> Hardship <input type="checkbox"/> In-service Withdrawal <input type="checkbox"/> Load Default <input type="checkbox"/> Refund of Employee Contributions		
	(IF DEATH BENEFIT, COMPLETE THE NEXT SECTION) TAXABLE YEAR 2011		
Beneficiary Data (If applicable, Death Benefit Payment) # _____ of _____	Name: _____		Relationship: _____
	Social Security Number: _____		
	Address: _____		
	Address: _____		
	City: _____		State: _____ Zip Code: _____
Payment Method	<input type="checkbox"/> Direct Rollover of my entire distribution into an IRA or Qualified Plan. <input checked="" type="checkbox"/> Entire distribution to participant. <input type="checkbox"/> Pay \$ _____ of my distribution to me and pay \$ _____ of my distribution as Direct Rollover.		
	(IF ROLLOVER, NEXT SECTION MUST BE COMPLETED)		
Rollover Information (All rollover checks are sent to participant's address, unless Wachovia is payee)	Select <u>one</u> of the following: <input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will accept the rollover of my entire distribution (including the <u>non-taxable portion</u> , if applicable). <input checked="" type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will <u>not</u> accept the rollover of the non-taxable portion of my distribution, and I understand that the non-taxable portion of my distribution will be made payable to me.		
	Institution/Plan Name: _____		
	Address: _____		
	Address: _____		
	ATTN: _____	ACCT #: _____	
Tax Withholding (Substitute W-4P)	Check one of the following (FEDERAL TAXES) <input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld <input type="checkbox"/> I want to have \$ _____ (Federal) withheld <input type="checkbox"/> I want to have _____% (Federal) withheld		Check one of the following (STATE TAXES) State of Withholding: <u>CT</u> <input type="checkbox"/> I Do Not want State Income Tax Withheld <input checked="" type="checkbox"/> I Do want State Income Tax Withheld <input type="checkbox"/> I want to have \$ _____ (State) withheld <input type="checkbox"/> I want to have _____% (State) withheld

The distribution to be received may be subject to MANDATORY 20% federal tax withholding. Withholding will only apply to the portion of the distribution that is included in your income subject to federal income tax. If the distribution is not subject to the MANDATORY federal tax you may elect not to withhold federal income tax from your distribution. If you elect not to have federal income tax withheld or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. A change CANNOT be made to your federal income tax withholding election once a distribution is processed. Since Wells Fargo cannot advise participants on tax matters we recommend you consult your tax advisor prior to authorizing this distribution. Certain states may require mandatory state tax withholding.

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distributions and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

Geraldine Cristiano Participant Signature / Beneficiary Signature Date: 9-15-11

SECTION 2: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

1099 - R INFORMATION	HIRE DATE	PARTICIPATION DATE	TERMINATION DATE	OR	RETIREMENT DATE	
	12/19/2005	07/01/2009	08/15/2011			
Fund Breakdown	Account #	Total Amount	Distribution Amount	CASH PORTION		
		916.71		Taxable Amount:	\$ 916.71	
				After-Tax Amount:	\$ _____	
				Pre-87 After-Tax:	\$ _____	
			Post-86 After-Tax:	\$ _____		
			Other Non-Taxable:	\$ _____		
			Outstanding Loan Amount:	\$ _____		
TOTALS:		916.71				
Mailing Instructions (If no selection provided, checks will be mailed to participant)	Rollover check to: <input type="checkbox"/> Company <input type="checkbox"/> Participant <input type="checkbox"/> Rollover Institution Mail participant check(s) to: <input type="checkbox"/> Company <input checked="" type="checkbox"/> Participant <input type="checkbox"/> Other					
	Special Instructions: _____					
	Mail Carrier: <input type="checkbox"/> Airborne <input type="checkbox"/> Federal Express <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Regular					

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for amounts over \$5,000.00 and QDROs.

Maura T. Pius Plan Administrator Signature (Required on all payments) Date: 9/13/2011

Prepared by: P. Collier

Approved by: *Nova T. L.* 9/9/2011

Geraldine Cristiano
105 Hurd Road
Trumbull, CT 06611

DOB 7/15/1941
DOH 5/27/2008 FT .
DOR 8/15/2011 .

	FY	CONTRIB.	5% INTEREST	TOTAL
	6/30/2010		0.00	426.92
	7/1/10 - 6/30/11	457.12	(1) 21.35	905.39
	7/1/11 - 9/30/11	-	(2) 11.32	916.71
	Total due: \$916.71			

- (1) Interest is calculated on \$ 426.92 for 12 months
- (2) Interest is calculated on \$ 905.39 for 3 months

*This Is Your Statement Of
Estimated Retirement Benefits*

Geraldine Cristiano

**TOWN OF TRUMBULL
RETIREMENT PLAN FOR BOARD OF EDUCATION EMPLOYEES**

Bi-Annual Benefit Statement as of July 1, 2010

(See reverse side for more information about how these amounts were determined.)

DATA SUMMARY			
Name	Geraldine Cristiano	Social Security Number	xxx-xx-9404
Date of Birth	07/15/1941	Credited Service Date	05/27/2008
Normal Retirement Date*	08/01/2017	Current Plan Salary	\$12,196.04
Years of Credited Service at Normal Retirement Date*	9	Years of Service to 07/01/2010	
		Credited Service	2
		Vesting Service	2

VESTING		
Current Vesting Percentage	0%	If you are NOT 100% VESTED, assuming that you continue with your current work schedule, you may expect your pension benefit to become 100% vested as follows:
		100% vested by 11/27/2017

PENSION BENEFITS ACCRUED TO DATE	
PAYABLE AT NORMAL RETIREMENT	
Accrued Pension	\$488/yr.
Vested Accrued Pension	\$0/yr.
Vested Pension as a Percentage of Current Plan Salary	0%

PROJECTED RETIREMENT INCOME - <i>Based on Current Plan Salary</i>	
Projected Pension Payable at Your Normal Retirement Date*	\$1,976/yr.
Pension as a Percentage of Current Plan Salary	16%
Estimated Social Security Benefit Payable at Age 65*	\$11,280/yr.

YOUR CONTRIBUTIONS TO THE PLAN	
Amount You Contributed during the Past Year	\$426.92
Your Total Contributions with Interest	\$426.92

* or 07/01/2010, if later.

PRE-RETIREMENT DEATH BENEFITS

If you die before retirement, the balance of your employee contributions, plus interest, will be payable to your designated beneficiary.

Town of Trumbull

CONNECTICUT



September 8, 2011

Geraldine Cristiano
105 Hurd Road
Trumbull, CT 06611

Dear Geraldine:

As we discussed in our conversation, I received your Employment Verification information from the Board of Education and you are not eligible to receive a pension since you were not a full time employee for five years. However, you are entitled to receive your pension plan contributions with interest.

I am enclosing the form that you need to complete so we can process your request for the return of your pension contributions with interest. The value of this fund is \$916.71. When you choose to have the funds distributed, you forfeit any further benefits from the plan.

Please note that 20% will be withheld for federal and state taxes. In addition, you may be liable for a 10% early withdrawal penalty fee when you file your income taxes for 2011.

If you decide to roll the distribution into an IRA, you will avoid paying the penalty and the 20% for federal and state taxes.

Please complete and sign the Traditional Distribution Request form where indicated and return to me in the enclosed envelope. If you have any questions, please do not hesitate to contact me at 203-452-5009.

Very truly yours,

A handwritten signature in cursive script that reads "Phyllis Collier".

Phyllis Collier
Finance Department

Traditional Distribution Request

Plan Name Town of Trumbull	Paygroup #
-------------------------------	------------

SECTION 1: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: Maria Goncalves	Phone #:
	Social Security Number: 045-50-7575	Date of Birth: 12/08/1953
	(NOTE: If no Date of Birth provided, IRS code defaults to premature distribution indicating 10% IRS penalty due when filing 1040 form.)	
	Address: 333 Vincellette Street, Unit 145	
Address:		
City: Bridgeport		State: CT Zip Code: 06606
Reason for Distribution	<input type="checkbox"/> Partial <input type="checkbox"/> Retirement/Termination <input type="checkbox"/> QDRO <input type="checkbox"/> Total <input type="checkbox"/> Minimum Distribution <input checked="" type="checkbox"/> Death Benefit (ATTACH DEATH CERTIFICATE) <input type="checkbox"/> Forced Out <input type="checkbox"/> Disability Date of Death 01 / 24 / 2009 <input type="checkbox"/> Load Default <input type="checkbox"/> Hardship <input type="checkbox"/> In-service Withdrawal <input type="checkbox"/> <input type="checkbox"/> Refund of Employee Contributions	
	(IF DEATH BENEFIT, COMPLETE THE NEXT SECTION) TAXABLE YEAR	
Beneficiary Data (If applicable, Death Benefit Payment) # <u> </u> of <u> </u>	Name: Jason D. Goncalves	Relationship: son
	Social Security Number: 045-78-0032	
	Address: 159 Plattsville Road	
	Address:	
Address:		
City: Trumbull		State: CT Zip Code: 06611
Payment Method	<input type="checkbox"/> Direct Rollover of my entire distribution into an IRA or Qualified Plan. <input checked="" type="checkbox"/> Entire distribution to participant. <input type="checkbox"/> Pay \$ <u> </u> of my distribution to me and pay \$ <u> </u> of my distribution as Direct Rollover. (IF ROLLOVER, NEXT SECTION MUST BE COMPLETED)	
Rollover Information (All rollover checks are sent to participant's address, unless Wachovia is payee)	Select <u>one</u> of the following: <input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will accept the rollover of my entire distribution (including the <u>non-taxable portion</u> , if applicable). <input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will <u>not</u> accept the rollover of the non-taxable portion of my distribution, and I understand that the non-taxable portion of my distribution will be made payable to me.	
	Institution/Plan Name:	
	Address:	
	Address:	
ATTN:		ACCT #:
Tax Withholding (Substitute W-4P)	Check one of the following (FEDERAL TAXES) <input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld <input type="checkbox"/> I want to have \$ <u> </u> (Federal) withheld <input type="checkbox"/> I want to have <u> </u> % (Federal) withheld	
	Check one of the following (STATE TAXES) State of Withholding: <u>CT</u> <input type="checkbox"/> I Do Not want State Income Tax Withheld <input checked="" type="checkbox"/> I Do want State Income Tax Withheld <input type="checkbox"/> I want to have \$ <u> </u> (State) withheld <input type="checkbox"/> I want to have <u> </u> % (State) withheld	

The distribution to be received may be subject to MANDATORY 20% federal tax withholding. Withholding will only apply to the portion of the distribution that is included in your income subject to federal income tax. If the distribution is not subject to the MANDATORY federal tax you may elect not to withhold federal income tax from your distribution. If you elect not to have federal income tax withheld or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. A change CANNOT be made to your federal income tax withholding election once a distribution is processed. Since Wells Fargo cannot advise participants on tax matters we recommend you consult your tax advisor prior to authorizing this distribution. Certain states may require mandatory state tax withholding.

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distributions and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

X _____ Date _____
Participant Signature / Beneficiary Signature

SECTION 2: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

1099 - R INFORMATION	HIRE DATE	PARTICIPATION DATE	TERMINATION DATE	OR	RETIREMENT DATE
	09/09/2002	07/01/2004	01/24/2009		
Fund Breakdown	Account #	Total Amount	Distribution Amount	CASH PORTION	
		993.57		Taxable Amount:	\$ 993.57
				After-Tax Amount:	\$
				Pre-87 After-Tax:	\$
			Post-86 After-Tax:	\$	
			Other Non-Taxable:	\$	
	TOTALS:	993.57		Outstanding Loan Amount:	\$
Mailing Instructions (If no selection provided, checks will be mailed to participant)	Rollover check to: <input type="checkbox"/> Company <input type="checkbox"/> Participant <input type="checkbox"/> Rollover Institution Mail participant check(s) to: <input type="checkbox"/> Company <input type="checkbox"/> Participant <input checked="" type="checkbox"/> Other Special Instructions: Beneficiary to receive check c/o attorney: Wayne R. Sharnick, Rubens & Lazinger, LLC, P.O. Box 1555, Bridgeport, CT 06601-2552 Mail Carrier: <input type="checkbox"/> Airborne <input type="checkbox"/> Federal Express <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Regular				

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for amounts over \$5,000.00 and QDROs.

X _____ 11/07/2011
Plan Administrator Signature (Required on all payments) Date

Traditional Distribution Request

Plan Name Town of Trumbull	Paygroup #
-------------------------------	------------

SECTION 1: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: Maria Goncalves	Phone #:
	Social Security Number: 045-50-7575	Date of Birth: 12/08/1953
	(NOTE: If no Date of Birth provided, IRS code defaults to premature distribution indicating 10% IRS penalty due when filing 1040 form.)	
	Address: 333 Vincellette Street, Unit 145	
Address:		
City: Bridgeport		State: CT Zip Code: 06606
Reason for Distribution	<input type="checkbox"/> Partial <input type="checkbox"/> Retirement/Termination <input type="checkbox"/> QDRO <input type="checkbox"/> Total <input type="checkbox"/> Minimum Distribution <input checked="" type="checkbox"/> Death Benefit (ATTACH DEATH CERTIFICATE) <input type="checkbox"/> Forced Out <input type="checkbox"/> Disability Date of Death 01 / 24 / 2009 <input type="checkbox"/> <input type="checkbox"/> Hardship <input type="checkbox"/> In-service Withdrawal <input type="checkbox"/> Load Default <input type="checkbox"/> Refund of Employee Contributions	
	(IF DEATH BENEFIT, COMPLETE THE NEXT SECTION) TAXABLE YEAR	
Beneficiary Data (If applicable, Death Benefit Payment) # of	Name: Laura A. Goncalves	Relationship: daughter
	Social Security Number: 042-88-9047	
	Address: 115 Harral Avenue	
	Address:	
City: Bridgeport		State: CT Zip Code: 06604
Payment Method	<input type="checkbox"/> Direct Rollover of my entire distribution into an IRA or Qualified Plan. <input checked="" type="checkbox"/> Entire distribution to participant. <input type="checkbox"/> Pay \$ of my distribution to me and pay \$ of my distribution as Direct Rollover. (IF ROLLOVER, NEXT SECTION MUST BE COMPLETED)	
Rollover Information (All rollover checks are sent to participant's address, unless Wachovia is payee)	Select one of the following: <input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will accept the rollover of my entire distribution (including the non-taxable portion, if applicable). <input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will not accept the rollover of the non-taxable portion of my distribution, and I understand that the non-taxable portion of my distribution will be made payable to me.	
	Institution/Plan Name:	
	Address:	
	Address:	
ATTN:		ACCT #:
Tax Withholding (Substitute W-4P)	Check one of the following (FEDERAL TAXES) Check one of the following (STATE TAXES) State of Withholding: CT	
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input type="checkbox"/> I Do Not want State Income Tax Withheld <input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld <input checked="" type="checkbox"/> I Do want State Income Tax Withheld <input type="checkbox"/> I want to have \$ (Federal) withheld <input type="checkbox"/> I want to have \$ (State) withheld <input type="checkbox"/> I want to have % (Federal) withheld <input type="checkbox"/> I want to have % (State) withheld	

The distribution to be received may be subject to MANDATORY 20% federal tax withholding. Withholding will only apply to the portion of the distribution that is included in your income subject to federal income tax. If the distribution is not subject to the MANDATORY federal tax you may elect not to withhold federal income tax from your distribution. If you elect not to have federal income tax withheld or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. A change CANNOT be made to your federal income tax withholding election once a distribution is processed. Since Wells Fargo cannot advise participants on tax matters we recommend you consult your tax advisor prior to authorizing this distribution. Certain states may require mandatory state tax withholding.

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distributions and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

X Participant Signature / Beneficiary Signature _____ Date _____

SECTION 2: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

1099 - R INFORMATION	HIRE DATE	PARTICIPATION DATE	TERMINATION DATE	OR	RETIREMENT DATE
	09/09/2002	07/01/2004	01/24/2009		
Fund Breakdown	Account #	Total Amount	Distribution Amount	CASH PORTION	
		993.57		Taxable Amount:	\$ 993.57
				After-Tax Amount:	\$
				Pre-87 After-Tax:	\$
			Post-86 After-Tax:	\$	
			Other Non-Taxable:	\$	
	TOTALS:	993.57		Outstanding Loan Amount:	\$
Mailing Instructions (If no selection provided checks will be mailed to participant)	Rollover check to: <input type="checkbox"/> Company <input type="checkbox"/> Participant <input type="checkbox"/> Rollover Institution Mail participant check(s) to: <input type="checkbox"/> Company <input type="checkbox"/> Participant <input checked="" type="checkbox"/> Other Special Instructions: Beneficiary to receive check c/o attorney: Wayne R. Sharnick, Rubens & Lazinger, LLC, P.O. Box 1555, Bridgeport, CT 06601-2552 Mail Carrier: <input type="checkbox"/> Airborne <input type="checkbox"/> Federal Express <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Regular				

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for amounts over \$5,000.00 and QDROs.

X Maria T. Goncalves _____ 11/07/2011
 Plan Administrator Signature (Required on all payments) Date

Traditional Distribution Request

Plan Name Town of Trumbull	Paygroup #
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SECTION 1: TO BE COMPLETED BY PARTICIPANT/BENEFICIARY (PLEASE PRINT)

Participant Data	Name: Maria Goncalves	Phone #:
	Social Security Number: 045-50-7575	Date of Birth: 12/08/1953
	(NOTE: If no Date of Birth provided, IRS code defaults to premature distribution indicating 10% IRS penalty due when filing 1040 form.)	
	Address: 333 Vincellette Street, Unit 145	
	Address:	
	City: Bridgeport	State: CT Zip Code: 06606
Reason for Distribution	<input type="checkbox"/> Partial <input type="checkbox"/> Retirement/Termination <input type="checkbox"/> QDRO <input type="checkbox"/> Total <input type="checkbox"/> Minimum Distribution <input checked="" type="checkbox"/> Death Benefit (ATTACH DEATH CERTIFICATE) <input type="checkbox"/> Forced Out <input type="checkbox"/> Disability Date of Death <u>01 / 24 / 2009</u> <input type="checkbox"/> Hardship <input type="checkbox"/> In-service Withdrawal <input type="checkbox"/> Load Default <input type="checkbox"/> Refund of Employee Contributions	
	(IF DEATH BENEFIT, COMPLETE THE NEXT SECTION) TAXABLE YEAR _____	
Beneficiary Data (If applicable, Death Benefit Payment) # _____ of _____	Name: Matthew J. Goncalves	Relationship: son
	Social Security Number: 042-88-9283	
	Address: 115 Harral Avenue	
	Address:	
	Address:	
	City: Bridgeport	State: CT Zip Code: 06604
Payment Method	<input type="checkbox"/> Direct Rollover of my entire distribution into an IRA or Qualified Plan. <input checked="" type="checkbox"/> Entire distribution to participant. <input type="checkbox"/> Pay \$ _____ of my distribution to me and pay \$ _____ of my distribution as Direct Rollover. (IF ROLLOVER, NEXT SECTION MUST BE COMPLETED)	
	Select <u>one</u> of the following: <input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will accept the rollover of my entire distribution (including the non-taxable portion , if applicable). <input type="checkbox"/> I have verified that the receiving IRA, Qualified Plan, Section 403(b) Plan or Governmental 457 Plan will not accept the rollover of the non-taxable portion of my distribution, and I understand that the non-taxable portion of my distribution will be made payable to me.	
Rollover Information (All rollover checks are sent to participant's address, unless Wachovia is payee)	Institution/Plan Name: _____	
	Address: _____	
	Address: _____	
	ATTN: _____	ACCT #: _____
Tax Withholding (Substitute W-4P)	Check one of the following (FEDERAL TAXES) <input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld <input type="checkbox"/> I want to have \$ _____ (Federal) withheld <input type="checkbox"/> I want to have _____ % (Federal) withheld	Check one of the following (STATE TAXES) State of Withholding: <u>CT</u> <input type="checkbox"/> I Do Not want State Income Tax Withheld <input checked="" type="checkbox"/> I Do want State Income Tax Withheld <input type="checkbox"/> I want to have \$ _____ (State) withheld <input type="checkbox"/> I want to have _____ % (State) withheld

The distribution to be received may be subject to MANDATORY 20% federal tax withholding. Withholding will only apply to the portion of the distribution that is included in your income subject to federal income tax. If the distribution is not subject to the MANDATORY federal tax you may elect not to withhold federal income tax from your distribution. If you elect not to have federal income tax withheld or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. A change CANNOT be made to your federal income tax withholding election once a distribution is processed. Since Wells Fargo cannot advise participants on tax matters we recommend you consult your tax advisor prior to authorizing this distribution. Certain states may require mandatory state tax withholding.

I have received and read the Special Tax Notice and Distribution Election Notice regarding plan distributions and understand the taxability of this distribution. I understand that I may elect to receive my distribution immediately but that I may consider the decision of whether or not to elect a distribution or a direct rollover distribution for at least 30 days after the notice has been provided to me. I hereby elect to receive a distribution in accordance with the terms of this request as soon as administratively feasible.

X _____ Date _____
Participant Signature / Beneficiary Signature

SECTION 2: TO BE COMPLETED BY PLAN SPONSOR/RECORDKEEPER. INCOMPLETE DATA WILL DELAY PROCESSING.

1099 - R INFORMATION	HIRE DATE	PARTICIPATION DATE	TERMINATION DATE	OR	RETIREMENT DATE
	09/09/2002	07/01/2004	01/24/2009		
Fund Breakdown	Account #	Total Amount	Distribution Amount	CASH PORTION	
		993.57		Taxable Amount:	\$ 993.57
				After-Tax Amount:	\$ _____
				Pre-87 After-Tax:	\$ _____
			Post-86 After-Tax:	\$ _____	
			Other Non-Taxable:	\$ _____	
	TOTALS:	993.57		Outstanding Loan Amount:	\$ _____
Mailing Instructions (If no selection provided, checks will be mailed to participant)	Rollover check to:	<input type="checkbox"/> Company <input type="checkbox"/> Participant <input type="checkbox"/> Rollover Institution			
	Mail participant check(s) to:	<input type="checkbox"/> Company <input type="checkbox"/> Participant <input checked="" type="checkbox"/> Other			
	Special Instructions:	Beneficiary to receive check c/o attorney: Wayne R. Sharnick, Rubens & Lazinger, LLC, P.O. Box 1555, Bridgeport, CT 06601-2552			
	Mail Carrier:	<input type="checkbox"/> Airborne <input type="checkbox"/> Federal Express <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Regular			

Distribution Authorization: Plan Administrator authorizes and directs the above payment and certifies that all required notifications and documents have been provided to the Participant and are in accordance with plan provisions and IRS, DOL and ERISA requirements. If applicable, Plan Administrator further certifies receipt and retention of Election to Waive Joint & Survivor Annuity and Spouse's Consent to Waiver. If applicable, Plan Administrator represents that written participant consent has been obtained for amounts over \$5,000.00 and QDROs.

X _____ 11/07/2011
Plan Administrator Signature (Required on all payments) Date

Reviewed by
MTP, 11/8/2011

MARIA GONCALVES							
DOH	9/9/2002						
DOT	1/24/2009 (Deceased)						
			FY	CONTRIB.	5% INTEREST		TOTAL
Balance from Benefit Statement			6/30/2005	503.12			503.12
			6/30/2006	520.60	(1) 25.16		1,048.88
			6/30/2007	536.40	(2) 52.44		1,637.72
			6/30/2008	556.32	(3) 81.89		2,275.93
			6/30/2009	269.55	(4) 113.80		2,659.28
			6/30/2010	0.00	(5) 132.96		2,792.24
			6/30/2011	0.00	(6) 139.61		2,931.85
	REVISED		7/1-10/31/11	0.00	(7) 48.86		2,980.71
Beneficiaries							
	Jason Delmar Goncalves	#045-78-0032					993.57
	Laura Ashley Goncalves	#042-88-9047					993.57
	Matthew Joseph Goncalves	#042-88-9283					993.57
							2980.71
(1)	Interest is calculated on \$503.12 No interest is calculated on the current year's contributions.						
(2)	Interest is calculated on \$1,048.88.						
(3)	Interest is calculated on \$1,637.72						
(4)	Interest is calculated on \$2,275.93						
(5)	Interest is calculated on \$2,659.28						
(6)	Interest is calculated on \$2,792.24						
(7)	Interest is calculated on \$2,931.85 for 4 months						

H: Maria Goncalves

MEMORANDUM

FROM THE PERSONNEL OFFICE

DATE: March 12, 2010
TO: Gail Bokine
FROM: Joann Perkowski Personnel Support Specialist
RE: Total Pension Contributions

This is to certify that Ms. Maria Goncalves was employed as a Health Aide for the Trumbull Board of Education.

The information listed below is correct:

Employee Number:	934	Hire Date:	9/9/02
Social Security Number:	045-50-7575	Termination Date:	1/24/09 (deceased)
Date of Birth:	12/8/53		

TOTAL PENSION CONTRIBUTIONS

CONTRIBUTIONS

MONTH/YEAR WORKED

\$269.55	7/1/08-1/24/09
\$556.32	7/1/07-6/30/08
\$536.40	7/1/06-6/30/07
\$520.60 ✓	7/1/05-6/30/06
\$503.12 ✓	7/1/04-6/30/05

ANNUAL SALARY FOR LAST FOUR YEARS

SALARY

MONTH/YEAR WORKED

\$7,701.44	7/1/08-1/24/09
\$15,898.47	7/1/07-6/30/08
\$15,325.60	7/1/06-6/30/07
\$14,875.10	7/1/05-6/30/06
\$14,377.03	7/1/04-6/30/05

*This Is Your Statement Of
Estimated Retirement Benefits*

Maria Goncalves

**TOWN OF TRUMBULL
RETIREMENT PLAN FOR BOARD OF EDUCATION EMPLOYEES**

Bi-Annual Benefit Statement as of July 1, 2008

(See reverse side for more information about how these amounts were determined.)

DATA SUMMARY

Name	Maria Goncalves	Social Security Number	xxx-xx-7575
Date of Birth	12/08/1953	Credited Service Date	09/09/2002
Normal Retirement Date*	01/01/2016	Current Plan Salary	\$15,898.47
Years of Credited Service at Normal Retirement Date*	13	Years of Service to 07/01/2008	
		Credited Service	6
		Vesting Service	6

VESTING

Current Vesting Percentage	60%	If you are NOT 100% VESTED, assuming that you continue with your current work schedule, you may expect your pension benefit to become 100% vested as follows:
		100% vested by 03/09/2012

PENSION BENEFITS ACCRUED TO DATE

PAYABLE AT NORMAL RETIREMENT	
Accrued Pension	\$1,844/yr.
Vested Accrued Pension	\$1,106/yr.
Vested Pension as a Percentage of Current Plan Salary	7%

PROJECTED RETIREMENT INCOME - Based on Current Plan Salary

Projected Pension Payable at Your Normal Retirement Date*	\$4,134/yr.
Pension as a Percentage of Current Plan Salary	26%
Estimated Social Security Benefit Payable at Age 65*	\$9,324/yr.

YOUR CONTRIBUTIONS TO THE PLAN

Amount You Contributed during the Past Year	\$556.32
Your Total Contributions with Interest	\$2,276.23

* or 07/01/2008, if later

PRE-RETIREMENT DEATH BENEFITS

If you die before retirement, the balance of your employee contributions, plus interest, will be payable to your designated beneficiary.

Abriola Parkview Funeral Home

419 White Plains Rd
Trumbull, CT 06611

203-373-1013

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 - [Our History](#)
 - [Century Of Service](#)
 - [Kenneth L. Abriola](#)

Online Obituaries

Maria (Mickey) Goncalves

December 08, 1953 - January 24, 2009

Loving Mother and Grandmother

Maria M. (Mickey) Carmo Goncalves, age 55, passed away suddenly on Saturday January 24, 2009 at her home. Born on December 8, 1953 in Faioes, Portugal, she was a daughter of Carlos Carmo and Candida Vinhais Carmo of Chaves Portugal. She was an employee of the Town of Trumbull, working as a Special Education Aid at Frenchtown School. A loving mother and grandmother, Mickey will be sadly missed by her family and many dear friends. She was predeceased by a brother, To-Ze Carmo. In addition to her parents survivors include three loving and devoted children, Jason D. Goncalves and his wife Danielle of Trumbull, Matthew J. Goncalves, Laura Ashley Goncalves and their father Joseph D.



[Light a Special Candle](#)

[Printer Friendly Version](#)

Goncalves all of Bridgeport, a cherished and adored granddaughter Madison Jaye, three brothers, Carlos Carmo and his wife Dina of Bridgeport, Mario Carmo of Chaves Portugal and Rui Carmo and his wife Barbie of Stratford, a sister Minda DosSantos and her husband Tony of California and several nieces, nephews, cousins and many dear friends.

| [More](#)

Funeral Information

Funeral services will take place on Thursday January 29, 2009 at 9:00 a.m. in the Abriola Parkview Funeral Home 419 White Plains Rd, Trumbull and at 10:00 a.m. in Our Lady of Fatima Church, Bridgeport for a Mass of Christian Burial. Interment will follow in the Gate of Heaven Cemetery, Trumbull. Relatives and friends may call on Wednesday from 4-8-p.m.

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[Funeral Website](#) by [Beyond Indigo Funerals](#)

RUBENS & LAZINGER, LLC

ATTORNEYS AT LAW
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P.O. BOX 1555

BRIDGEPORT, CT 06601-1555

SAMUEL J. LAZINGER

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RAYMOND B. RUBENS
OF COUNSEL

October 24, 2011

Edward V. Walsh, Esq.
Owens, Schine & Nicola, P.C.
799 Silver Lane
P.O. Box 753
Trumbull, CT 06611

RE: Estate of Maria M. Goncalves
Retirement/Pension Plan of the Town of Trumbull

Dear Attorney Walsh:

At long last I am able to enclose the original decree from the Bridgeport Probate Court authorizing the payment of the proceeds from the retirement/pension plan of the Town of Trumbull to Maria Goncalves' three children: Jason D. Goncalves, Matthew J. Goncalves, and Laura A. Goncalves.

If it make distribution any easier, the proceeds checks, made payable to the beneficiaries, can be sent to my office.

Should you require anything further, please feel free to contact me.

Very truly yours,

RUBENS & LAZINGER, LLC

Wayne R. Sharnick

Wayne R. Sharnick

WRS/
enclosure
cc: Jason D. Goncalves

COURT OF PROBATE, Bridgeport Probate District

DISTRICT NO. PD48

ESTATE OF/IN THE MATTER OF

Maria Goncalves, AKA Maria M. Goncalves (09-0152)

At a court of probate held at the time and place of hearing set by the Court, together with any continuances thereof, as of record appears, on the fiduciary's application for allowance of the Supplemental Account of the fiduciary of said estate.

PRESENT: Hon. Paul J. Ganim, Judge

After due hearing, THE COURT FINDS that:

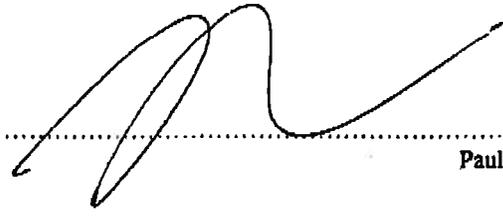
All persons known to be interested in said proceedings have received a Notice Re: Probate Application, PC-236C.
Said supplemental account dated June 2, 2011 is true.

And it is ORDERED AND DECREED that:

Said supplemental account dated June 2, 2011 is allowed and approved.

Retirement / Pension Plan of the Town of Trumbull to be distributed to Jason D. Goncalves, Matthew J. Goncalves and Laura A. Goncalves.

Dated at Bridgeport, Connecticut, this 17th day of October, 2011.



.....
Paul J. Ganim, Judge

Amended

COURT OF PROBATE
[Type or print in black ink. File in duplicate.]
[Use Second Sheet, PC-180, for additional data.]

TO: COURT OF PROBATE, DISTRICT OF Bridgeport		DISTRICT NO. 015	DATE OF APPLICATION February 11, 2009
ESTATE OF [Include all names and initials under which any asset was held.] Maria Goncalves a/k/a Maria M. Goncalves		SOCIAL SECURITY NO. 045-50-7575	DATE OF DEATH January 24, 2009
DECEDENT'S RESIDENCE AT TIME OF DEATH [Include full address.] 333 Vincellette Street, Unit 145 Bridgeport, Connecticut 06606		<input checked="" type="checkbox"/> Domicile in District [If domicile is different than residence, please explain.] <input type="checkbox"/> Other [Please explain other jurisdictional basis.] Use Second Sheet, PC-180, for explanation.	
PETITIONER [Name, address, and zip code] Jason D. Goncalves 159 Plattsville Road Trumbull, Connecticut 06611		SURVIVING SPOUSE [Name, address, and zip code. If there is no surviving spouse, so state.] None	

HEIRS, NEXT OF KIN, BENEFICIARIES, THE DECEDENT'S CONSERVATOR(S), AND TRUSTEES, if any. [Give names, addresses, zip codes, and relationships.] If heir, indicate ancestor through whom heir takes. If beneficiary, indicate paragraph of will where interest is stated or may arise. For all minors listed, give date of birth. Indicate any person who is under conservatorship, legal disability, or in the military service. C.G.S. §§45a-436, 45a-438, 45a-439.

Jason D. Goncalves (son), 159 Plattsville Road, Trumbull, CT 06611
Matthew J. Goncalves (son), 115 Harral Avenue, Bridgeport, CT 06604
Laura A. Goncalves (daughter), 115 Harral Avenue, Bridgeport, CT 06604

THE PETITIONER REPRESENTS that:

- Decedent left a will and codicil(s) herewith presented for probate, dated _____
- Decedent, after making said will and codicil(s), had a child born, or adopted a minor child, or married, or had his or her marriage dissolved by divorce or annulment. C.G.S. §§45a-257a - 257c. [Explain any checked boxes on Second Sheet, PC-180.]
- The proposed fiduciary named below is *not* the primary executor named in said will or codicil. [Explain on Second Sheet, PC-180.]
- Decedent left no will.
- One or more of the children listed above or on Second Sheet, PC-180, are *not* also the children of the surviving spouse.
- Decedent owned an interest in real property other than in survivorship in Connecticut at the time of death.

Decedent, or spouse or children of the decedent did did not ever receive aid or care from the State of Connecticut. [If affirmative, check appropriate box(es).] State of Connecticut Department of Veterans' Affairs. C.G.S. §45a-355.

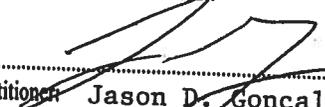
The estimated value of (a) personal property is \$ 60,000.00 (b) gross taxable estate is \$ 210,000.00
(c) wrongful death claim is \$ N/A

All the foregoing data is true and complete to the best of his or her knowledge and belief, and he or she has used all proper diligence to ascertain the names and addresses of all heirs and beneficiaries. Any additional data given on Second Sheet, PC-180, is made a part hereof.

WHEREFORE, THE PETITIONER REQUESTS that said will and codicils, if any, be approved and admitted to probate and that either letters testamentary be issued or letters of administration be granted to the below-named proposed fiduciary.

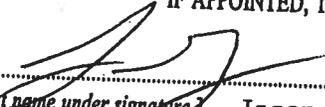
The representations contained herein are made under the penalties of false statement.

Date: February 11, 2009


Petitioner Jason D. Goncalves

PROPOSED FIDUCIARY

IF APPOINTED, I WILL ACCEPT SAID POSITION OF TRUST.

Signature 
[Type or print name under signature] Jason D. Goncalves

Address and zip code: 159 Plattsville Road, Trumbull, CT 06611

Fiduciary is is not a resident of the State of Connecticut.

Fiduciary is is not a resident of the State of Connecticut.

Telephone number: 203 371 4303

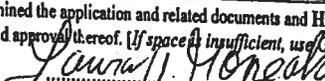
Telephone number:

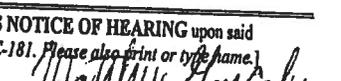
ATTORNEY FOR PROPOSED FIDUCIARY [Name, address, zip code, telephone number, Conn. Bar Juris No.]

Wayne R. Sharnick, Rubens & Lazinger, LLC, Juris No. 52120
295 Congress Street, PO Box 1555, Bridgeport, CT 06601-1555 (203 368 2515)

Each of the undersigned represents that he or she has examined the application and related documents and HEREBY WAIVES NOTICE OF HEARING upon said application and has NO OBJECTION to the granting and approval thereof. [If space is insufficient, use General Waiver, PC-181. Please also print or type name.]


Jason D. Goncalves


Laura A. Goncalves


Matthew J. Goncalves