

**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 Wednesday, August 31, 2011 at 7:30 P.M. in the Trumbull Town Hall.

A G E N D A

1. Call to Order
2. Approval of Minutes - July 12, 2011
3. Investment Update (Chris Kachmar)
4. Wilmington Trust Update (Ed Walsh and Maria Pires)
 - Letters sent to Pensioners
 - Errors and Omissions and Insurance Policy
 - Pension Claims pursuit with Wilmington

5. Approval of Pension Benefits:

Grillo, Joseph E.	eff. 6/1/2011	\$1,143.51
Augustus, Symbberth	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

6. 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

7. Audit Letter from Wells Fargo - The Berwyn Group Dated May 6, 2011
8. Any Other Business
9. Adjournment

**Pension Board
Minutes
July 12, 2011**

CALL TO ORDER

Chairman Michael Charland called the Pension Board meeting to order at 7:35 p.m. at the Town Hall, Trumbull, Connecticut.

Members present and absent were as follows:

PRESENT

Chairman Michael Charland
Maria Pires
Donna Pellitteri
William Schietinger
Michael Knight
James Lavin

ABSENT

John Ponzio

Also Present:

Ed Walsh, Esq.

PUBLIC COMMENT

There was no public comment.

APPROVAL OF MINUTES - May 10, 2011

The Chair moved to approve the minutes of the May 10, 2011 meeting. It was noted that the name Levin be changed to Lavin. Mr. Schietinger moved, seconded by Mrs. Pires to approve the minutes as amended. The motion carried 6-0 (absent: Ponzio).

WILMINGTON TRUST LITIGATION UPDATE

The Chair turned the meeting over to Attorney Walsh. Attorney Walsh indicated that he reviewed the Trust Agreement with Wilmington Trust and there was no arbitration clause. There is a clause indicating that it is a directed trust, which means that the control is more with the Town than with the Trustee. Wilmington's position is that the Town is fully responsible, and Attorney Walsh is quite sure after speaking with them that they will not pay. He is looking to get the Pension Board's approval to file letters against each individual. He strongly suggested the Board go into executive session for further discussion.

At 7:40 p.m., Mrs. Pellitteri moved, and Mr. Lavin seconded, that the Board go into executive session.
Vote: 6/0

At 8:45 p.m., Mr. Lavin moved, and Mrs. Pires seconded, that the Board come out of executive session.
Vote: 6/0

Mr. Lavin moved, and Mrs. Pires seconded, that the towns counsel send the appropriate letters to any pensioner that has received overpayment. Vote: 6/0/1 (Abstention: Knight)

Mr. Schietinger moved, and Mrs. Pellitteri seconded, that the on the advice of counsel we continue to pursue Wilmington Trust in regards to any of the pension claims short of any legal expenses. Vote: 6/0

Mrs. Pires moved, and Mr. Lavin seconded, that we research the errors and omissions and the insurance policy. Vote: 6/0

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TOWN OF TRUMBULL RECORDS

The Chair requested that an update on each of these motions to be added to the August 23, 2011 meeting agenda.

ADJOURNMENT

There being no further business to discuss, the Pension Board adjourned by unanimous consent at 8:50 p.m.

Respectfully Submitted,

Phyllis Collier
Clerk, Pension Board

Town of Trumbull

	Q3 08	Q4 08	Q1 09	Q2 09	Q3 09	Q4 09	Q1 2010	Q2 10	Q3 10	Q4 10	Q1 11	Q2 11	Inception to date
Employee Contributions	458,761	180,367	214,642	185,690	154,408	202,068	184,090	176,317	157,088	203,099	195,184	216,568	2,528,283
Town Contributions	148,640	456,250	456,250	456,250	506,250	506,250	506,250	517,143	581,250	581,250	581,250	581,250	5,878,283
Total Contributions	607,401	636,617	670,892	641,940	660,658	708,318	690,340	693,461	738,338	784,349	776,434	797,818	8,406,566
Benefit Payments	(918,060)	(723,259)	(785,677)	(610,820)	(959,738)	(793,299)	(824,647)	(986,026)	(886,842)	(901,713)	(911,381)	(899,431)	(10,200,892)
Plan Expenses	(36,578)	(30,300)	(28,052)	(29,569)	(32,730)	(12,684)	(40,335)	(25,028)	(2,649)	(20,164)	(2,782)	(2,878)	(263,748)
Total Payments & Expenses	(954,637)	(753,559)	(813,729)	(640,389)	(992,468)	(805,983)	(864,982)	(1,011,054)	(889,492)	(921,877)	(914,162)	(902,309)	(10,464,641)
Net Cashflows	(347,237)	(116,941)	(142,836)	1,552	(331,810)	(97,666)	(174,642)	(317,593)	(151,154)	(137,528)	(137,728)	(104,491)	(2,058,074)
Market Value	16,700,443	14,252,707	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	
Net Contributions Annual Rate	-8.32%	-3.28%	-4.32%	0.04%	-8.10%	-2.32%	-4.04%	-7.92%	-3.48%	-3.00%	-2.91%	-2.21%	

Town of Trumbull Employee Pension Plan

Executive Summary

Second Quarter 2011



One Hundred Northfield Drive

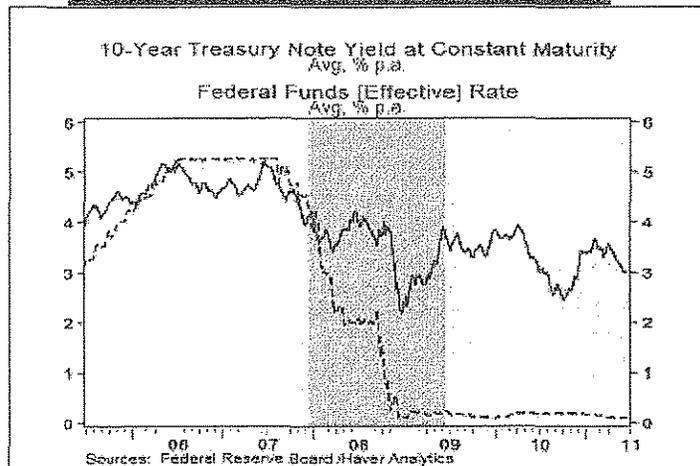
Windsor, CT 06095

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.

Short Term Rates



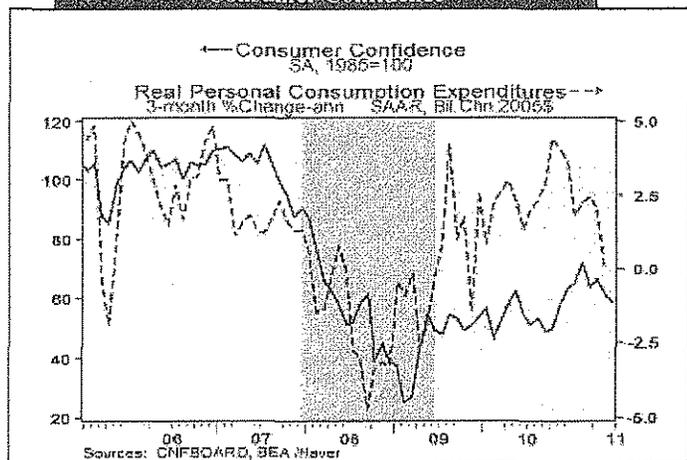
• The majority of economic data released in the quarter hinted at a **slackening economy**. Coupled with a flare-up of the debt crisis in Greece, the supply chain disruptions brought about by the earthquake in Japan, and Washington debt ceiling concerns, **investor risk aversion increased** markedly.

• While the Federal Open Market Committee, as expected, left **short term rates unchanged**, it did acknowledge that the **recovery is proceeding at a slower than expected pace** due to factors deemed temporary; namely, higher energy and food costs curtailing consumer spending and supply chain interruptions.

• The **Index of Leading Indicators** provided mixed results in the quarter (falling unexpectedly in April while achieving much better than expected results in May). High claims for unemployment insurance and lower building permits impeded April activity while a wider interest rate spread and higher money supply boosted May's result.

• **Consumer confidence in the U.S. fell to a six month low** on concerns centered on future business conditions. The Conference Board reported that its index fell in May to 60.8, contrasting with an expected reading of 66.5 for the month.

Consumer Confidence



• **Policy responses throughout much of Europe have tilted to austerity**, marked by interest rate hikes to combat inflation and reductions in public spending to address budgetary shortfalls. The uncertain fate of the peripheral countries continues to generate significant uncertainty among financial market participants.

• Elsewhere in the developed world, **Japan continued to struggle** in the wake of the devastating March earthquake and tsunami, evidenced by below-consensus readings on GDP growth and trade balances.

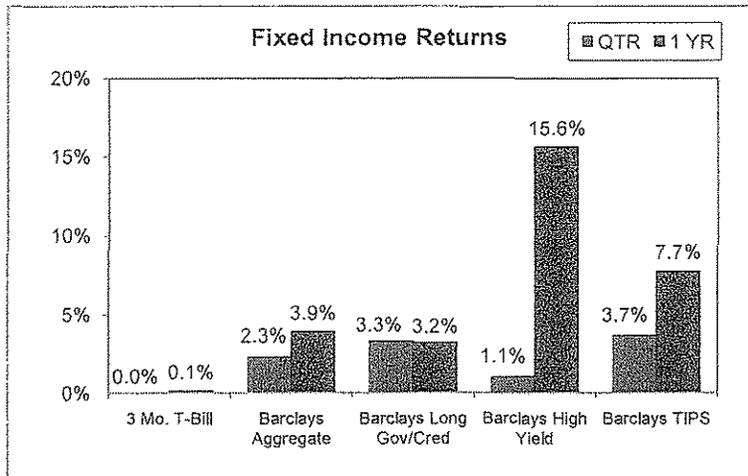
• Many of the **emerging market economies** continue to grapple with striking a balance between growth and inflation containment. Authorities have responded to concerns over inflation and asset bubbles with tighter monetary policy. **Moderating growth and declining commodity prices have recently eased inflationary concerns.**

Capital Market Returns

Second Quarter 2011

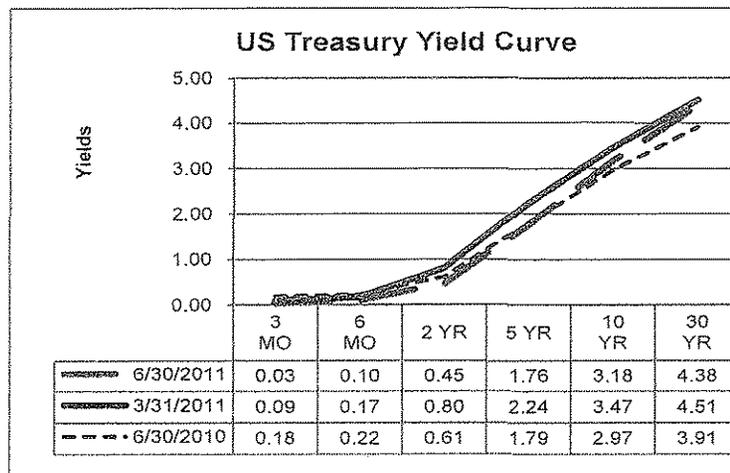
U.S. EQUITY	QUARTER	YTD	1 YEAR	3 YEAR	5 YEAR	10 YEAR
S&P 500	0.10	6.02	30.69	3.34	2.94	2.72
Russell 1000 Value	-0.50	5.92	28.94	2.28	1.15	3.99
Russell 1000 Growth	0.76	6.83	35.01	5.01	5.33	2.24
Russell Mid Cap	0.42	8.08	38.47	6.46	5.30	7.59
Russell Mid Cap Value	-0.69	6.69	34.28	6.35	4.01	8.42
Russell Mid Cap Growth	1.61	9.59	43.25	6.58	6.28	5.52
Russell 2000	-1.61	6.21	37.41	7.77	4.08	6.27
Russell 2000 Value	-2.65	3.77	31.35	7.09	2.24	7.53
Russell 2000 Growth	-0.59	8.59	43.50	8.35	5.79	4.63
Russell 3000	-0.03	6.35	32.37	4.00	3.35	3.44
NAREIT	3.63	10.19	33.59	5.24	2.53	10.63
INTERNATIONAL EQUITY	QUARTER	YTD	1 YEAR	3 YEAR	5 YEAR	10 YEAR
MSCI ACWI ex-US	0.38	3.80	29.73	-0.35	3.67	7.48
MSCI EAFE	1.56	4.98	30.36	-1.77	1.48	5.66
MSCI EAFE Value	0.98	5.58	29.35	-1.74	0.36	5.96
MSCI EAFE Growth	2.11	4.38	31.25	-1.85	2.51	5.28
MSCI EAFE Small Cap	0.85	3.84	36.41	3.26	2.32	10.09
MSCI EM (Emerging Markets)	-1.15	0.88	27.80	4.22	11.42	16.20
FIXED INCOME	QUARTER	YTD	1 YEAR	3 YEAR	5 YEAR	10 YEAR
Barclays US Aggregate Bond	2.29	2.72	3.90	6.46	6.52	5.74
Barclays US Gov/Credit Bond	2.32	2.61	3.68	6.17	6.35	5.74
Barclays Long Gov/Credit Bond	3.30	3.28	3.20	8.19	7.67	7.24
Barclays US High Yield	1.05	4.97	15.63	12.68	9.30	8.99
Barclays US TIPS	3.66	5.81	7.74	5.28	6.91	6.95
BofA ML 3-Month T-Bill	0.02	0.09	0.14	0.42	1.99	2.12
NON-TRADITIONAL	QUARTER	YTD	1 YEAR	3 YEAR	5 YEAR	10 YEAR
HFRX Global Hedge Fund	-2.51	-2.12	4.22	-3.26	-0.21	2.84
DJ-UBS Commodities	-6.73	-2.58	25.91	-11.87	-0.05	6.62

Fixed Income Review
Second Quarter 2011



- **Treasury yields fell** during the quarter, with the 10 year trading below 3% for several days before settling at 3.18%. Disappointing trends in the labor market and fears of higher energy prices led to lower growth forecasts in the U.S. These factors, combined with the continued crisis in Europe, caused investors to seek safety, further suppressing already low yields.

- **Agency MBS performed well** but were unable to keep pace with the Treasury rally. Investors seeking low beta high quality paper in the ABS sector were rewarded for their positions in credit cards and autos. The recent rally in **commercial mortgages was put on hold** during the period due to dealers reducing inventory and generally lower growth expectations.



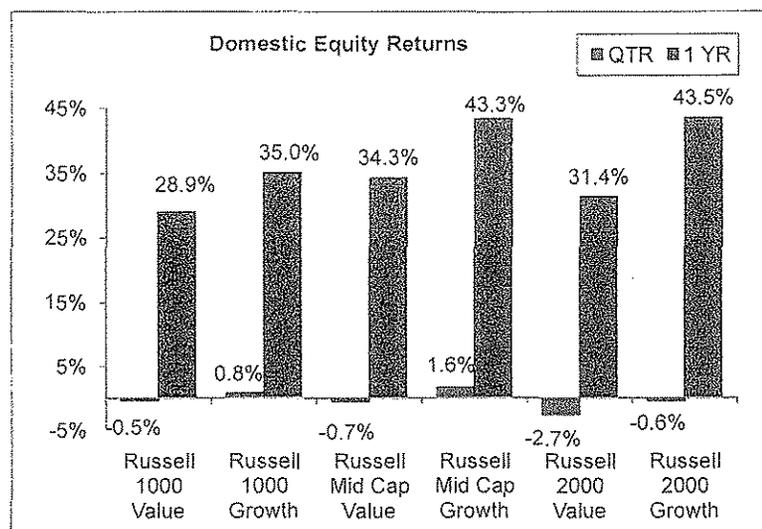
- **Corporate bonds lagged** similar maturity Treasury issues, leading to spread widening during the quarter. Good corporate earnings, strong demand, and rising equity prices early in the period were overwhelmed by macroeconomic concerns. Defensive sectors like cable, supermarkets, and food/beverage led the way while cyclical markets lagged.

- **Spreads widened in the high yield space**, as below investment grade issues posted their weakest performance in a year. Many investors shifted away from riskier assets amid the recent financial turmoil.

- **Sovereign bonds saw yield declines** similar to that of the U.S. Treasury market. Sweden and New Zealand were major beneficiaries of the declining growth expectations in many areas of the world. European issues benefitted from the passage of the Greek fiscal austerity package.

Domestic Equity Review

Second Quarter 2011



- Domestic equity markets generally trended lower in the quarter as economic growth continues to face formidable challenges from many directions. While some fundamental economic indicators showed improvement, consumers continued to worry about rising energy prices, stubbornly high unemployment and political wrangling over fiscal policy.

- Mid caps outperformed their large and small cap counterparts, with mid cap growth providing the best returns among the commonly acknowledged styles of equity investment. Small cap value equities lagged.

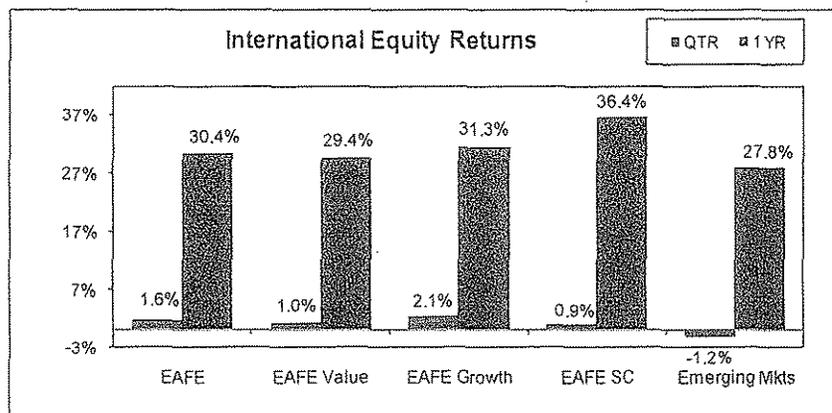
- The favorable cycle for growth stocks remains solidly intact, as large, medium and small capitalization growth stocks all outperformed their value counterparts in the quarter. Growth has been the "place to be" this year and has trumped value the last several years thanks to significant performance discrepancies among the constituent sectors within the indices. Most notably, the financial sector has been weak and proven to be a particular headwind for the value style.

- With volatility and risk aversion rising, the defensive sectors led the way during the quarter with healthcare, utilities, consumer staples, and consumer discretionary each gaining at least 3%. Conversely, the financials, energy, technology, materials, and industrials sectors finished the quarter with negative returns.

Russell 3000 Index	Weight	Return
Consumer Discretionary	11.7%	3.3%
Consumer Staples	9.0%	5.6%
Energy	11.6%	-5.1%
Financials	15.9%	-5.0%
Health Care	11.5%	6.9%
Industrials	11.8%	-1.4%
Information Technology	17.9%	-1.3%
Materials	4.5%	-1.4%
Telecom. Services	2.8%	2.4%
Utilities	3.5%	5.3%
Total	100.0%	0.0%

International Equity Review

Second Quarter 2011



• International markets were mixed during the quarter with concerns regarding the **sovereign debt crisis in Europe** dominating the headlines. Similar to last quarter, developed markets were able to outperform emerging markets. Large cap companies outperformed small cap issues, and growth oriented stocks outperformed their value counterparts.

• In a reversal from previous periods, **energy was one of the worst performing sectors** in international markets, falling due to the decline in oil prices. Meanwhile, the more defensive health care and consumer staples sectors performed well.

• The **developed European markets** finished the quarter higher, as Greece was able to push through austerity measures toward the end of the quarter which enabled them to receive more funding from the European Union. The variances between different countries in the region were large with Germany, France, and Switzerland posting gains, while Italy and Greece declined during the quarter amid concerns regarding their economic health.

2Q 2011		
MSCI Country Results	Local	USD
United Kingdom	1.6%	1.7%
France	2.3%	4.5%
Germany	4.0%	6.3%
Japan	-2.4%	0.2%
China	-1.9%	-1.9%
India	-3.3%	-3.6%
Brazil	-7.9%	-4.1%
Russia	-7.1%	-5.6%

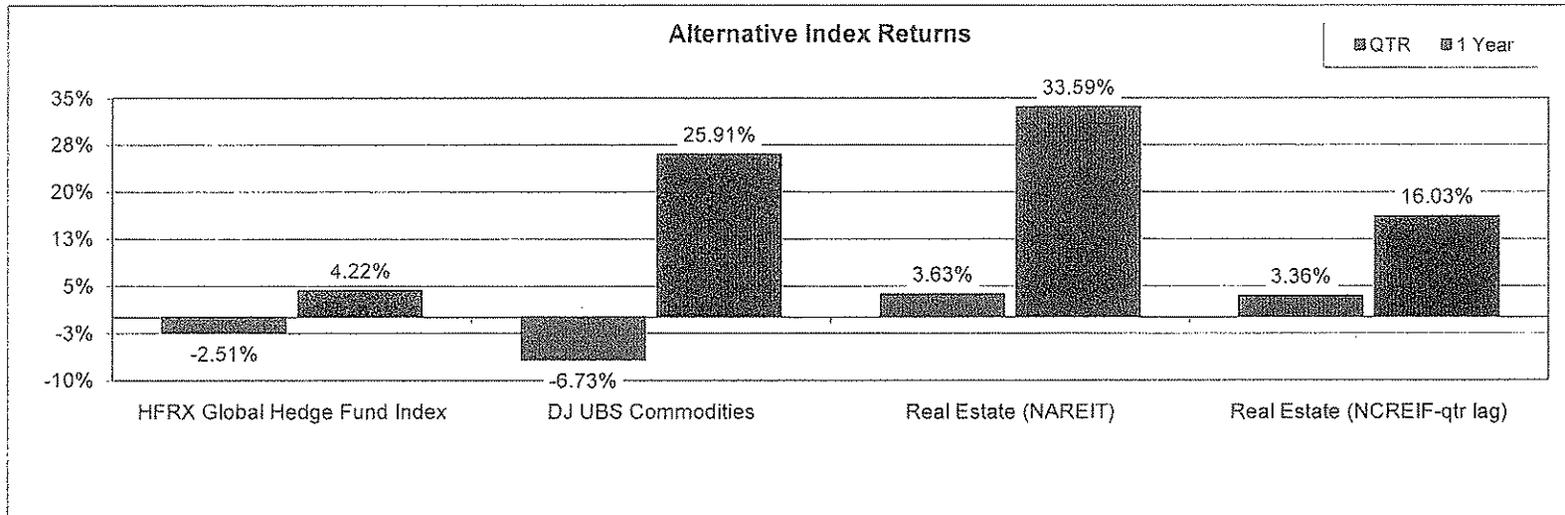
• After suffering a devastating earthquake in March, **Japan showed signs of stabilization**. Although the country was flat for the quarter, indications are that some of the supply chain disruptions are easing. Led by increases in the auto industry, industrial production rose sharply.

• **Emerging markets were weak** this quarter, as fears over slowing economic growth drove the MSCI Emerging Markets Index lower. Emerging Europe and Latin America saw the sharpest declines. Within those regions, Russia and Brazil saw some of the steepest declines, feeling the impact of commodity prices falling this quarter. Asia experienced more mixed results, with China declining and Korea posting small gains.

• **Currencies once again provided a tailwind to international investors** as the U.S. dollar continued to move lower while the Euro moved sideways. Benefiting from the rebound in industrial activity in Japan, the Yen rallied. Currencies in the emerging markets also moved higher, with the Brazilian real showing strength.

Alternatives

Second Quarter 2011



- **REITs again produced very solid results**, outpacing the broader equity markets and finishing as the top performing asset class in the period. Strong returns in April and May were driven by improved valuations, the result of limited supply and increased transaction volume. These returns were partially offset in June, with heightened inflation concerns in Asia and uncertainty over the sovereign debt outcome in the EuroZone impeding equity returns. **Domestic REITs outperformed** their foreign counterparts in the quarter.
- An **improving outlook** for market fundamentals and attractive yields relative to traditional asset classes continued to **attract capital to private real estate** in the period, despite lackluster economic news. In general, tenant demand is rising, rents are stabilizing, and transaction activity continues to accelerate, although the pace of the recovery remains uneven across markets and property types. High unemployment levels will remain the predominant headwind.
- **Hedge funds ended the quarter lower** due to weak performance in both May and June. Negative contributions came from virtually all strategy types with Equity Hedge and Macro managers hurt most by falling equity and commodity prices.

Asset Allocation - Town of Trumbull Employee Pension Plan

As of June 30, 2011

Investment	Market Value (S)	Allocation (%)	Target (%)	Difference (%)
<u>Short Term Liquidity</u>				
WF Advantage Money Market	86,304	0.5%	0.0%	0.5%
<u>Fixed Income</u>				
PIMCO Total Return Institutional	4,062,939	21.4%	22.5%	-1.1%
Vanguard Total Bond Market Index Signal	<u>1,306,328</u>	<u>6.9%</u>	<u>7.5%</u>	<u>-0.6%</u>
Total Fixed Income	5,369,267	28.3%	30.0%	-1.7%
<u>Domestic Equity</u>				
Vanguard 500 Index Fund Signal	4,748,722	25.1%	25.0%	0.1%
Diamond Hill Large Cap I	945,509	5.0%	5.0%	0.0%
MainStay Large Cap Growth I	963,166	5.1%	5.0%	0.1%
Aston/Montag & Caldwell Growth N	871,314	4.6%	5.0%	-0.4%
Boston Trust Small Cap Fund	<u>998,983</u>	<u>5.3%</u>	<u>5.0%</u>	<u>0.3%</u>
Total Domestic Equity	8,527,694	45.0%	45.0%	0.0%
<u>International Equity</u>				
Thornburg International Value R5	1,948,745	10.3%	10.0%	0.3%
American Funds EuroPacific Growth R6	<u>1,937,271</u>	<u>10.2%</u>	<u>10.0%</u>	<u>0.2%</u>
Total International Equity	3,886,016	20.5%	20.0%	0.5%
<u>Inflation Protection</u>				
Vanguard Inflation Protected Securities Adm	304,362	1.6%	1.7%	-0.1%
Van Eck Global Hard Assets I	389,894	2.1%	1.7%	0.4%
PIMCO Commodity Real Return Institutional	<u>386,339</u>	<u>2.0%</u>	<u>1.7%</u>	<u>0.4%</u>
Total Inflation Protection	1,080,595	5.7%	5.0%	0.7%
Total Plan Assets	18,949,876			

Balances provided by Wells Fargo

Total Plan Performance Summary - Trumbull

As of June 30, 2011

Account Reconciliation

	QTR	YTD	Since Inception	Inception Date
Total Plan				07/01/2008
Beginning Market Value	18,923,552	18,346,348	18,275,083	
Net Contributions	-104,491	-242,219	-2,058,076	
Gain/Loss	130,815	845,747	2,732,869	
Ending Market Value	18,949,876	18,949,876	18,949,876	

Blended Benchmark Composition

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

Trailing Performance Summary

	QTR	YTD	1 Year	3 Years	5 Years	7 Years	10 Years	Since Inception	Inception Date
Total Plan	0.7	4.5	21.3	5.2	N/A	N/A	N/A	5.2	07/01/2008
Blended Benchmark	0.9	4.8	22.8	5.5	5.0	5.7	5.0	5.5	
Difference	-0.2	-0.3	-1.5	-0.3	N/A	N/A	N/A	-0.3	

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.

Town of Trumbull Employee Pension Plan

Portfolio Comments & Manager Status Summary

As of June 30, 2011

Total Performance Summary						
	QTR	YTD	1-Yr	3-Yr	5-Yr	7/1/2008*
Consolidated Plan ¹	0.7%	4.5%	21.3%	5.2%	NA	5.2%
Blended Benchmark	0.9%	4.8%	22.8%	5.5%	NA	5.5%

Total Portfolio Comments

The Trumbull Employee Pension Plan gained 0.7% in the second quarter and 4.5% year-to-date, slightly trailing the blended benchmark returns of 0.9% and 4.8%, respectively. The portfolio has also trailed the benchmark modestly for the one- and three-year trailing periods. Within fixed income, PIMCO Total Return (+1.9%) underperformed the Barclays Capital Aggregate, due to underweight allocations to Treasuries and duration in general, as well as to corporate holdings in the financial sector. Vanguard Total Bond Index Fund (+2.3%) performed in line with the Barclays Capital Bond Index. Domestic equities struggled to hold on to gains in the face of weakening economic growth. The Vanguard 500 Index Fund (+0.1%) tracked its benchmark. MainStay Large Cap Growth (+0.1) trailed the Russell 1000 Growth Index due in part to an underweight allocation to the consumer staples sector. Diamond Hill Large Cap (+0.6%) outperformed the Russell 1000 Value Index considerably. The Aston/Montag & Caldwell Growth Fund (+0.6%) performed closely in line with the Russell 1000 Growth Index, and landed in the top half of the large cap growth peer group. Boston Trust Small Cap Fund (+0.4%) outperformed the Russell 2000 Index with favorable security selection in the consumer discretionary, energy and technology sectors. Within International Equities, both funds outpaced their MSCI Index. Thornburg International Value (+1.2%) benefitted from strong results in its consumer discretionary holdings, and American Funds EuroPacific Growth Fund (+1.1%) was helped by an overweight position in the health care sector and an underweight in the energy sector. Vanguard Inflation Protected Securities Fund (+3.4%) performed approximately in line with the Barclays Capital U.S. TIPS Index. The Van Eck Global Hard Assets Fund (-6.1%) fell during the quarter, due in part to a decline in the agricultural sector and weakness in the energy sector, although the Fund did manage to outpace its benchmark. PIMCO Commodity Real Return (-5.0%) outperformed its benchmark, but fell mainly as a result of corporate debt positions which were weighted down by the European debt crisis.

Manager Status Summary			
Mandate	Manager/Fund	Status	Note
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.

Historical Hybrid Composition

Blended Benchmark

As of June 30, 2011

Allocation Mandate	Weight (%)
Jan-1979	
S&P 500 Index	45.0
Russell 2000 Index	10.0
Barclays Capital Aggregate	35.0
MSCI EAFE	10.0
Nov-2009	
Barclays Capital Aggregate	35.0
S&P 500 Index	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 Index	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 Index	27.5
Russell 1000 Growth Index	12.5
Russell 2000 Index	5.0
MSCI EAFE (Net)	20.0
Inflation Protection Index	5.0

Historical Hybrid Composition

Blended Benchmark

As of June 30, 2011

Allocation Mandate	Weight (%)
Apr-2011	
Barclays Capital Aggregate	30.0
S&P 500 Index	25.0
Russell 1000 Growth Index	10.0
Russell 1000 Value Index	5.0
Russell 2000 Index	5.0
MSCI EAFE (Net)	20.0
Inflation Protection Index	5.0

Manager Performance Overview

As of June 30, 2011

	QTR	YTD	1 Year	Nov-2009 To Jun-2011	Since Inception	Inception Date	Fee (%)					
Short Term Liquidity												
WF Advantage Money Market	0.0	0.0	0.1	0.1	0.1	11/01/2009	0.50					
90 Day U.S. Treasury Bill	0.0	0.1	0.2	0.1	0.1							
Fixed Income												
PIMCO Total Return Instl	1.9	(55)	3.0	(39)	5.9	(29)	7.3	(27)	7.3	(27)	11/01/2009	0.46
Barclays Capital Aggregate	2.3		2.7		3.9		5.4		5.4			
IM U.S. Broad Market Core Fixed Income (MF)	1.9		2.8		5.1		6.4		6.4			
Vanguard Total Bond Market Index Signal	2.3	(15)	2.5	(69)	3.7	(84)	5.3	(81)	5.3	(81)	11/01/2009	0.11
Barclays Capital Aggregate	2.3		2.7		3.9		5.4		5.4			
IM U.S. Broad Market Core Fixed Income (MF)	1.9		2.8		5.1		6.4		6.4			
Domestic Equity												
Vanguard 500 Index Trust:Signal	0.1	(45)	6.0	(40)	30.6	(29)	18.0	(19)	18.0	(19)	11/01/2009	0.06
S&P 500 Index	0.1		6.0		30.7		18.0		18.0			
IM U.S. Large Cap Core Equity (MF)	-0.1		5.5		28.8		16.0		16.0			
Diamond Hill Large Cap I	-0.6	(18)	N/A		N/A		N/A		-0.6	(18)	04/01/2011	0.87
Russell 1000 Value Index	-0.5		5.9		28.9		17.9		-0.5			
IM U.S. Large Cap Value Equity (MF)	-0.7		5.2		28.1		15.3		-0.7			
MainStay Large Cap Growth I	0.1	(53)	N/A		N/A		N/A		0.1	(53)	04/01/2011	0.88
Russell 1000 Growth Index	0.8		6.8		35.0		20.5		0.8			
IM U.S. Large Cap Growth Equity (MF)	0.2		5.5		32.6		18.4		0.2			
Aston/Montag & Caldwell Growth Fund	0.6	(39)	4.7	(66)	25.5	(95)	12.9	(97)	12.9	(97)	11/01/2009	1.09
Russell 1000 Growth Index	0.8		6.8		35.0		20.5		0.8			
IM U.S. Large Cap Growth Equity (MF)	0.2		5.5		32.6		18.4		0.2			

Manager Performance Overview

As of June 30, 2011

	QTR	YTD	1 Year	Nov-2009 To Jun-2011	Since Inception	Inception Date	Fee (%)				
Boston Trust Small Cap Fund	0.4	(15)	7.6	(33)	34.7	(68)	N/A	20.6	(29)	04/01/2010	1.02
Russell 2000 Index	-1.6		6.2		37.4		27.6	18.6			
IM U.S. Small Cap Core Equity (MF)	-1.2		6.5		36.5		26.4	18.5			
International Equity											
Thornburg International Value R5	1.2	(62)	5.6	(32)	30.1	(73)	N/A	30.1	(73)	07/01/2010	0.99
MSCI AC World ex USA (Net)	0.4		3.8		29.7		12.2	29.7			
IM International Large Cap Core Equity (MF)	1.7		4.8		31.3		11.0	31.3			
Europacific Growth R6	1.1	(64)	4.7	(56)	29.4	(79)	12.3	(27)	12.3	11/01/2009	0.50
MSCI AC World ex USA (Net)	0.4		3.8		29.7		12.2	12.2			
IM International Large Cap Core Equity (MF)	1.7		4.8		31.3		11.0	11.0			
Inflation Protection											
Vanguard Inflation Protected Sec.	3.4	(24)	5.3	(36)	7.3	(33)	N/A	7.3	(33)	07/01/2010	0.06
Barclays Capital U.S. Treasury: U.S. TIPS	3.7		5.8		7.7		7.7	7.7			
IM U.S. TIPS (MF)	3.2		5.1		6.9		6.9	6.9			
Van Eck Global Hard Assets	-6.1	(48)	1.8	(49)	48.7	(15)	N/A	48.7	(15)	07/01/2010	0.87
S&P North American Natural Resources Sector	-6.3		5.6		44.3		22.2	44.3			
IM Global Natural Resources (MF)	-6.3		1.7		39.6		17.6	39.6			
PIMCO Commodity Real Return Institutional	-5.0	(45)	1.8	(39)	34.7	(29)	N/A	34.7	(29)	07/01/2010	0.88
Dow Jones-UBS Commodity Index	-6.7		-2.6		25.9		11.6	25.9			
All Commodities (MF)	-5.1		1.3		27.2		12.2	27.2			

The inception date expressed on the Manager Performance Overview page(s) represents the first day of the first full month following the purchase of the investment. Performance figures shown at the fund level begin on this inception date. Your performance may differ slightly if the fund was purchased during the previous month. Actual performance is captured at the total plan level.

Mutual fund performance stated above may differ slightly from the current share class's historical performance due to share class exchanges

Returns for periods greater than one year are annualized.

Returns are expressed as percentages.

This fee information has been compiled solely by Fiduciary Investment Advisors, LLC, has not been independently verified. In preparing this report, Fiduciary Investment Advisors, LLC has relied upon information provided by the investment managers and by Morningstar.

* Net Expense Ratio (Source: Morningstar)

Manager Gain/Loss Summary

Quarter Ending June 30, 2011

	Market Value As of 04/01/2011	Net Flows	Return On Investment	Market Value As of 06/30/2011
<u>Short Term Liquidity</u>				
WF Advantage Money Market	190,777	-104,491	18	86,304
Short Term Liquidity	190,777	-104,491	18	86,304
<u>Fixed Income</u>				
PIMCO Total Return Instl	3,988,665	-	74,273	4,062,939
Vanguard Total Bond Market Index Signal	1,277,360	-	28,968	1,306,328
Total Fixed Income	5,266,025	-	103,241	5,369,266
<u>Domestic Equity</u>				
Vanguard 500 Index Trust Signal	4,744,590	-	4,131	4,748,722
Diamond Hill Large Cap I	939,491	-	6,019	945,509
MainStay Large Cap Growth I	961,929	-	1,236	963,166
Aston/Montag & Caldwell Growth Fund	866,142	-	5,172	871,314
Boston Trust Small Cap Fund	994,720	-	4,263	998,983
Total Domestic Equity	8,506,873	-	20,821	8,527,694
<u>International Equity</u>				
Thornburg International Value R5	1,926,453	-	22,292	1,948,745
Europacific Growth R6	1,917,138	-	20,133	1,937,271
Total International Equity	3,843,591	-	42,425	3,886,016
<u>Inflation Protection</u>				
Vanguard Inflation Protected Sec.	294,261	-	10,101	304,362
Van Eck Global Hard Assets	415,371	-	-25,476	389,894
PIMCO Commodity Real Return Institutional	406,654	-	-20,315	386,339
Total Inflation Protection	1,116,286	-	-35,690	1,080,596
Total Plan	18,923,552	-104,491	130,815	18,949,876

Market Value & Flow Summary

Since Inception Ending June 30, 2011

Periods Ending	Beginning Market Value (\$)	Net Cash Flow (\$)	Gain/Loss (\$)	Ending Market Value (\$)	% Return
Sep-2008	18,275,083	-347,237	-1,227,403	16,700,443	-6.8
Dec-2008	16,700,443	-116,941	-2,330,795	14,252,707	-14.0
Mar-2009	14,252,707	-142,836	-882,840	13,227,031	-6.2
Jun-2009	13,227,031	1,552	1,674,193	14,902,776	12.6
Sep-2009	14,902,776	-331,810	1,821,456	16,392,422	11.8
Dec-2009	16,392,422	-97,668	521,094	16,815,848	3.2
Mar-2010	16,815,848	-174,642	651,983	17,293,189	3.8
Jun-2010	17,293,189	-317,593	-933,037	16,042,558	-5.3
Sep-2010	16,042,558	-151,153	1,474,076	17,365,481	9.1
Dec-2010	17,365,481	-137,528	1,118,395	18,346,348	6.4
Mar-2011	18,346,348	-137,728	714,933	18,923,552	3.8
Jun-2011	18,923,552	-104,491	130,815	18,949,876	0.7

Net cash flows excluding investment management fees paid may differ from gross cash flow figures shown elsewhere in this report.

Fee Analysis - Town of Trumbull Employee Pension Plan

As of June 30, 2011

Manager	Fee Schedule	2Q 2011 Market Value (\$)	Estimated Annual Fee (\$)	Estimated Annual Fee (%)
WF Advantage Money Market	50 basis points	86,304	432	0.50%
PIMCO Total Return Institutional	46 basis points	4,062,939	18,690	0.46%
Vanguard Total Bond Market Index Signal	11 basis points	1,306,328	1,437	0.11%
Vanguard 500 Index Signal	6 basis points	4,748,722	2,849	0.06%
Diamond Hill Large Cap I	87 basis points	945,509	8,226	0.87%
MainStay Large Cap Growth I	88 basis points	963,166	8,476	0.88%
Aston/Montag & Caldwell Growth Fund N	109 basis points	871,314	9,497	1.09%
Boston Trust Small Cap Fund	102 basis points	998,983	10,190	1.02%
Thornburg International Value Fund R5	99 basis points	1,948,745	19,293	0.99%
American Funds EuroPacific Growth Fund R6	50 basis points	1,937,271	9,686	0.50%
Vanguard Inflation Protection Securities Adm	11 basis points	304,362	335	0.11%
Van Eck Global Hard Assets Fund I	101 basis points	389,894	3,938	1.01%
PIMCO Commodity Real Return Institutional	74 basis points	386,339	2,859	0.74%
TOTALS - Diversified portfolio		18,949,876	95,907	0.51%

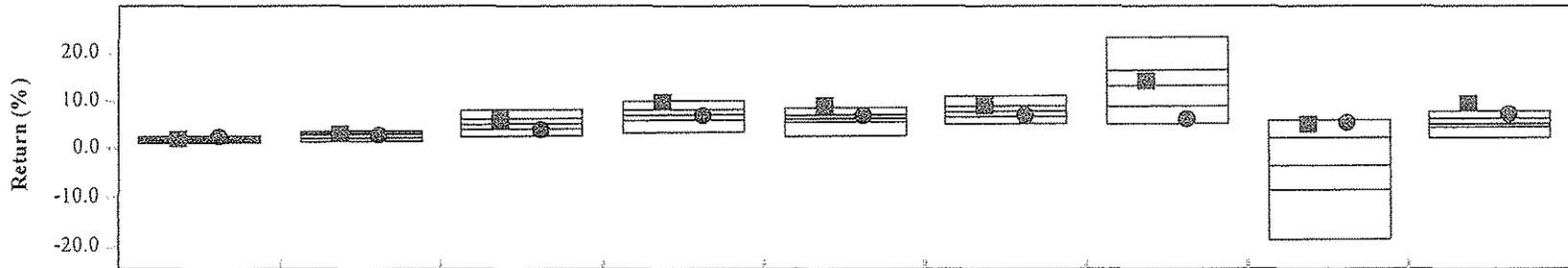
* Net Expense Ratio (Source: Morningstar)

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Manager Evaluation

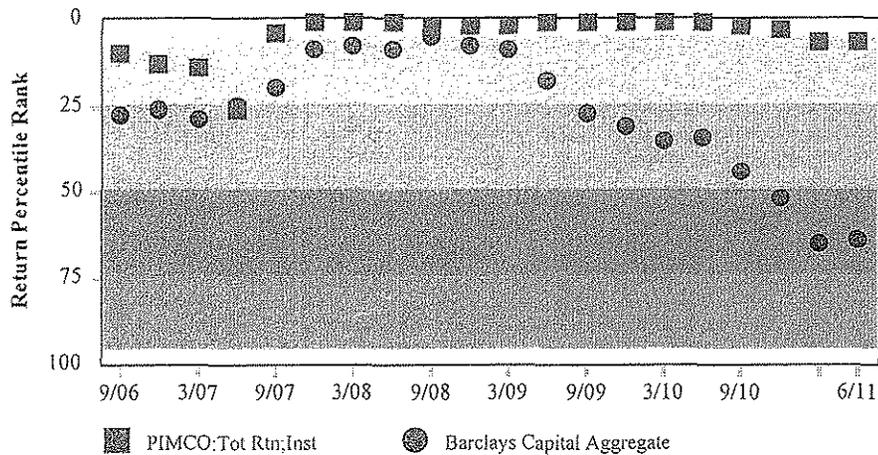
PIMCO:Tot Rtn;Inst
As of June 30, 2011

Peer Group Analysis vs. IM U.S. Broad Market Core Fixed Income (MF)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ PIMCO:Tot Rtn;Inst	1.9 (55)	3.0 (38)	5.9 (29)	9.5 (7)	8.9 (2)	8.8 (26)	13.9 (45)	4.8 (13)	9.1 (1)
● Barclays Capital Aggregate	2.3 (13)	2.7 (57)	3.9 (79)	6.5 (64)	6.5 (41)	6.5 (77)	5.9 (93)	5.2 (9)	7.0 (11)
5th Percentile	2.5	3.9	7.9	9.7	8.4	10.9	23.0	5.9	7.8
1st Quartile	2.1	3.3	6.1	8.0	7.0	8.9	16.4	2.3	6.2
Median	1.9	2.8	5.1	6.9	6.3	7.5	13.1	-3.4	5.3
3rd Quartile	1.7	2.4	4.1	5.9	5.4	6.6	8.9	-8.5	4.3
95th Percentile	1.3	1.7	2.7	3.4	2.5	5.1	5.2	-18.4	2.3

3 Year Rolling Percentile Ranking vs. IM U.S. Broad Market Core Fixed Income



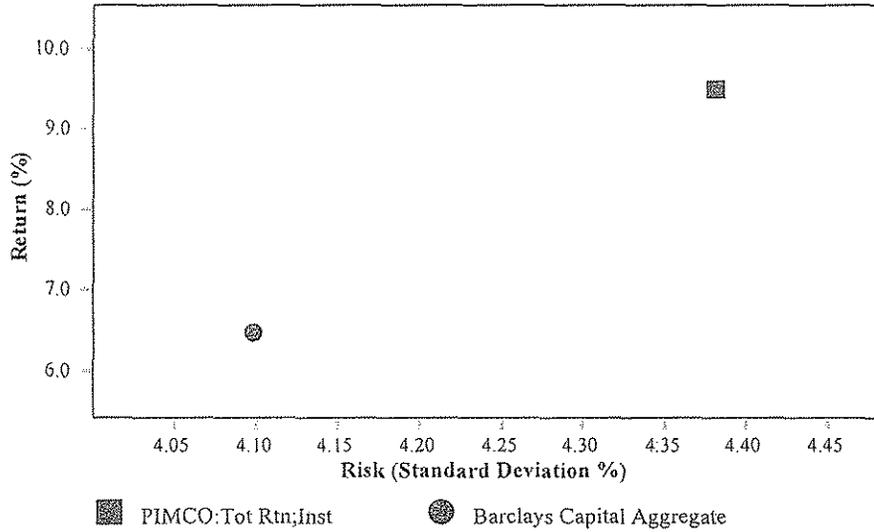
Manager Commentary

2Q 2011 – This strategy trailed the Barclays Capital Aggregate and ranked in the bottom half of the peer group during the 2nd quarter. Performance was primarily hurt by an underweight allocation to U.S. Treasuries and duration overall as rates fell sharply during the period. Corporate holdings in financial companies also detracted due to uncertainty surrounding financial regulation, capital requirements and contagion related to the European sovereign debt crisis. An underweight allocation to Agency MBS also weighed on relative results. Emerging market sovereign and currency exposures were among the top contributors during the period. Build America Bonds and real return bonds also helped offset poor performance elsewhere. Positioning in the fund remains largely unchanged including a short duration stance and an overall focus on safe spread product. The Fund did add Treasury positions during the quarter but remains well below the benchmark weighting.

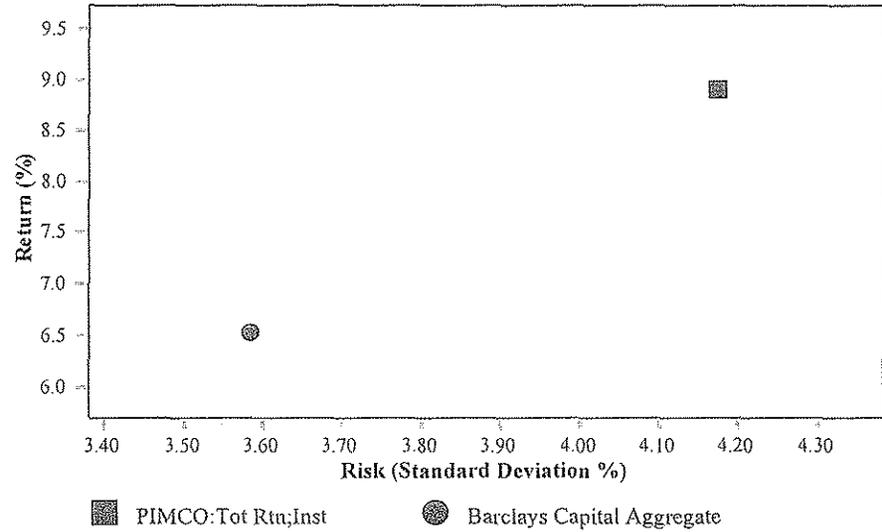
Manager Evaluation

PIMCO:Tot Rtn;Inst
As of June 30, 2011

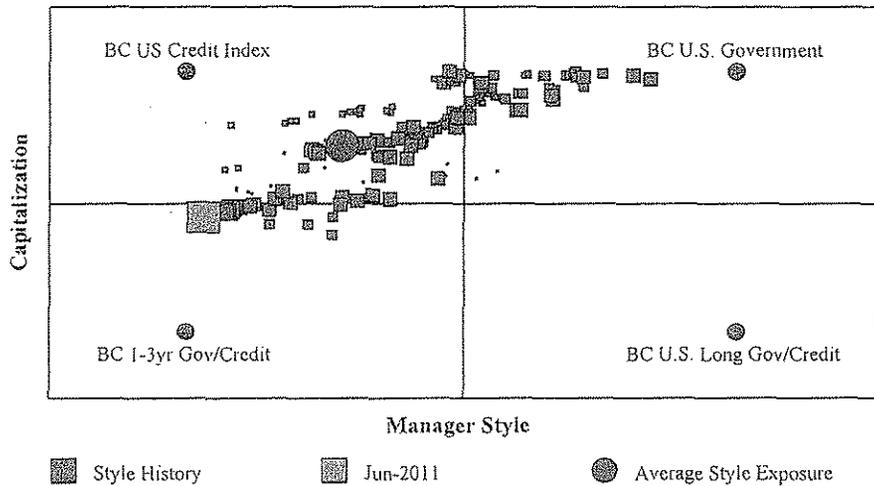
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. Barclays Capital Aggregate

	3 Years	5 Years
Return	9.5	8.9
Standard Deviation	4.4	4.2
vs. Barclays Capital Aggregate		
Alpha	3.6	2.4
Beta	0.9	1.0
R-Squared	0.7	0.7
Consistency	77.8	70.0
Up Market Capture	123.4	123.9
Down Market Capture	77.1	93.0
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	2.0	1.6

Manager Evaluation

PIMCO Total Return Inst

As of June 30, 2011

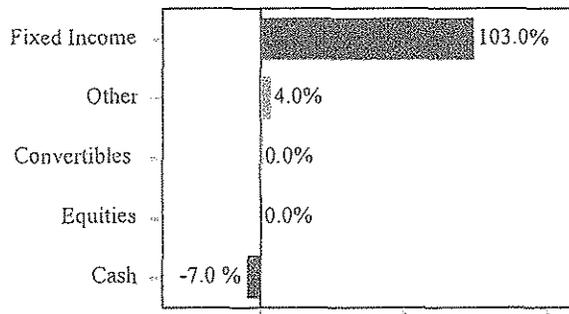
Mutual Fund Information

Fund Name :	PIMCO Funds: Total Return Fund; Institutional Class Shares	Portfolio Assets :	\$243,198.80 Million
Fund Family :	PIMCO	Portfolio Manager :	William H. Gross
Ticker :	PTRX	PM Tenure :	1987
Inception Date :	05/11/1987	Fund Style :	IM U.S. Broad Market Core Fixed Income (MF)
Fund Assets :	\$142,458.00 Million	Style Benchmark :	Barclays Capital Aggregate
Portfolio Turnover :	430.0 %		

Fund Investment Policy

The Fund seeks maximum total return, consistent with preservation of capital and prudent investment management. The Fund seeks to achieve its investment objective by investing in a diversified portfolio of fixed income instruments. The average portfolio duration normally varies within a three- to six-year time frame.

Asset Allocation as of 06/30/11



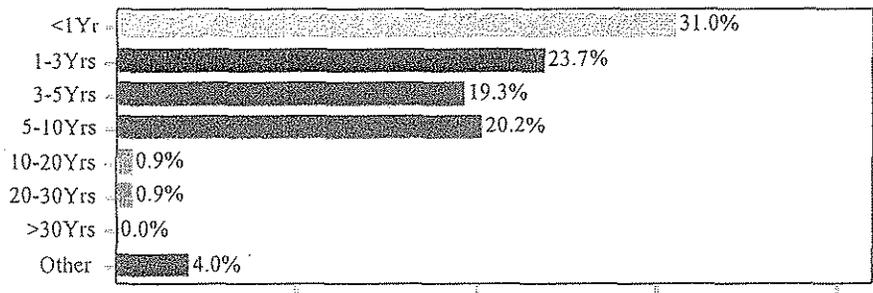
Top 10 Securities as of 06/30/11

GNMA and Other Mtg Backed	45.0 %
Corporate Notes/Bonds	23.0 %
Fgn. Currency Denominated Bonds	13.0 %
Government Agency Securities	12.0 %
Treasury Notes/Bonds	10.0 %

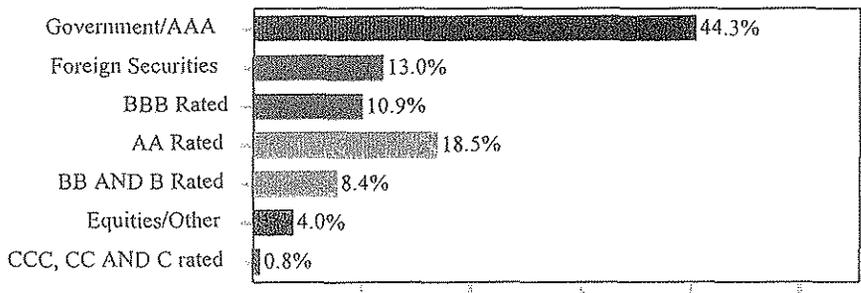
Fixed Income Characteristics as of 06/30/11

Avg. Coupon	3.8 %
Nominal Maturity	4.71 Years
Effective Maturity	0.00 Years
Duration	3.60 Years
SEC 30 Day Yield	2.4
Avg. Credit Quality	N/A

Maturity Distribution as of 06/30/11



Quality Allocation as of 06/30/11

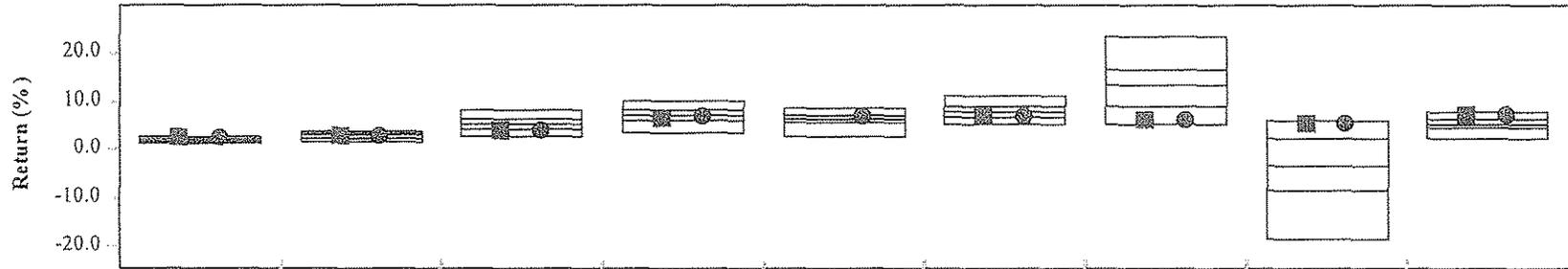


Manager Evaluation

Vanguard Tot Bd;Sig

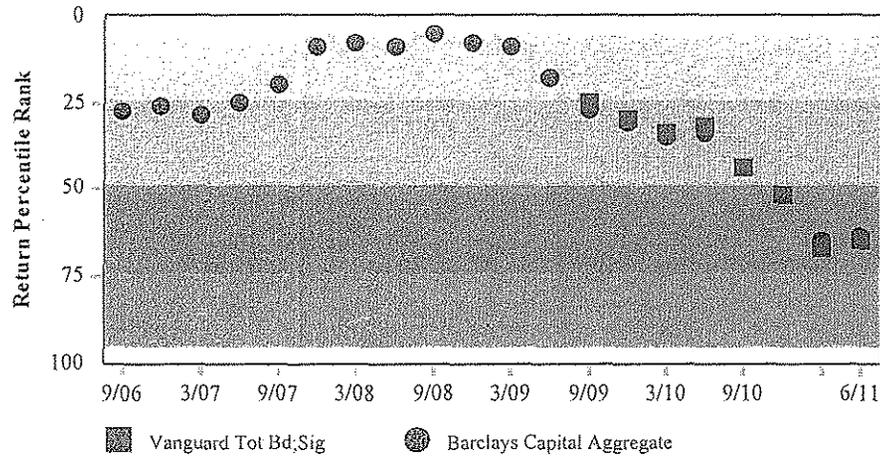
As of June 30, 2011

Peer Group Analysis vs. IM U.S. Broad Market Core Fixed Income (MT)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Vanguard Tot Bd;Sig	2.3 (15)	2.5 (69)	3.7 (84)	6.4 (65)	N/A	6.5 (77)	6.0 (91)	5.1 (11)	7.0 (11)
● Barclays Capital Aggregate	2.3 (13)	2.7 (57)	3.9 (79)	6.5 (64)	6.5 (41)	6.5 (77)	5.9 (93)	5.2 (9)	7.0 (11)
5th Percentile	2.5	3.9	7.9	9.7	8.4	10.9	23.0	5.9	7.8
1st Quartile	2.1	3.3	6.1	8.0	7.0	8.9	16.4	2.3	6.2
Median	1.9	2.8	5.1	6.9	6.3	7.5	13.1	-3.4	5.3
3rd Quartile	1.7	2.4	4.1	5.9	5.4	6.6	8.9	-8.5	4.3
95th Percentile	1.3	1.7	2.7	3.4	2.5	5.1	5.2	-18.4	2.3

3 Year Rolling Percentile Ranking vs. IM U.S. Broad Market Core Fixed Income



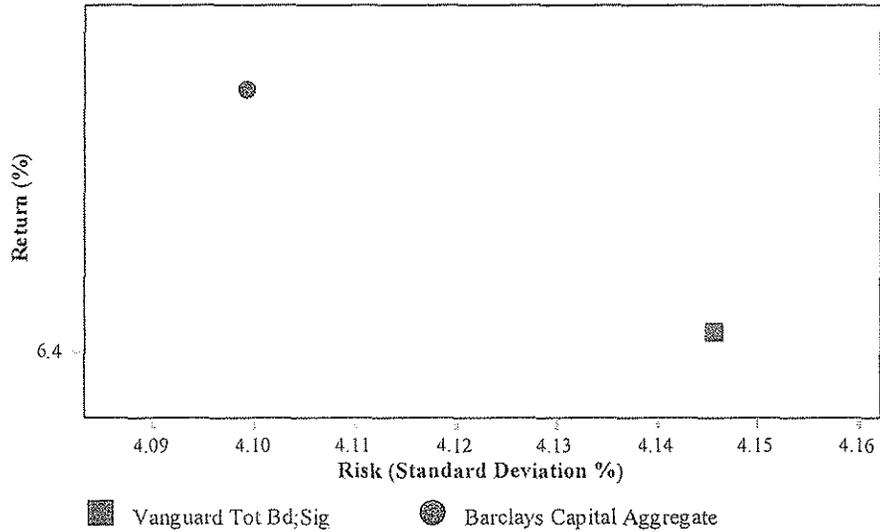
Manager Commentary

2Q 2011 - In accordance with its investment objective, the Fund performed in line with the Barclays Capital Aggregate Bond Index.

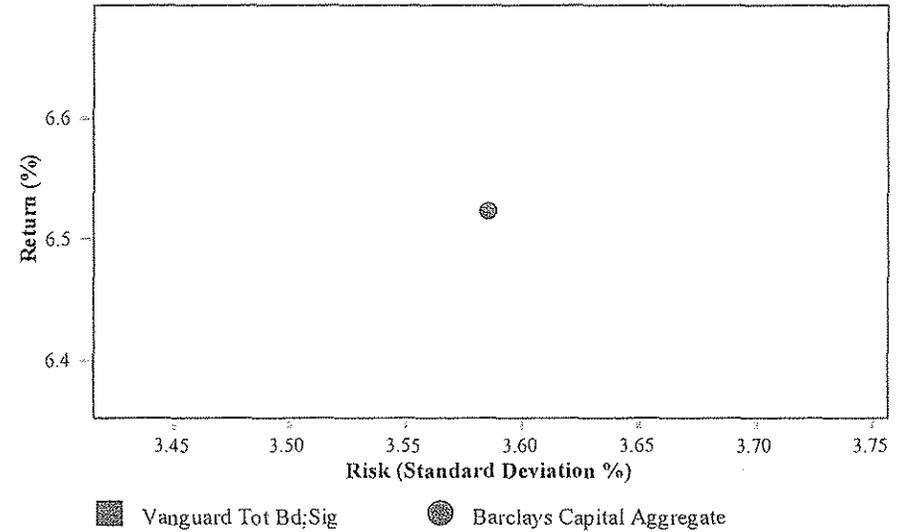
Manager Evaluation

Vanguard Tot Bd;Sig
As of June 30, 2011

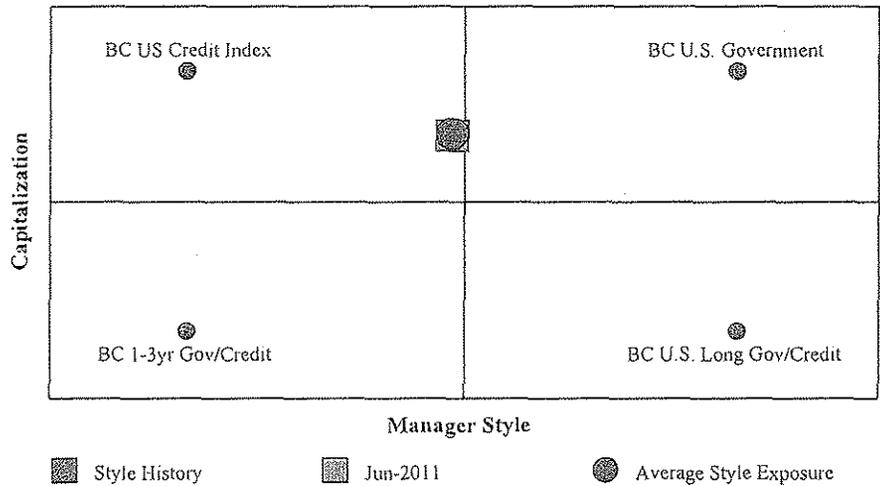
3-Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPI Statistics vs. Barclays Capital Aggregate

	3 Years	5 Years
Return	6.4	N/A
Standard Deviation	4.1	N/A
vs. Barclays Capital Aggregate		
Alpha	-0.1	N/A
Beta	1.0	N/A
R-Squared	1.0	N/A
Consistency	50.0	N/A
Up Market Capture	99.0	N/A
Down Market Capture	98.3	N/A
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	1.4	N/A

Manager Evaluation

Vanguard Tot Bd;Sig

As of June 30, 2011

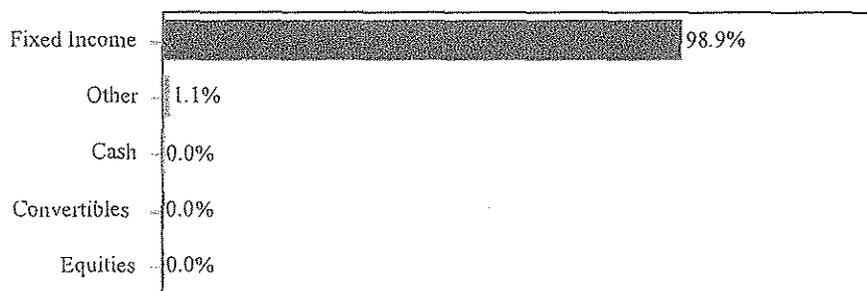
Mutual Fund Information

Fund Name :	Vanguard Bond Index Funds: Vanguard Total Bond Market Index Fund; Signal Shares	Portfolio Assets :	\$90,131.90 Million
Fund Family :	Vanguard Group Inc	Portfolio Manager :	Volpert/Davis
Ticker :	VBTSX	PM Tenure :	2006--2008
Inception Date :	09/01/2006	Fund Style :	IM U.S. Broad Market Core Fixed Income (MF)
Fund Assets :	\$9,799.80 Million	Style Benchmark :	Barclays Capital Aggregate

Fund Investment Policy

The Fund seeks to generate returns that track the performance of the Barclays Capital Aggregate Bond Index, and will maintain a dollar-weighted average maturity consistent with that of the index. The Index measures investment-grade, taxable fixed income securities in the U.S.

Asset Allocation as of 06/30/11



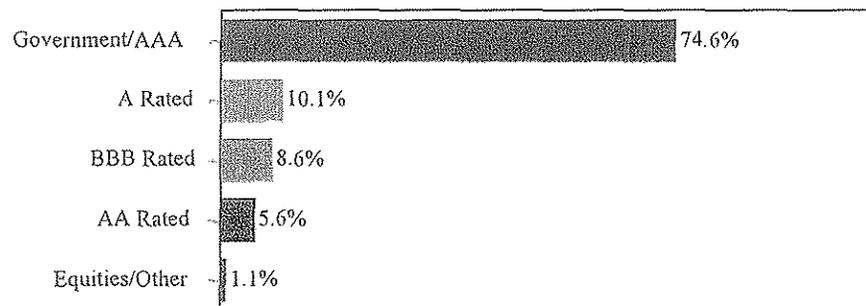
Top 10 Securities as of 06/30/11

Treasury Notes/Bonds	34.3 %
GNMA and Other Mtg Backed	31.3 %
Corporate Notes/Bonds	24.4 %
Government Agency Securities	7.2 %
US\$ Denominated Fgn. Gvt.	1.4 %
Asset Backed Securities	0.3 %

Equity Characteristics as of 06/30/11

Avg. Coupon	4.5 %
Nominal Maturity	0.00 Years
Effective Maturity	6.78 Years
Duration	4.64 Years
SEC 30 Day Yield	2.7
Avg. Credit Quality	AA

Sector Allocation as of 06/30/11

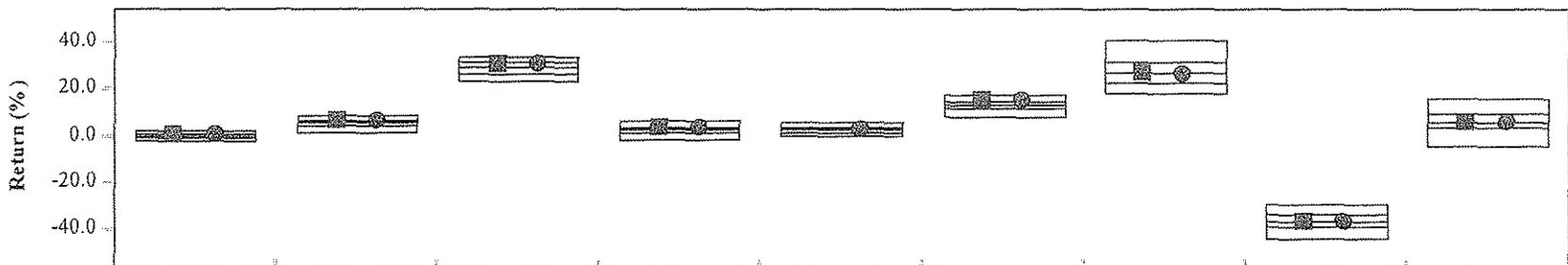


Manager Evaluation

Vanguard 500 Index;Sig

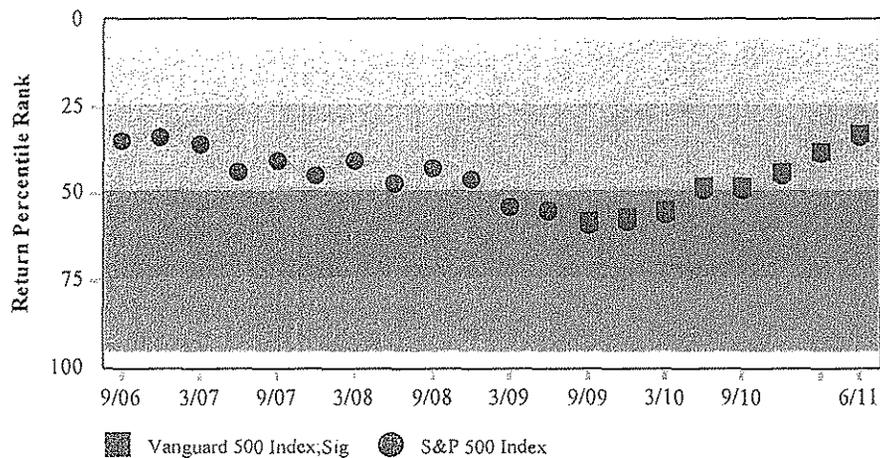
As of June 30, 2011

Peer Group Analysis vs. IM U.S. Large Cap Core Equity (MI)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Vanguard 500 Index;Sig	0.1 (45)	6.0 (38)	30.7 (29)	3.4 (33)	N/A	15.1 (20)	26.6 (53)	-37.0 (49)	5.5 (55)
● S&P 500 Index	0.1 (44)	6.0 (38)	30.7 (28)	3.3 (34)	2.9 (40)	15.1 (20)	26.5 (54)	-37.0 (49)	5.5 (55)
5th Percentile	2.0	8.1	33.8	6.1	5.4	17.3	40.6	-29.9	15.8
1st Quartile	0.7	6.6	31.0	3.7	3.6	14.5	31.2	-34.3	9.5
Median	-0.1	5.5	28.8	2.5	2.5	13.0	27.0	-37.0	5.9
3rd Quartile	-0.8	4.3	26.4	1.1	1.3	11.4	22.7	-39.5	3.2
95th Percentile	-2.9	1.3	23.1	-1.9	-0.5	7.6	17.7	-44.2	-4.4

3 Year Rolling Percentile Rankings vs. IM U.S. Large Cap Core Equity (MI)



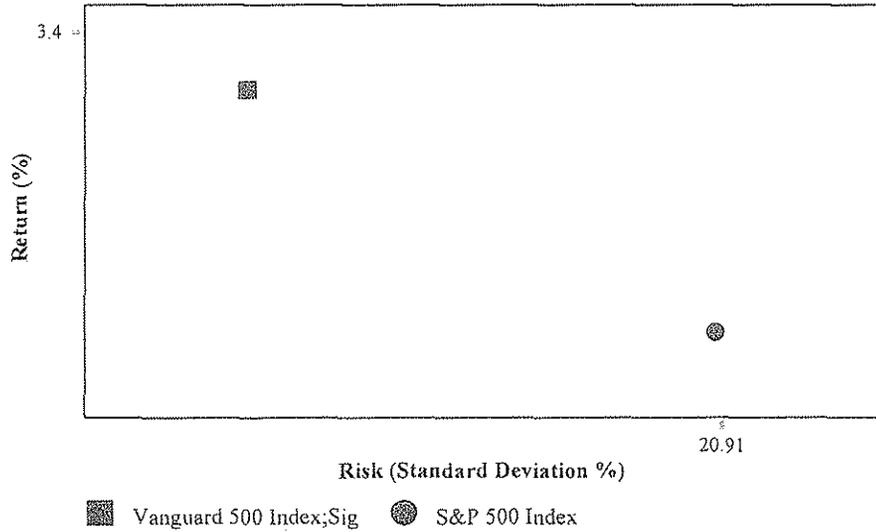
Manager Commentary

2Q 2011 - In accordance with its objective, the fund has performed in line with the S&P 500 Index.

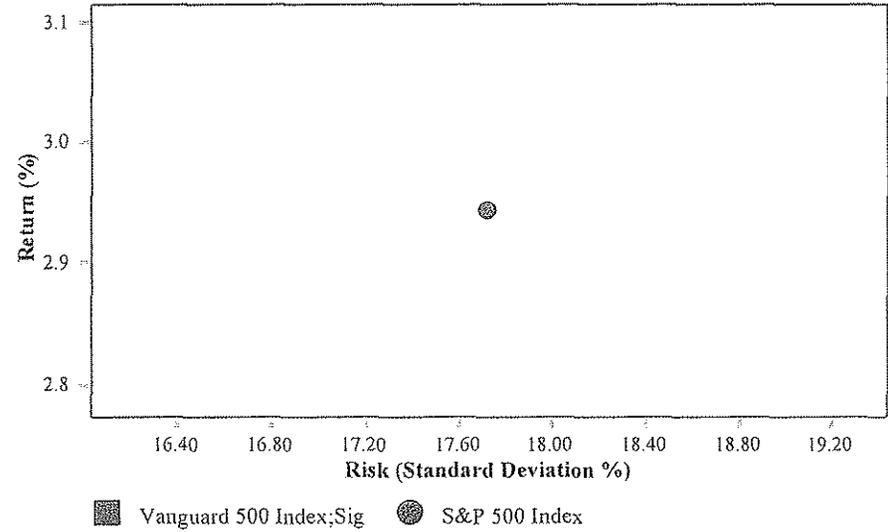
Manager Evaluation

Vanguard 500 Index;Sig
As of June 30, 2011

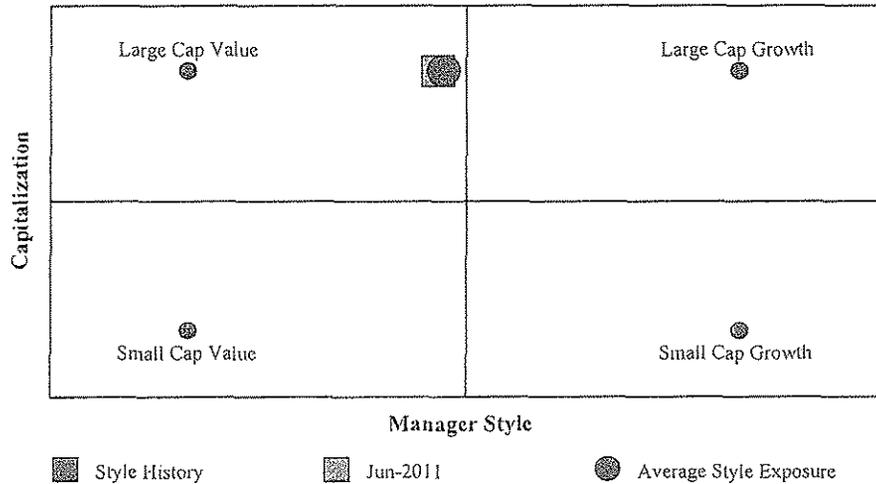
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. S&P 500

	3 Years	5 Years
Return	3.4	N/A
Standard Deviation	20.9	N/A
vs. S&P 500		
Alpha	0.0	N/A
Beta	1.0	N/A
R-Squared	1.0	N/A
Consistency	55.6	N/A
Up Market Capture	100.1	N/A
Down Market Capture	99.9	N/A
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.2	N/A

Manager Evaluation

Vanguard 500 Index;Sig

As of June 30, 2011

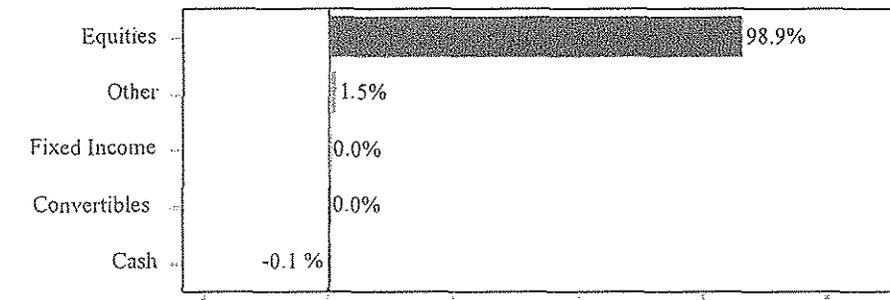
Mutual Fund Information

Fund Name :	Vanguard Index Funds: Vanguard 500 Index Fund; Signal Shares	Portfolio Assets :	\$108,074.70 Million
Fund Family :	Vanguard Group Inc	Portfolio Manager :	Michael H. Buek
Ticker :	VIFSX	PM Tenure :	2006
Inception Date :	09/29/2006	Fund Style :	IM S&P 500 Index (MF)
Fund Assets :	\$22,073.20 Million	Style Benchmark :	S&P 500 Index
Portfolio Turnover :	5.0 %		

Fund Investment Policy

The Fund seeks capital appreciation. Fidelity Management & Research normally invests at least 65% of assets in common stock of firms that they believe have the potential for dividend growth by either increasing their dividends or commencing dividends, if none are currently paid.

Asset Allocation as of 06/30/11



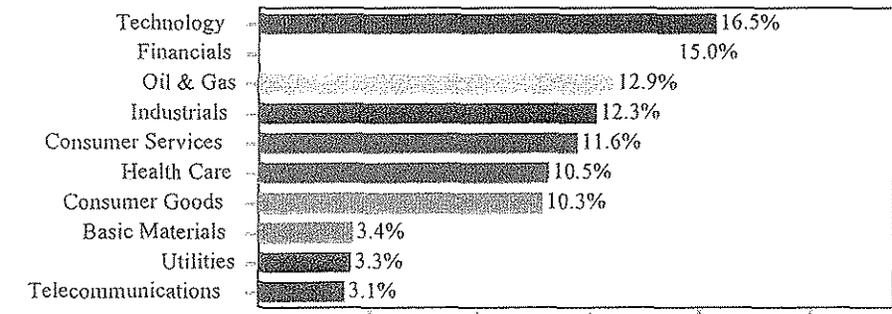
Top 10 Securities as of 06/30/11

Exxon Mobil ORD	3.5 %
Apple Inc ORD	2.7 %
Chevron ORD	1.8 %
General Electric ORD	1.8 %
Int Bus ORD	1.7 %
Microsoft Corp ORD	1.6 %
JPMorg Chas ORD	1.5 %
AT and T Inc ORD	1.5 %
Procter & Gamble Co ORD	1.4 %
Wells Fargo & Co ORD	1.4 %

Equity Characteristics as of 06/30/11

Total Securities	514
Avg. Market Cap	\$92,876 Million
P/E	19.4
P/B	3.7
Div. Yield	2.3 %
Annual EPS	36.9
5Yr EPS	9.2
3Yr EPS Growth	5.8

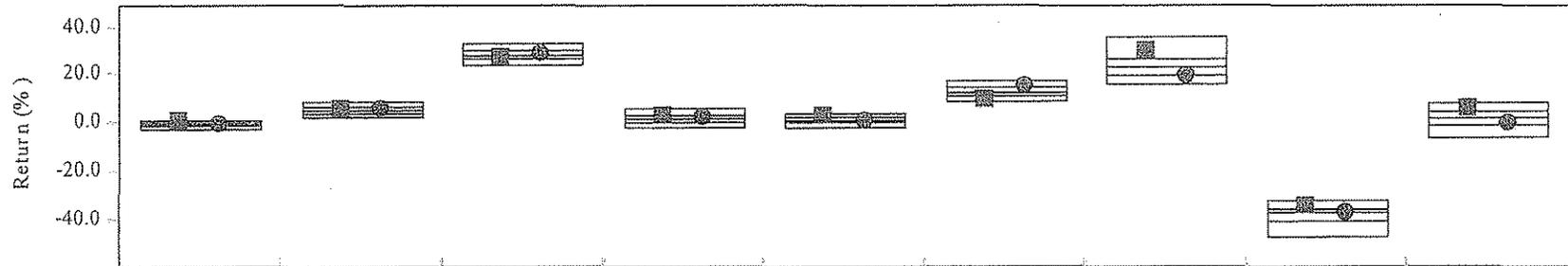
Sector Allocation as of 06/30/11



Manager Evaluation

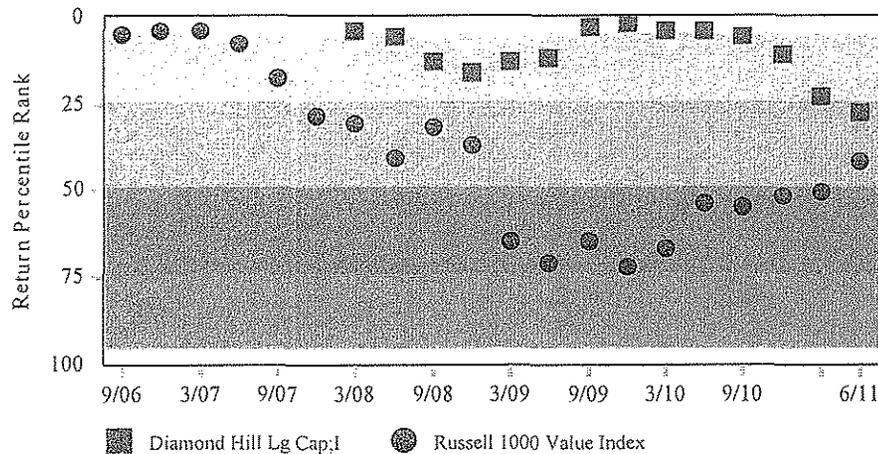
Diamond Hill Lg Cap;I
As of June 30, 2011

Peer Group Analysis vs. IM U.S. Large Cap Value Equity (MF)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Diamond Hill Lg Cap;I	0.6 (18)	6.0 (30)	27.2 (65)	3.2 (28)	3.2 (11)	9.7 (91)	30.7 (14)	-33.8 (13)	5.9 (17)
● Russell 1000 Value Index	-0.5 (43)	5.9 (32)	28.9 (35)	2.3 (42)	1.2 (52)	15.5 (13)	19.7 (73)	-36.8 (47)	-0.2 (65)
5th Percentile	1.2	8.8	33.4	5.8	3.7	17.5	35.9	-31.9	8.4
1st Quartile	0.0	6.4	30.0	3.4	2.3	14.4	27.0	-35.3	4.3
Median	-0.7	5.2	28.1	1.9	1.2	12.7	22.9	-37.0	1.7
3rd Quartile	-1.3	4.0	26.6	0.4	-0.1	11.2	19.5	-40.5	-1.4
95th Percentile	-2.8	2.4	23.8	-1.7	-2.1	8.7	16.3	-46.8	-6.4

3 Year Rolling Percentile Ranking vs. IM U.S. Large Cap Value Equity (MF)



Manager Commentary

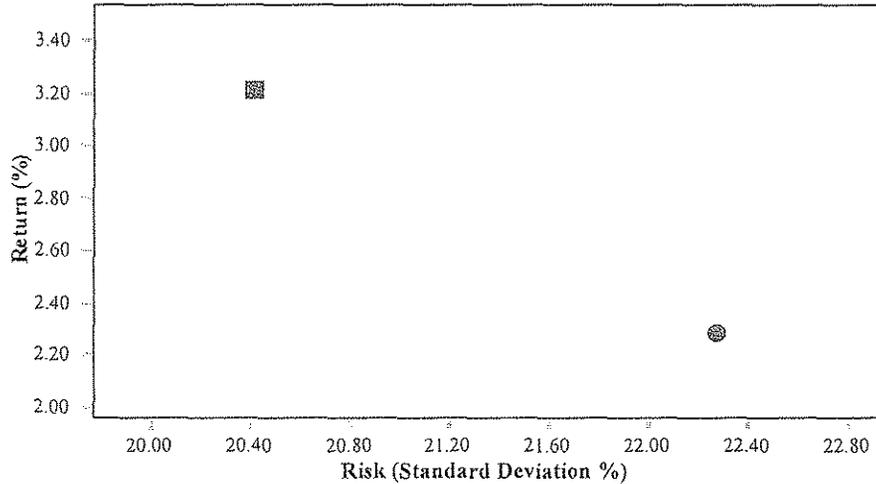
2Q 2011 – The Diamond Hill Large Cap Fund rose this quarter and outperformed the Russell 1000 Value Index. Both sector allocation and stock selection added to relative results this quarter. Sector allocation benefited from the overweight allocation to the health care and consumer staples sectors. These were among the best performing sectors in the Index due to investors seeking more defensive holdings. Meanwhile, the overweight to the energy sector detracted from relative results as the decline in oil prices weighed on the sector. Stock selection was also strong due to solid results in the consumer discretionary and the consumer staples sectors. Among the top contributors to performance included both PepsiCo and McDonald's Corp.

Manager Evaluation

Diamond Hill Lg Cap;I

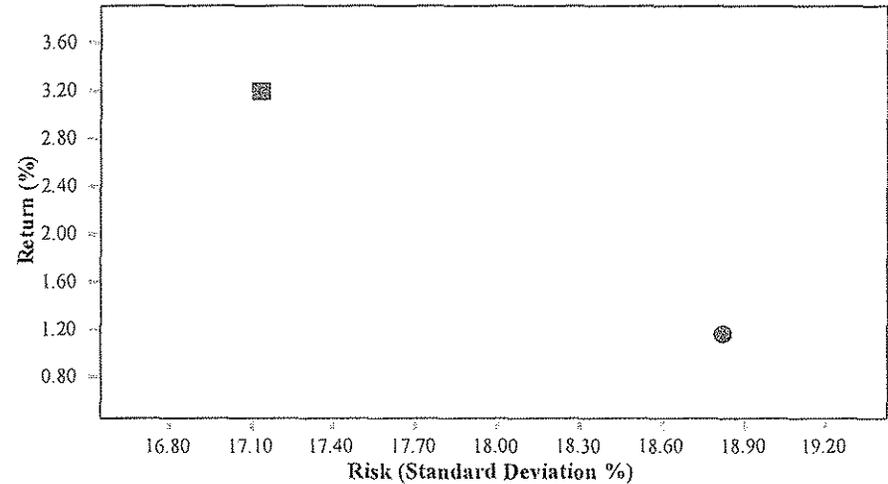
As of June 30, 2011

3-Year Risk and Return



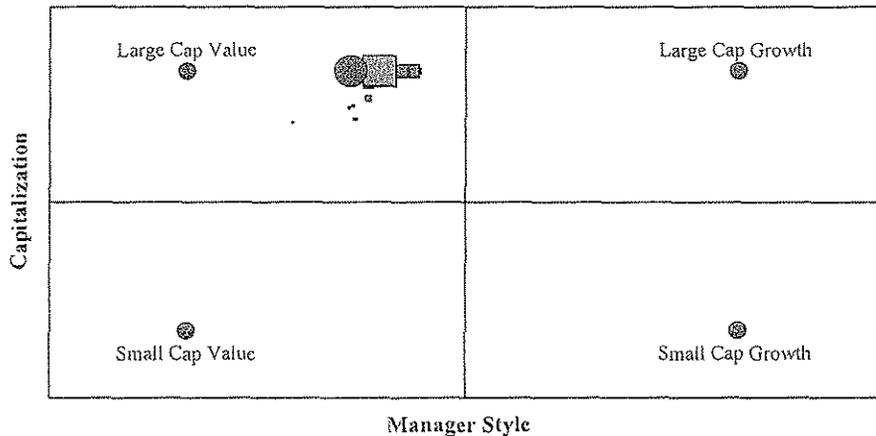
■ Diamond Hill Lg Cap;I ● Russell 1000 Value Index

5-Year Risk and Return



■ Diamond Hill Lg Cap;I ● Russell 1000 Value Index

Style Map - 3 Years



■ Style History ■ Jun-2011 ● Average Style Exposure

MPI Statistics vs. Russell 1000 Value Index

	3 Years	5 Years
Return	3.2	3.2
Standard Deviation	20.4	17.1
vs. Russell 1000 Value Index		
Alpha	0.9	2.0
Beta	0.9	0.9
R-Squared	1.0	0.9
Consistency	58.3	60.0
Up Market Capture	91.4	91.6
Down Market Capture	88.2	83.5
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.2	0.2

Manager Evaluation

Diamond Hill Lg Cap;I (DHLRX)

As of June 30, 2011

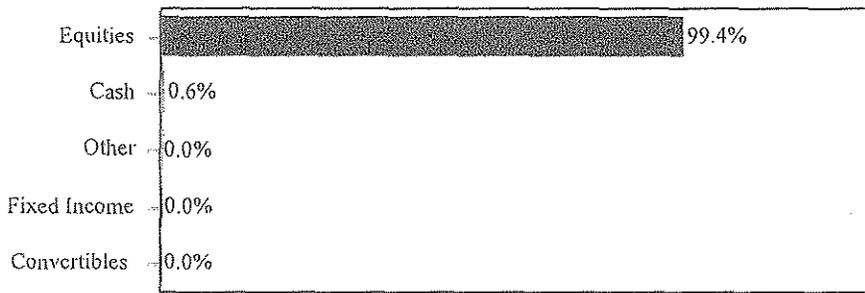
Mutual Fund Information

Fund Name :	Diamond Hill Funds: Diamond Hill Large Cap Fund; Class I Shares	Portfolio Assets :	\$1,202.00 Million
Fund Family :	Diamond Hill Capital Management Inc	Portfolio Manager :	Bath/Dierker/Welch
Ticker :	DHLRX	PM Tenure :	2005--2007--2009
Inception Date :	01/31/2005	Fund Style :	IM U.S. Large Cap Core Equity (MF)
Fund Assets :	\$686.40 Million	Style Benchmark :	S&P 500 Index
Portfolio Turnover :	16.0 %		

Fund Investment Policy

The Fund seeks to provide long-term capital appreciation by investing in common stocks that the Fund's adviser believes are undervalued. The Fund normally invests at least 80% of its assets in large capitalization companies, defined as those companies with a market capitalization of \$5 billion or more.

Asset Allocation as of 06/30/11



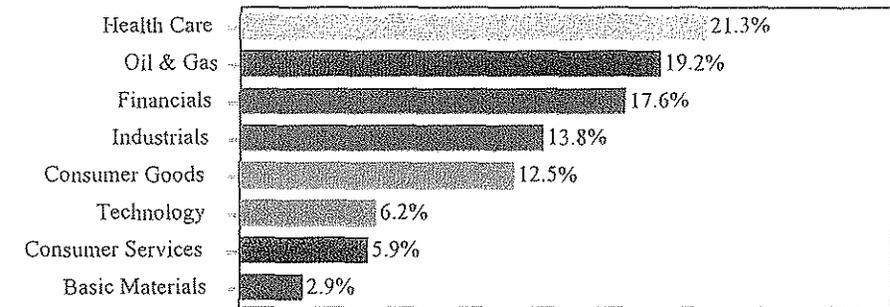
Top 10 Securities as of 06/30/11

Occidental Petroleum Corp ORD	4.5 %
Anadarko Petroleum Corp ORD	4.0 %
Devon Energy Corp ORD	3.7 %
United Technologies Corp ORD	3.5 %
Pepsico ORD	3.1 %
Procter & Gamble Co ORD	3.1 %
Pfizer ORD	3.1 %
Abbott Laboratories ORD	3.0 %
Medtronic Inc ORD	3.0 %
JPMorg Chas ORD	2.9 %

Equity Characteristics as of 06/30/11

Total Securities	49
Avg. Market Cap	\$80,173 Million
P/E	19.7
P/B	3.0
Div. Yield	2.3 %
Annual EPS	25.4
5Yr EPS	3.7
3Yr EPS Growth	-0.5

Sector Allocation as of 06/30/11

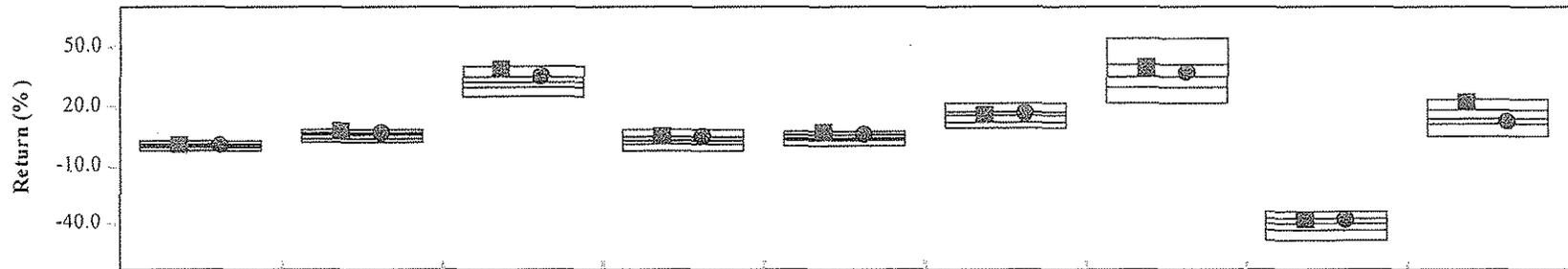


Manager Evaluation

MainStay:Lg Cap Gro;I

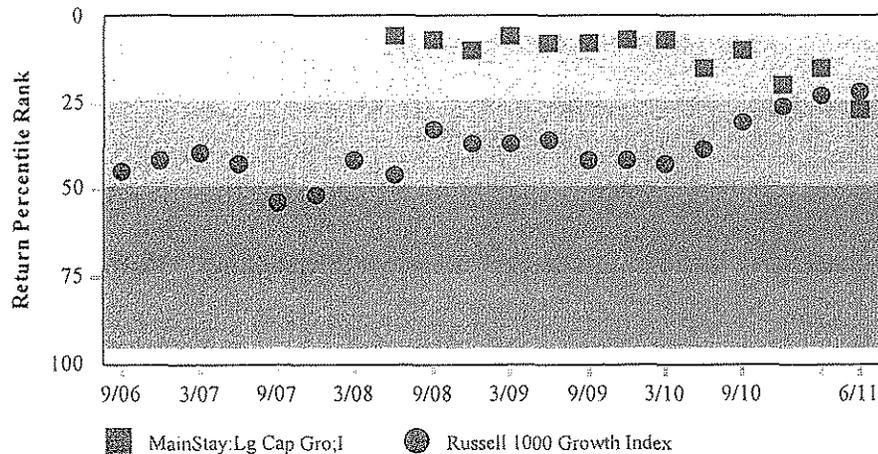
As of June 30, 2011

Peer Group Analysis vs. IM U.S. Large Cap Growth Equity (MI)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ MainStay:Lg Cap Gro;I	0.1 (53)	7.6 (14)	38.4 (10)	4.4 (27)	7.0 (7)	15.7 (46)	39.7 (30)	-38.4 (36)	21.6 (11)
● Russell 1000 Growth Index	0.8 (34)	6.8 (24)	35.0 (28)	5.0 (22)	5.3 (28)	16.7 (33)	37.2 (40)	-38.4 (37)	11.8 (69)
5th Percentile	2.8	8.4	40.7	8.0	7.1	21.5	54.6	-33.4	23.9
1st Quartile	1.0	6.7	35.4	4.6	5.5	17.5	41.0	-37.5	18.2
Median	0.2	5.5	32.6	2.8	4.2	15.2	34.8	-40.0	14.1
3rd Quartile	-0.5	4.1	29.8	0.8	2.8	12.1	29.9	-43.2	10.9
95th Percentile	-2.1	2.1	25.5	-2.3	0.4	9.0	22.2	-48.5	4.6

3 Year Rolling Percentile Ranking vs. IM U.S. Large Cap Growth Equity (MI)



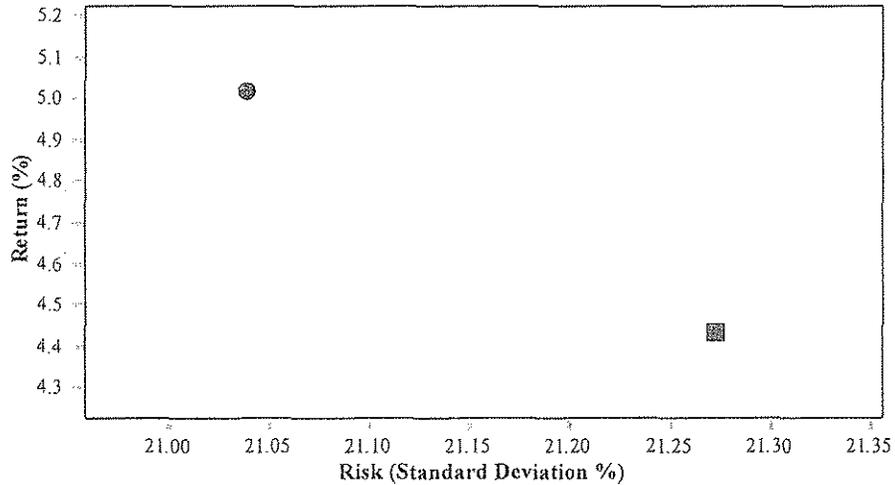
Manager Commentary

2Q 2011 – The Fund was essentially flat for the quarter and underperformed the Russell 1000 Growth Index. These results landed the Fund in the middle of its large cap growth peer group. Both stock selection and sector allocation slightly detracted from performance. Within sector allocation, the underweight to the energy sector helped, however, this was offset due to the underweight to the consumer staples sector. The consumer staples sector was the best performing sector in the Index due to investors seeking more defensive stocks. Stock selection benefited from picks in the consumer staples and industrials sectors but was hurt due to the poor performance of its financials holdings. Within consumer staples, Green Mountain Coffee was a top contributor, as the company continues to benefit from strong revenue growth. The financial sector's poor performance was led by Goldman Sachs, which continues to be impacted by regulatory and economic uncertainty. As of the end of the quarter, the Fund remains weighted toward pro-cyclical companies but the team remains aware of the increased risks in the economy.

Manager Evaluation

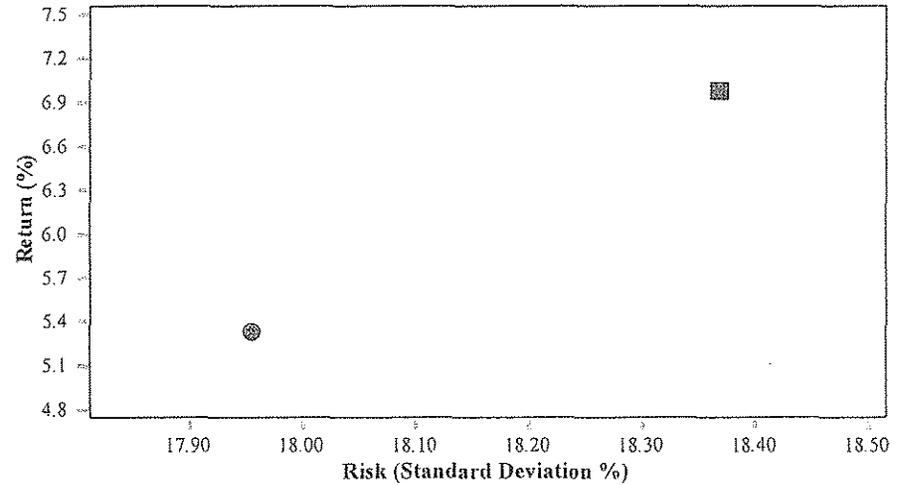
MainStay:Lg Cap Gro;I
As of June 30, 2011

3 Year Risk and Return



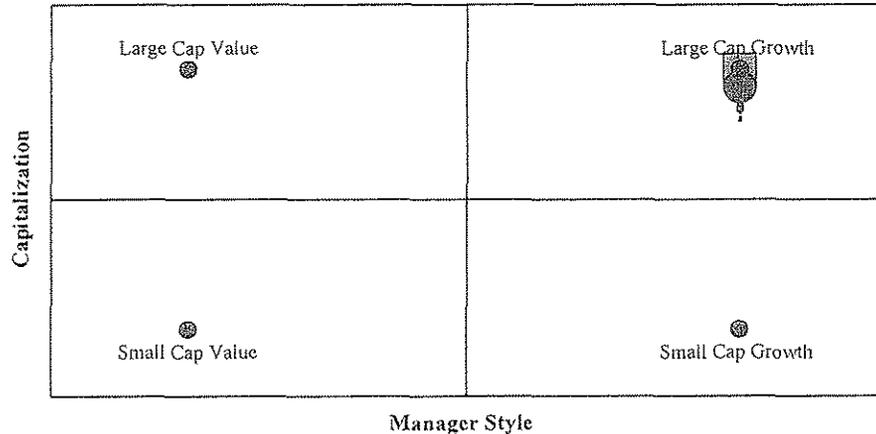
■ MainStay:Lg Cap Gro;I ● Russell 1000 Growth Index

5 Year Risk and Return



■ MainStay:Lg Cap Gro;I ● Russell 1000 Growth Index

Style Map - 3 Years



■ Style History ■ Jun-2011 ● Average Style Exposure

MPT Statistics vs. Russell 1000 Growth Index

	3 Years	5 Years
Return	4.4	7.0
Standard Deviation	21.3	18.4
vs. Russell 1000 Growth Index		
Alpha	-0.5	1.6
Beta	1.0	1.0
R-Squared	1.0	1.0
Consistency	44.4	53.3
Up Market Capture	98.7	103.7
Down Market Capture	100.4	97.2
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.3	0.4

Manager Evaluation

MainStay:Lg Cap Gro;I

As of June 30, 2011

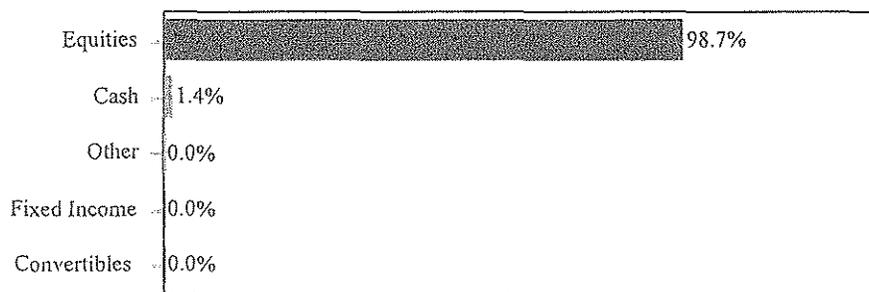
Mutual Fund Information

Fund Name :	MainStay Funds: MainStay Large Cap Growth Fund; Class I Shares	Portfolio Assets :	\$10,416.40 Million
Fund Family :	MainStay Funds	Portfolio Manager :	Team Managed
Ticker :	MLAIX	PM Tenure :	
Inception Date :	04/01/2005	Fund Style :	IM U.S. Large Cap Growth Equity (MF)
Fund Assets :	\$6,858.20 Million	Style Benchmark :	Russell 1000 Growth Index
Portfolio Turnover :	91.0 %		

Fund Investment Policy

The Fund seeks long-term growth of capital by investing in companies with the potential to earn above-average future earnings growth. The Fund's investment strategy may result in high portfolio turnover.

Asset Allocation as of 06/30/11



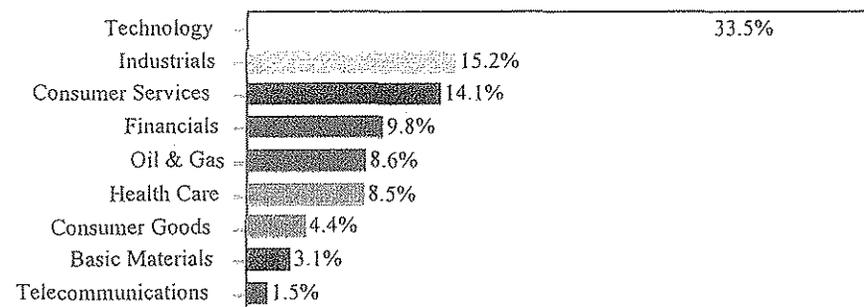
Top 10 Securities as of 06/30/11

Apple Inc ORD	4.7 %
Cognizant Technology Solutions Corp ORD	4.2 %
QUALCOMM Inc ORD	3.1 %
Union Pacific Corp ORD	3.0 %
Oracle Corp ORD	2.9 %
Danaher Corp ORD	2.8 %
Express Scripts ORD	2.7 %
EMC Corp ORD	2.6 %
Schlumberger NV ORD	2.5 %
Amazon.com Inc ORD	2.5 %

Equity Characteristics as of 06/30/11

Total Securities	67
Avg. Market Cap	\$60,322 Million
P/E	29.5
P/B	5.8
Div. Yield	1.1 %
Annual EPS	44.7
5Yr EPS	20.5
3Yr EPS Growth	18.4

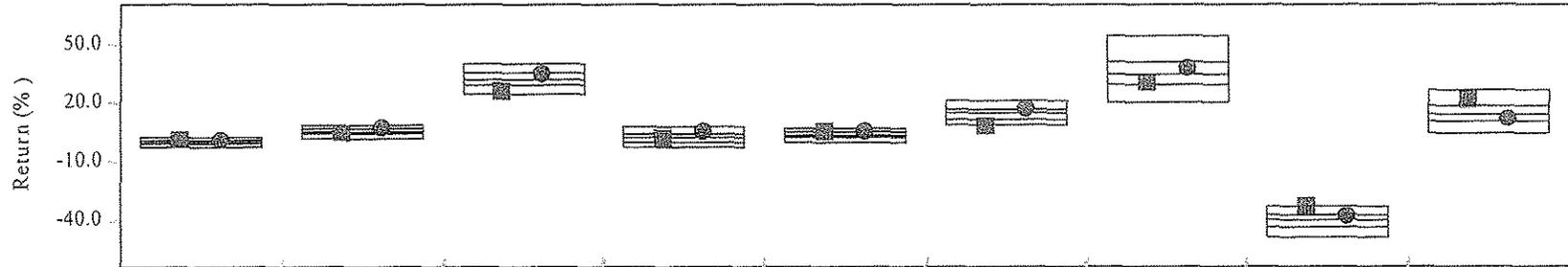
Sector Allocation as of 06/30/11



Manager Evaluation

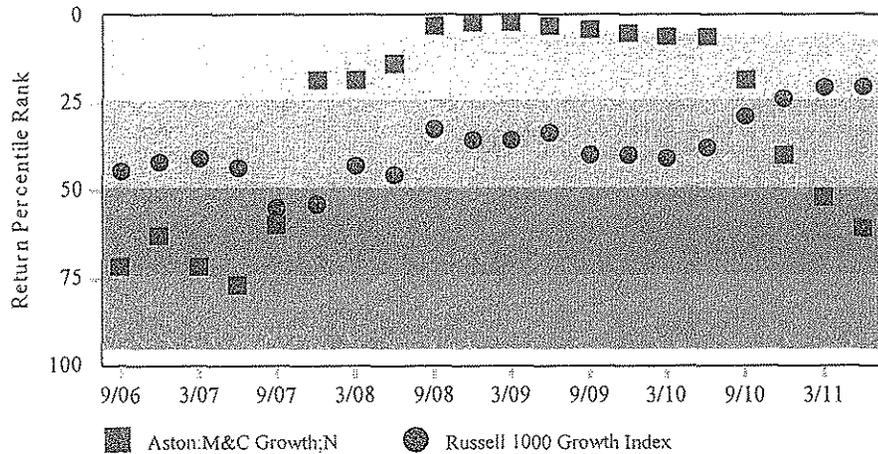
Aston:M&C Growth;N
As of June 30, 2011

Peer Group Analysis vs. IM U.S. Large Cap Growth Equity (MF)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Aston:M&C Growth;N	0.6 (40)	4.7 (65)	25.5 (95)	2.0 (61)	5.3 (27)	8.3 (96)	29.8 (74)	-32.6 (5)	21.0 (15)
● Russell 1000 Growth Index	0.8 (35)	6.8 (23)	35.0 (26)	5.0 (21)	5.3 (26)	16.7 (30)	37.2 (39)	-38.4 (37)	11.8 (68)
5th Percentile	2.7	8.5	40.0	8.0	7.1	21.5	53.8	-33.0	26.3
1st Quartile	1.1	6.7	35.2	4.5	5.4	17.2	40.4	-37.4	18.2
Median	0.2	5.5	32.2	2.8	3.8	14.9	34.6	-39.9	14.0
3rd Quartile	-0.6	4.1	29.4	0.4	2.6	11.9	29.4	-43.4	10.7
95th Percentile	-2.3	2.0	25.2	-2.7	0.4	8.5	20.3	-48.6	4.5

3 Year Rolling Percentile Ranking vs. IM U.S. Large Cap Growth Equity (MF)



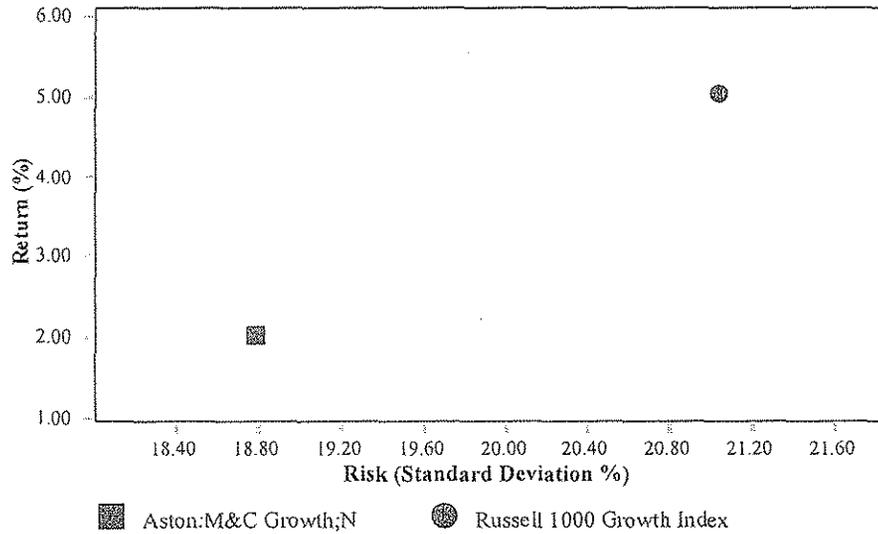
Manager Commentary

2Q 2011 – The Fund posted slight gains this quarter and performed in line with the Russell 1000 Growth Index. These results were enough to land the Fund in the top half of its large cap growth peer group. Sector allocation added to results for the period. The biggest contributor to relative results was the large overweight to the consumer staples sector. The team at Montag & Caldwell tends to favor this sector due to their ability to find consistent long-term earnings growth. Despite being a headwind recently, their persistence paid off this quarter as it was among the top performing sectors in the Index. Investors seeking the stability of these companies in the volatile environment led to strong results in the consumer staples sector. Stock selection was a bit of a mixed bag for the Fund, as it benefited from selection in the consumer discretionary sector, but was hurt due to selection in the financials and industrials sectors.

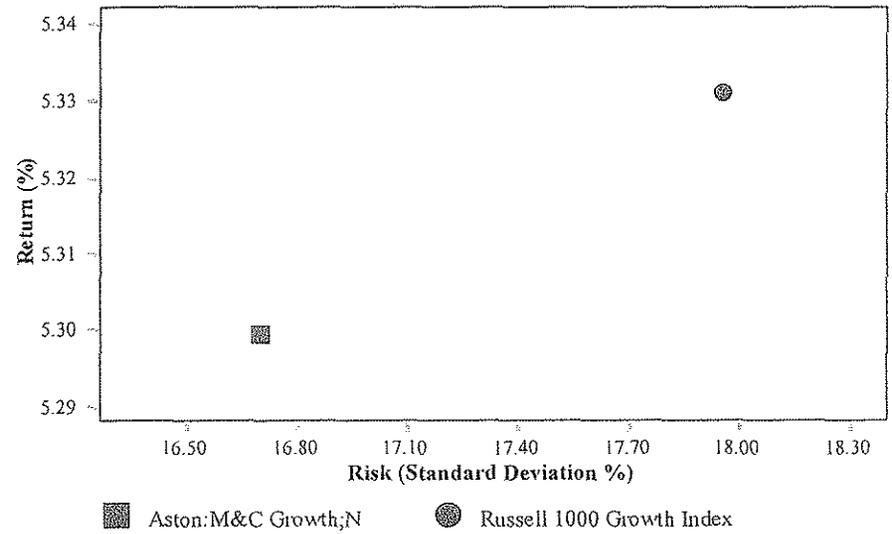
Manager Evaluation

Aston:M&C Growth;N
As of June 30, 2011

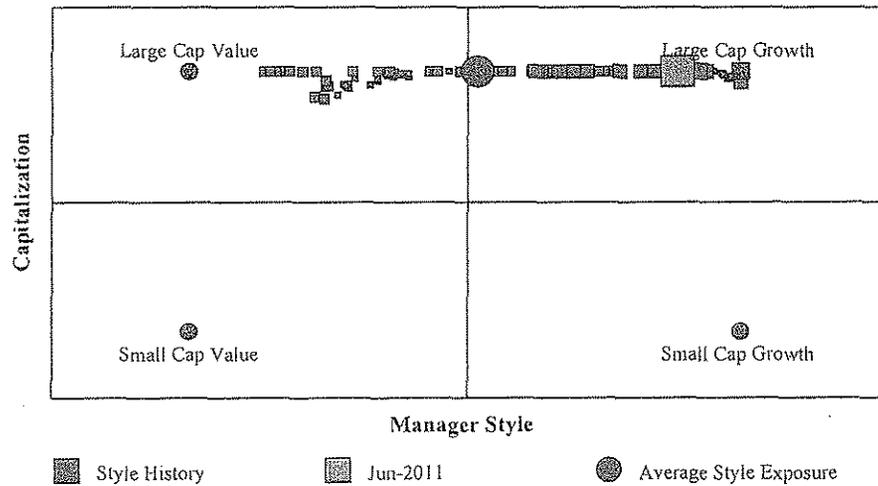
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. Russell 1000 Growth Index

	3 Years	5 Years
Return	2.0	5.3
Standard Deviation	18.8	16.7
vs. Russell 1000 Growth Index		
Alpha	-2.5	0.4
Beta	0.9	0.9
R-Squared	1.0	0.9
Consistency	36.1	50.0
Up Market Capture	80.3	87.4
Down Market Capture	87.8	84.4
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.2	0.3

Manager Evaluation

Aston:M&C Growth;N

As of June 30, 2011

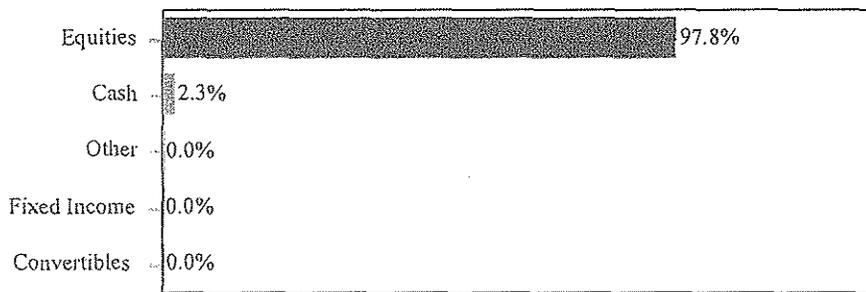
Mutual Fund Information

Fund Name :	Aston Funds: Aston/Montag & Caldwell Growth Fund; Class N Shares	Portfolio Assets :	\$3,317.40 Million
Fund Family :	Aston Asset Management Co	Portfolio Manager :	Team Managed
Ticker :	MCGFX	PM Tenure :	
Inception Date :	11/02/1994	Fund Style :	IM U.S. Large Cap Growth Equity (MF)
Fund Assets :	\$1,632.80 Million	Style Benchmark :	Russell 1000 Growth Index

Fund Investment Policy

The Fund seeks long-term capital appreciation and, secondarily, current income, by investing primarily in common stocks and convertible securities. The Fund emphasizes valuation to find companies selling at a discount to their intrinsic value.

Asset Allocation as of 06/30/11



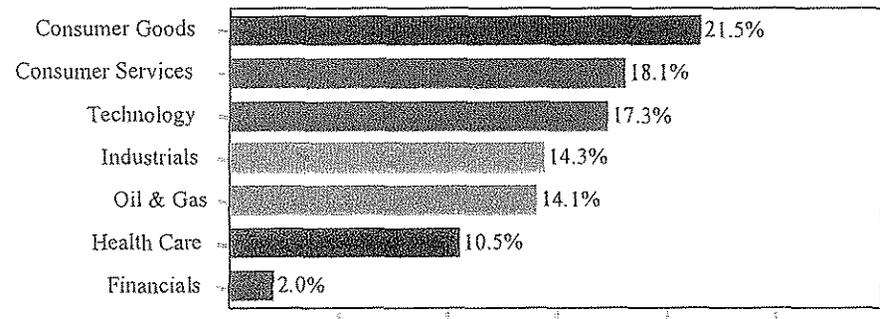
Top 10 Securities as of 06/30/11

QUALCOMM Inc ORD	4.7 %
Coca Cola Co ORD	4.6 %
Apple Inc ORD	4.5 %
Accenture Public Ltd Co ORD	4.3 %
Pepsico ORD	4.2 %
Google Inc ORD	4.2 %
McDonalds Corp ORD	4.1 %
Procter & Gamble Co ORD	4.0 %
Oracle Corp ORD	4.0 %
United Parcel Service Inc ORD	3.9 %

Equity Characteristics as of 06/30/11

Total Securities	33
Avg. Market Cap	\$93,210 Million
P/E	20.9
P/B	4.6
Div. Yield	1.9 %
Annual EPS	25.2
5Yr EPS	10.9
3Yr EPS Growth	11.0

Sector Allocation as of 06/30/11

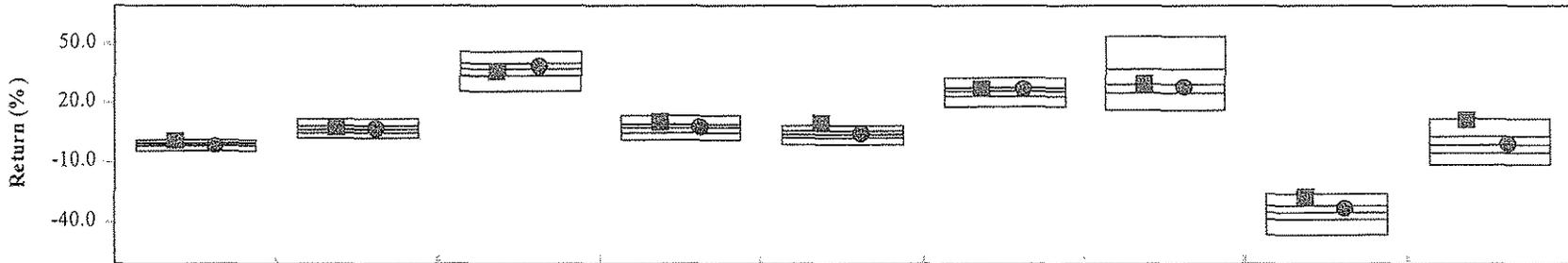


Manager Evaluation

Boston Trust Small Cap

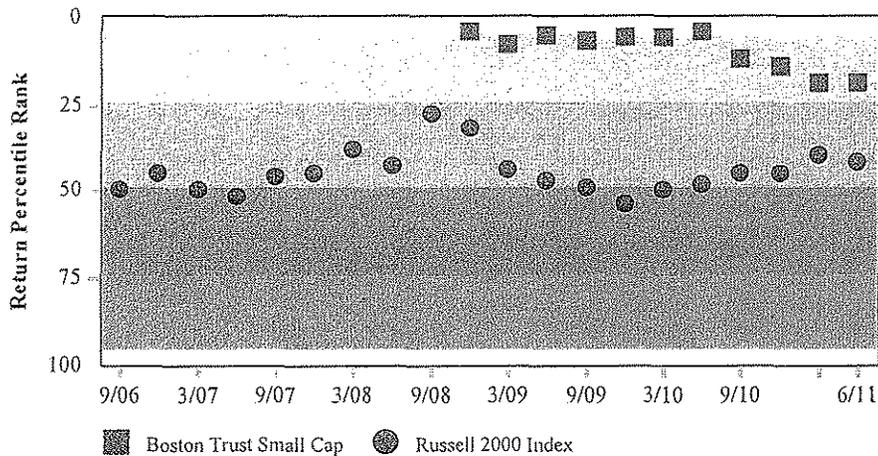
As of June 30, 2011

Peer Group Analysis vs. IM U.S. Small Cap Core Equity (MI)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Boston Trust Small Cap	0.4 (15)	7.6 (33)	34.7 (68)	10.0 (19)	8.9 (4)	26.2 (43)	28.9 (52)	-27.8 (11)	11.2 (6)
● Russell 2000 Index	-1.6 (57)	6.2 (54)	37.4 (41)	7.8 (42)	4.1 (50)	26.9 (35)	27.2 (61)	-33.8 (37)	-1.6 (51)
5th Percentile	1.5	11.6	45.7	13.2	8.5	32.6	52.9	-26.6	12.0
1st Quartile	-0.2	8.1	39.5	9.2	5.9	27.6	36.6	-31.9	3.2
Median	-1.2	6.5	36.5	7.3	4.1	25.6	29.2	-35.8	-1.5
3rd Quartile	-2.3	5.1	33.4	5.2	2.3	23.0	24.4	-39.1	-5.8
95th Percentile	-4.4	2.0	26.0	1.7	-0.8	18.0	16.1	-46.6	-11.4

3 Year Rolling Percentile Ranking vs. IM U.S. Small Cap Core Equity (MI)



Manager Commentary

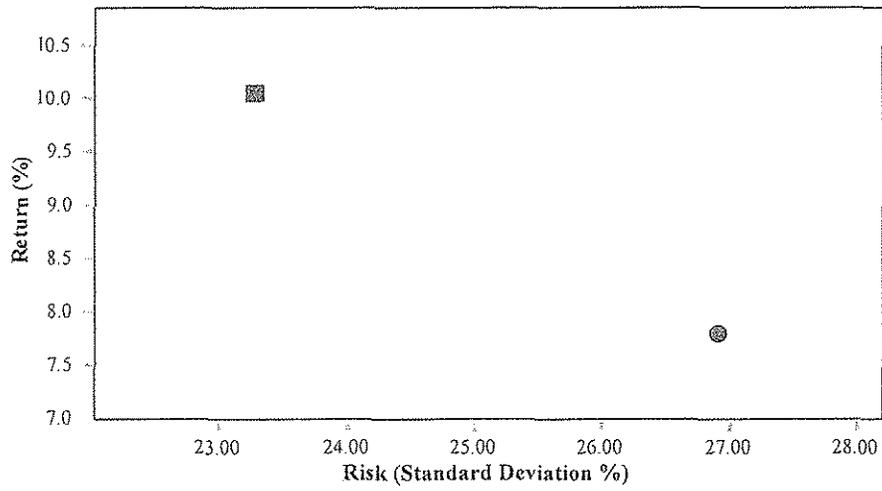
2Q 2011 - U.S. equity markets declined modestly in the second quarter of 2011. Boston Trust's Small Cap Fund outperformed the Russell 2000 Index during the quarter. There was notable positive contribution to performance from security selection in the consumer discretionary, energy and technology sectors. Within consumer discretionary, where security selection was strongest, the most meaningful contributions came from investments in specialty retail companies. Conversely, stock selection was weak in healthcare, however this was somewhat offset by a slight overweight position to the outperforming sector.

Manager Evaluation

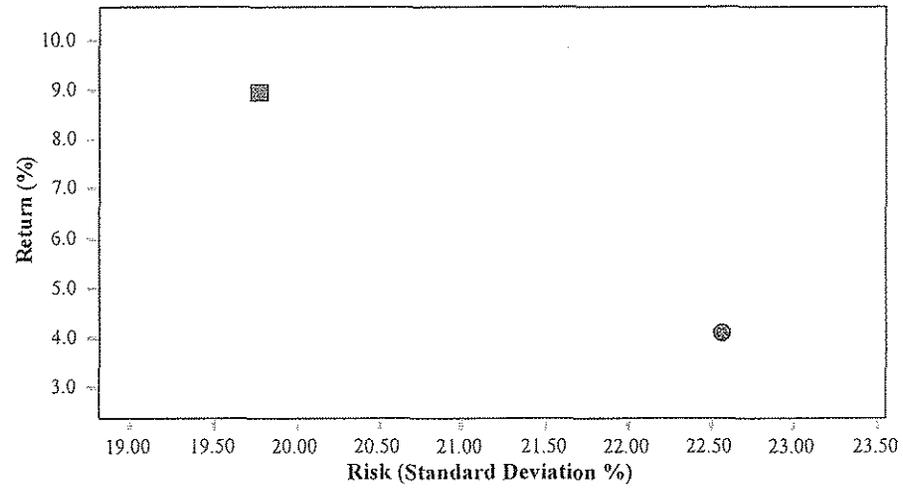
Boston Trust Small Cap

As of June 30, 2011

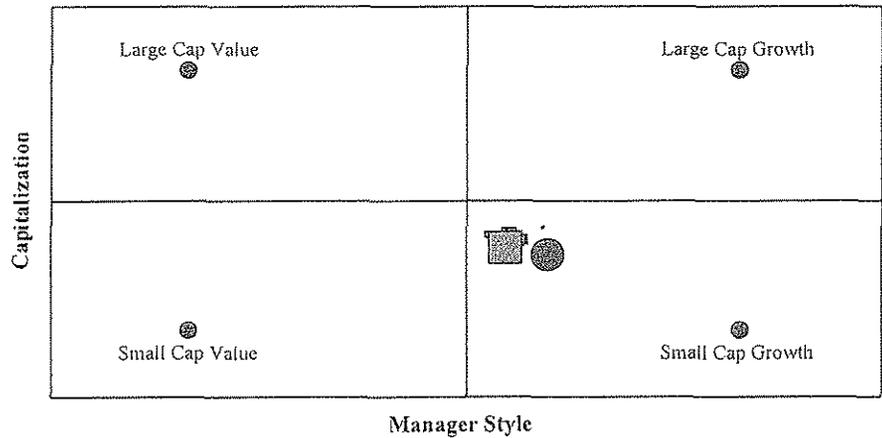
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. Russell 2000 Index

	3 Years	5 Years
Return	10.0	8.9
Standard Deviation	23.3	19.8
vs. Russell 2000 Index		
Alpha	2.8	5.0
Beta	0.9	0.9
R-Squared	1.0	1.0
Consistency	47.2	56.7
Up Market Capture	87.8	94.0
Down Market Capture	80.4	78.4
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.5	0.4

Manager Evaluation

Boston Trust Small Cap

As of June 30, 2011

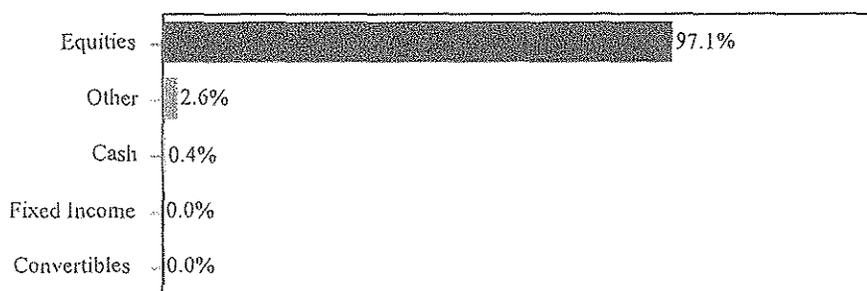
Mutual Fund Information

Fund Name :	Coventry Group: Boston Trust Small Cap Fund	Portfolio Assets :	\$289.00 Million
Fund Family :	Boston Trust Investment Management Inc	Portfolio Manager :	Kenneth Scott
Ticker :	BOSOX	PM Tenure :	2005
Inception Date :	12/16/2005	Fund Style :	IM U.S. Small Cap Growth Equity (MF)
Fund Assets :	\$289.00 Million	Style Benchmark :	Russell 2000 Growth Index
Portfolio Turnover :	36.0 %		

Fund Investment Policy

The Fund seeks long-term growth of capital. The Fund achieves this objective by investing at least 80% of its assets in equity securities of small capitalization companies. The Fund defines small cap issuers as those with market caps within the range encompassed by the Russell 2000 Index at the time of purchase.

Asset Allocation as of 06/30/11



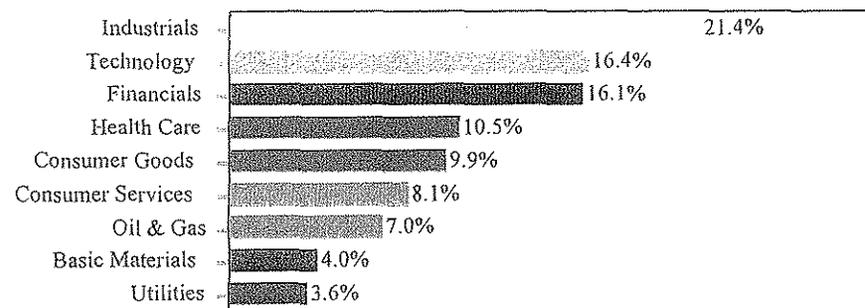
Top 10 Securities as of 06/30/11

Carbo Ceramics Inc ORD	3.1 %
Genesee & Wyoming Inc ORD	2.4 %
Westinghouse Air Brake Technologies Corp ORD	2.3 %
Plantronics Inc ORD	2.2 %
John Wiley and Sons Inc ORD	2.1 %
CLARCOR Inc ORD	2.0 %
Quality Systems Inc ORD	1.8 %
Bank Hawaii ORD	1.7 %
Bruker Corp ORD	1.7 %
United Natural Foods Inc ORD	1.7 %

Equity Characteristics as of 06/30/11

Total Securities	103
Avg. Market Cap	\$1,679 Million
P/E	29.0
P/B	4.1
Div. Yield	1.6 %
Annual EPS	39.0
5Yr EPS	12.4
3Yr EPS Growth	9.3

Sector Allocation as of 06/30/11

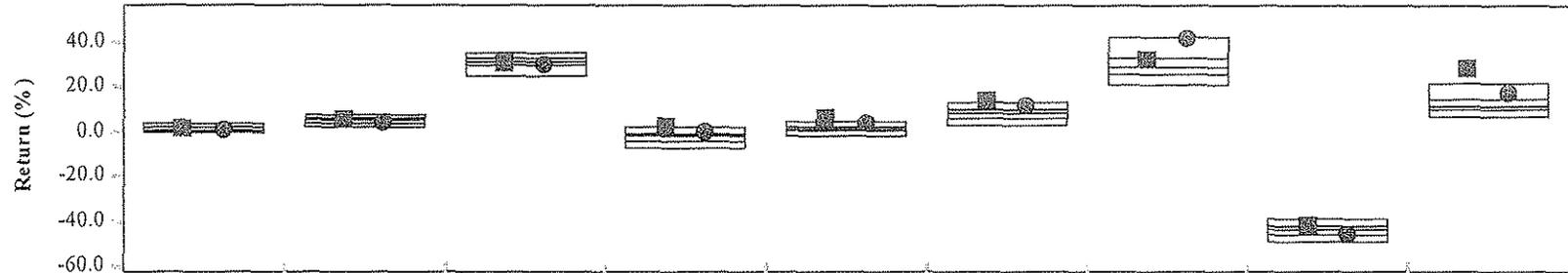


Manager Evaluation

Thornburg Intl Val;R5

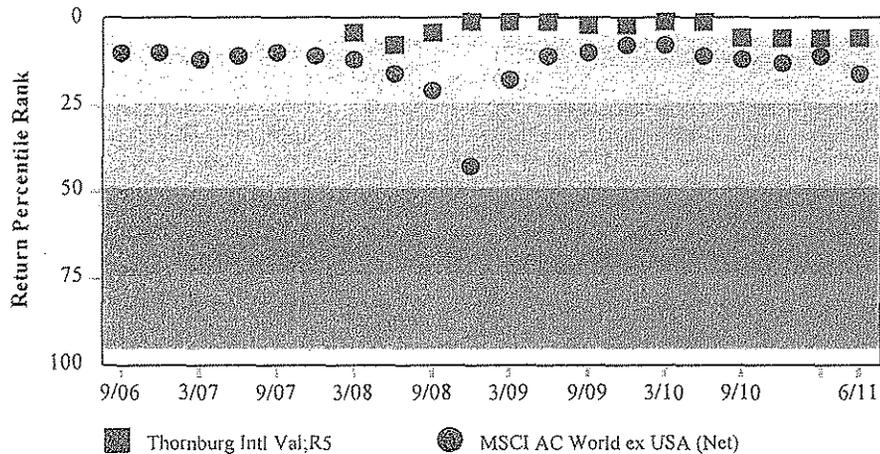
As of June 30, 2011

Peer Group Analysis vs. IM International Large Cap Core Equity (MID)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Thornburg Intl Val;R5	1.2 (62)	5.6 (32)	30.1 (73)	2.1 (6)	6.3 (1)	14.1 (3)	31.9 (27)	-41.7 (21)	28.1 (1)
● MSCI AC World ex USA (Net)	0.4 (85)	3.8 (77)	29.7 (78)	-0.3 (16)	3.7 (8)	11.2 (13)	41.4 (7)	-45.5 (70)	16.7 (13)
5th Percentile	3.3	7.2	35.2	2.1	4.6	13.0	41.8	-38.8	21.5
1st Quartile	2.2	6.0	32.7	-0.9	2.4	10.2	32.4	-42.0	14.9
Median	1.7	4.8	31.3	-2.1	1.4	8.0	28.9	-43.8	11.7
3rd Quartile	0.7	3.8	29.9	-3.9	0.2	6.3	25.6	-46.1	9.9
95th Percentile	-0.7	1.8	24.4	-7.5	-1.8	3.1	20.5	-48.7	6.8

3 Year Rolling Percentile Ranking vs. IM International Large Cap Core Equity



Manager Commentary

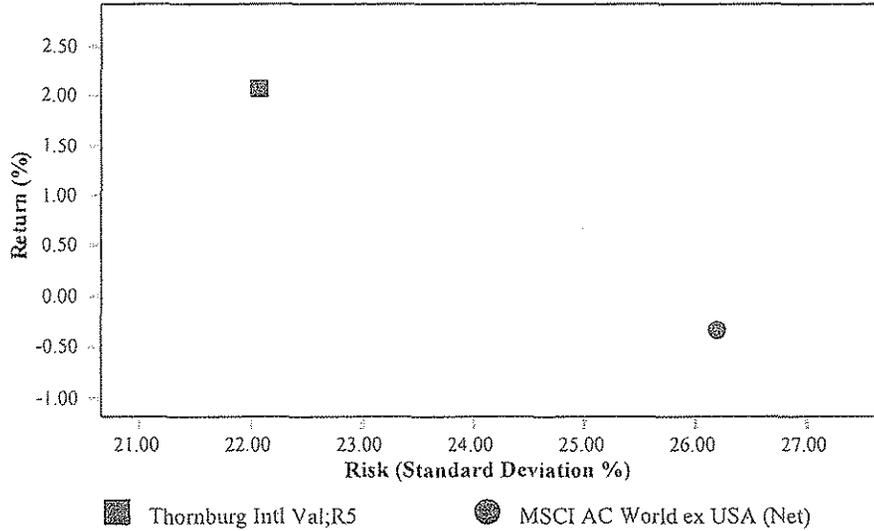
2Q 2011 – The Fund rose this quarter with performance that outpaced that of the MSCI ACWI ex USA Index. During the quarter, developed markets outperformed emerging markets, as concerns regarding global growth had a greater impact on emerging market stocks. The Fund benefited from the strong results it had in the consumer discretionary sector. Within the sector LVMH Moët Hennessey was one of the top contributing companies. The luxury goods manufacturer continues to benefit from the strong demand for their products. Also adding to results was the strong performance of Volkswagen and Hyundai. The automobile manufacturers continue to benefit from market share gains. One of the largest detractors for the period came from the information technology sector where HTC underperformed.

Manager Evaluation

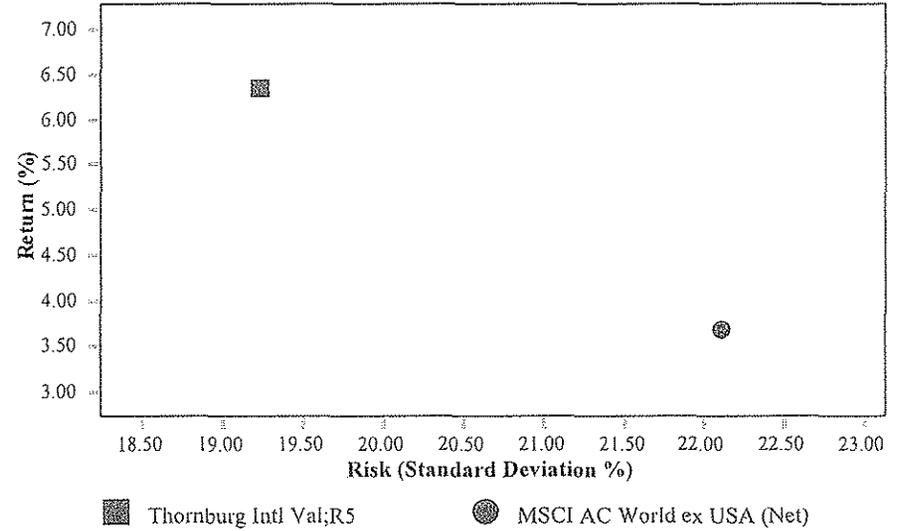
Thornburg Intl Val;R5

As of June 30, 2011

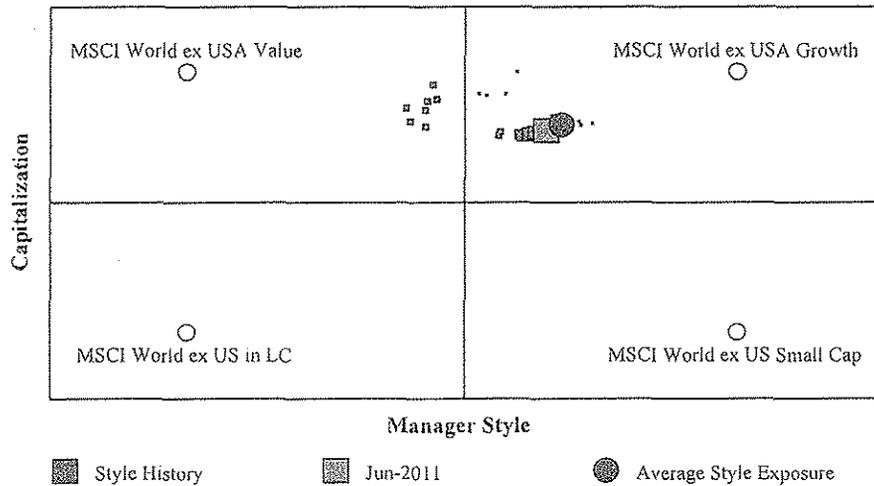
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. MSCI AC World ex USA (Net)

	3 Years	5 Years
Return	2.1	6.3
Standard Deviation	22.1	19.2
vs. MSCI AC World ex USA (Net)		
Alpha	1.9	2.8
Beta	0.8	0.9
R-Squared	1.0	1.0
Consistency	50.0	55.0
Up Market Capture	86.5	90.2
Down Market Capture	81.2	80.4
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.2	0.3

Manager Evaluation

Thornburg Intl Val;R5

As of June 30, 2011

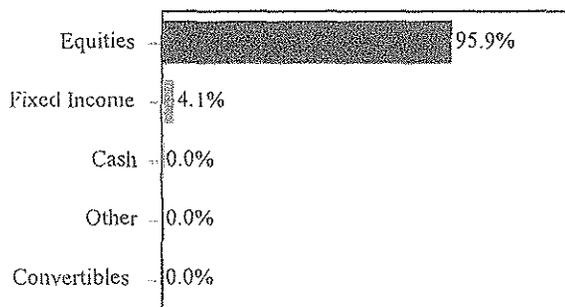
Mutual Fund Information

Fund Name :	Thornburg Investment Trust; Thornburg International Value Fund; Class R5 Shares	Portfolio Assets :	\$30,202.70 Million
Fund Family :	Thornburg Investment Management Inc	Portfolio Manager :	Fries/Trevisani/Wang
Ticker :	TIVRX	PM Tenure :	2005--2006--2006
Inception Date :	02/01/2005	Fund Style :	IM International Large Cap Growth Equity (MF)
Fund Assets :	\$4,357.70 Million	Style Benchmark :	S&P EPAC LargeMidCap Growth
Portfolio Turnover :	22.0 %		

Fund Investment Policy

The Fund seeks long-term capital appreciation. The Fund also seeks some current income and invests worldwide with normally more than one-half of its assets invested outside the United States.

Asset Allocation as of 06/30/11



Top 10 Securities as of 06/30/11

Volkswagen AG PFD	2.8 %
HTC Corp ORD	2.7 %
KOMATSU ORD	2.6 %
Novo Nordisk A/S ORD	2.4 %
SAP AG ORD	2.4 %
LVMH Moet Hennessy Louis Vuitton SA ORD	2.3 %
Siemens AG ORD	2.2 %
Hyundai Motor ORD	2.1 %
Brit Am Tobacco ORD	2.1 %
Tesco ORD	2.1 %

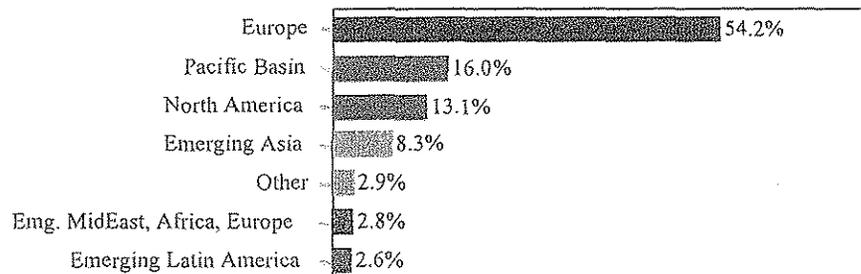
Top 5 Countries as of 06/30/11

United Kingdom	15.6 %
Germany	13.3 %
Japan	10.4 %
France	8.9 %
Switzerland	6.2 %

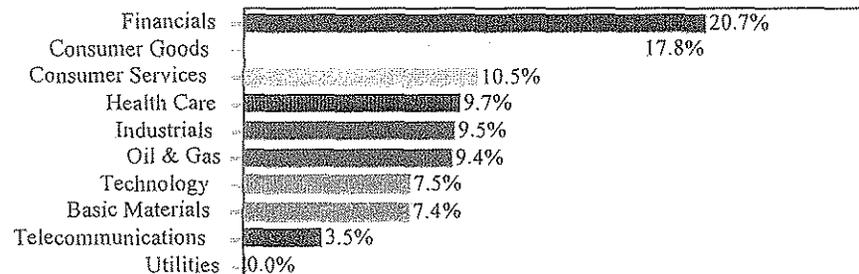
Equity Characteristics as of 06/30/11

Total Securities	91
Avg. Market Cap	\$68,730 Million
P/E	19.6
P/B	4.0
Div. Yield	2.4 %
Annual EPS	38.5

Region Allocation as of 06/30/11



Sector Allocation as of 06/30/11

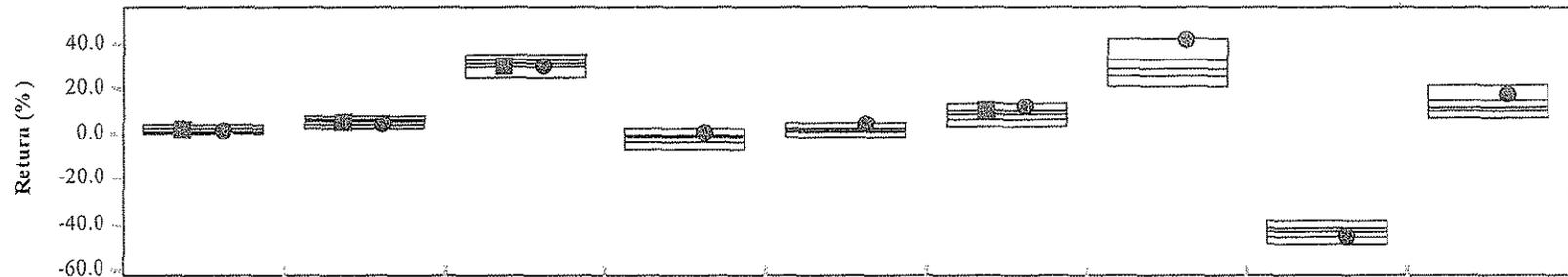


Manager Evaluation

American Funds EuPc;R-6

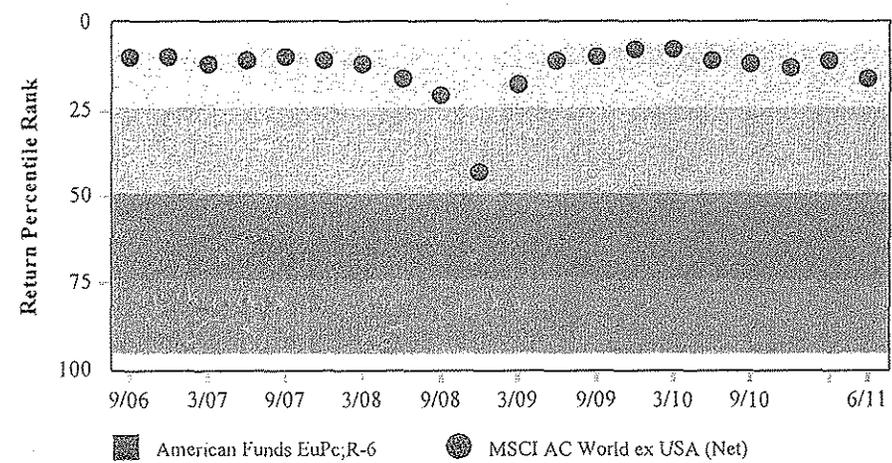
As of June 30, 2011

Peer Group Analysis vs. IM International Large Cap Core Equity (MF)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ American Funds EuPc;R-6	1.1 (64)	4.7 (55)	29.4 (78)	N/A	N/A	9.8 (31)	N/A	N/A	N/A
● MSCI AC World ex USA (Net)	0.4 (85)	3.8 (77)	29.7 (78)	-0.3 (16)	3.7 (8)	11.2 (13)	41.4 (7)	-45.5 (70)	16.7 (13)
5th Percentile	3.3	7.2	35.2	2.1	4.6	13.0	41.8	-38.8	21.5
1st Quartile	2.2	6.0	32.7	-0.9	2.4	10.2	32.4	-42.0	14.9
Median	1.7	4.8	31.3	-2.1	1.4	8.0	28.9	-43.8	11.7
3rd Quartile	0.7	3.8	29.9	-3.9	0.2	6.3	25.6	-46.1	9.9
95th Percentile	-0.7	1.8	24.4	-7.5	-1.8	3.1	20.5	-48.7	6.8

3 Year Rolling Percentile Ranking vs. IM International Large Cap Core Equity



Manager Commentary

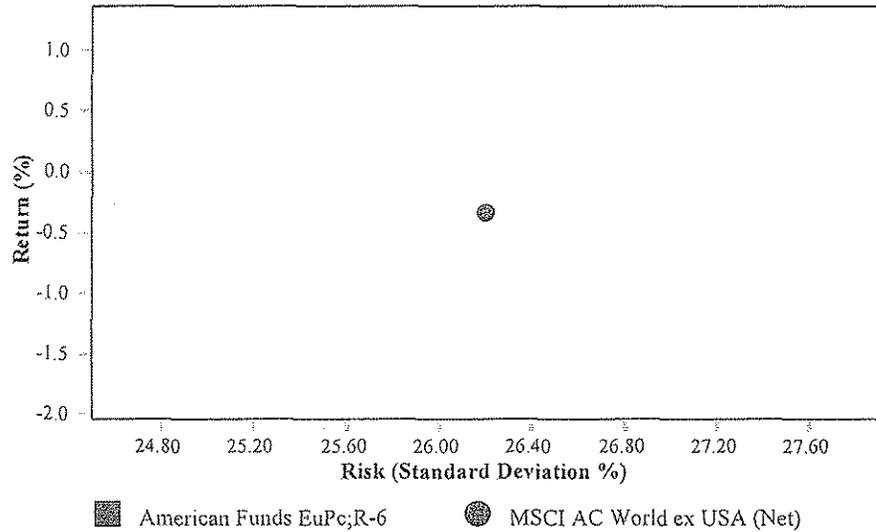
2Q 2011 – The American Funds EuroPacific Growth Fund outperformed the MSCI ACWI ex USA Index during the quarter but underperformed the MSCI EAFE Index. The Fund’s exposure to emerging markets was a headwind for the period, as developed markets outperformed emerging market in the quarter. These results landed it landed in the bottom half of its foreign large cap blend peer group. Relative results were added to by good sector allocation decisions, while stock selection was a headwind to performance. Sector allocation benefited from the overweight position in the health care sector and the underweight position in the energy sector. After a good run up over the last couple of quarters, the energy sector ended up being one worst performing sectors in the benchmark this quarter. Within country allocation, the overweight allocations to Germany and Switzerland were among the top contributors. While stock selection in Japan, Mexico and Taiwan weighed on results. A major focal point in the Fund continues to be exposure to emerging markets. During the quarter, Andrew B. Suzman was added as a portfolio counselor on the Fund. He joins the team of managers on the Fund.

Manager Evaluation

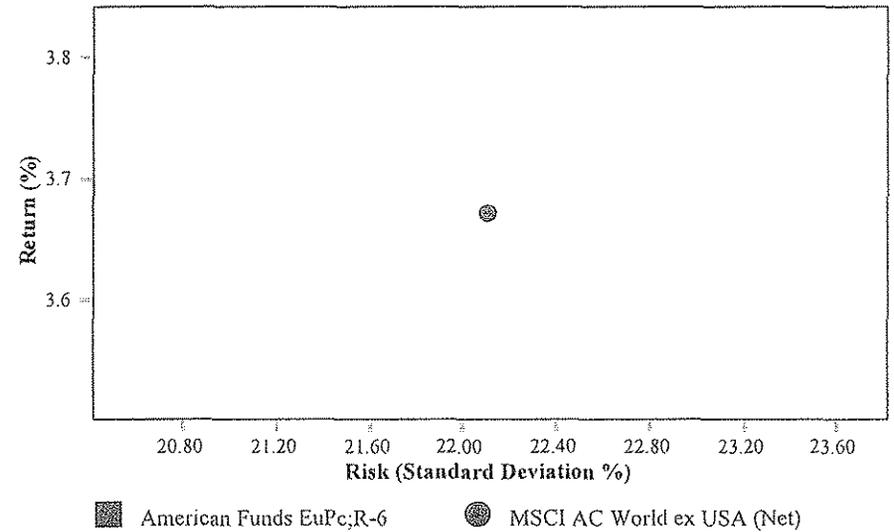
American Funds EuPc;R-6

As of June 30, 2011

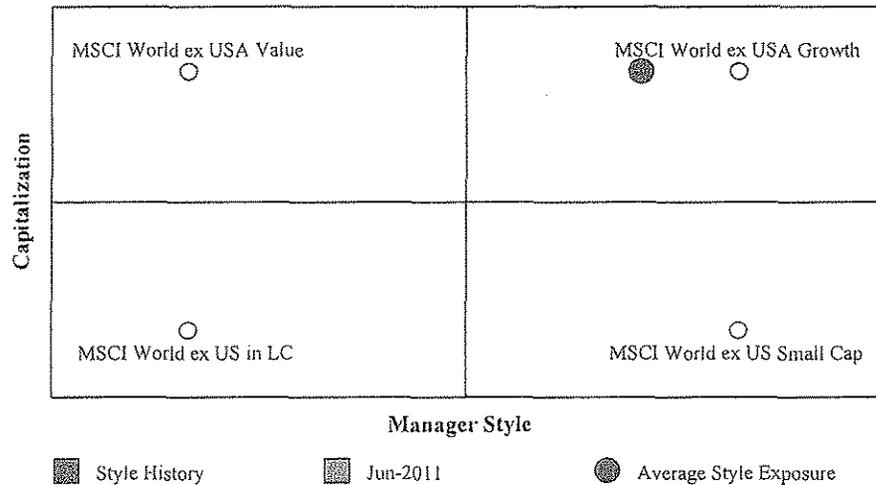
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. MSCI AC World ex USA (Net)

	3 Years	5 Years
Return	N/A	N/A
Standard Deviation	N/A	N/A
vs. MSCI AC World ex USA (Net)		
Alpha	N/A	N/A
Beta	N/A	N/A
R-Squared	N/A	N/A
Consistency	N/A	N/A
Up Market Capture	N/A	N/A
Down Market Capture	N/A	N/A
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	N/A	N/A

Manager Evaluation

American Funds EuPc;R-6

As of June 30, 2011

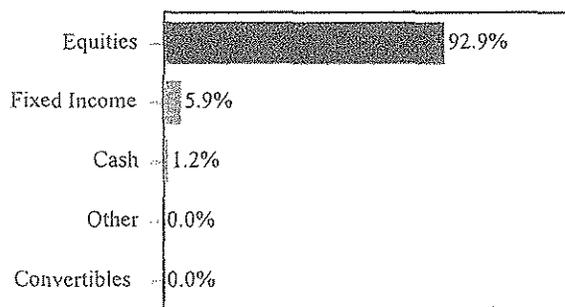
Mutual Fund Information

Fund Name :	EuroPacific Growth Fund; Class R-6 Shares	Portfolio Assets :	\$116,179.50 Million
Fund Family :	American Funds	Portfolio Manager :	Team Managed
Ticker :	RERGX	PM Tenure :	
Inception Date :	05/01/2009	Fund Style :	IM International Large Cap Growth Equity (MF)
Fund Assets :	\$14,932.20 Million	Style Benchmark :	S&P EPAC LargeMidCap Growth
Portfolio Turnover :	31.0 %		

Fund Investment Policy

The Fund seeks to provide long-term growth of capital by investing in companies based outside the United States. The Fund invests in companies based chiefly in Europe and the Pacific Basin, ranging from small firms to large corporations.

Asset Allocation as of 06/30/11



Top 10 Securities as of 06/30/11

Novo Nordisk A/S ORD	2.6 %
America Movil SAB de CV DR	2.6 %
SOFTBANK ORD	1.8 %
Bayer AG ORD	1.7 %
Novartis ORD	1.7 %
Daimler AG ORD	1.6 %
Samsung Electronics Co Ltd ORD	1.4 %
Nestle SA ORD	1.4 %
HTC Corp ORD	1.2 %
Anheuser Busch Inbev SA ORD	1.1 %

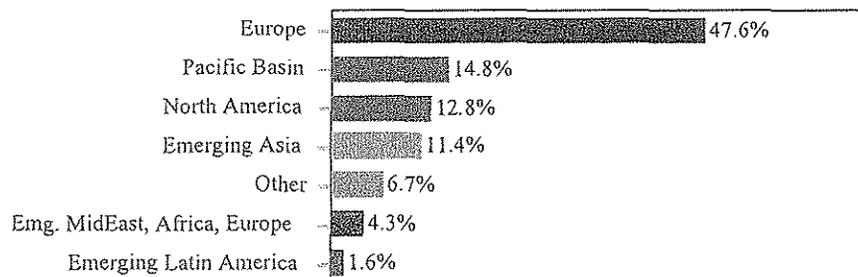
Top 5 Countries as of 06/30/11

Japan	10.9 %
United Kingdom	8.3 %
France	8.2 %
Germany	8.1 %
Switzerland	7.2 %

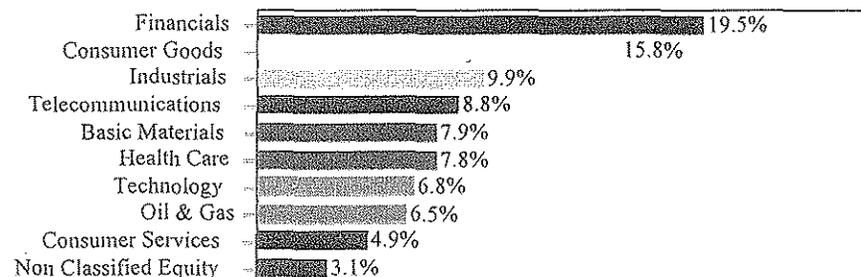
Equity Characteristics as of 06/30/11

Total Securities	439
Avg. Market Cap	\$56,379 Million
P/E	19.4
P/B	3.3
Div. Yield	2.6 %
Annual EPS	35.5

Region Allocation as of 06/30/11



Sector Allocation as of 06/30/11

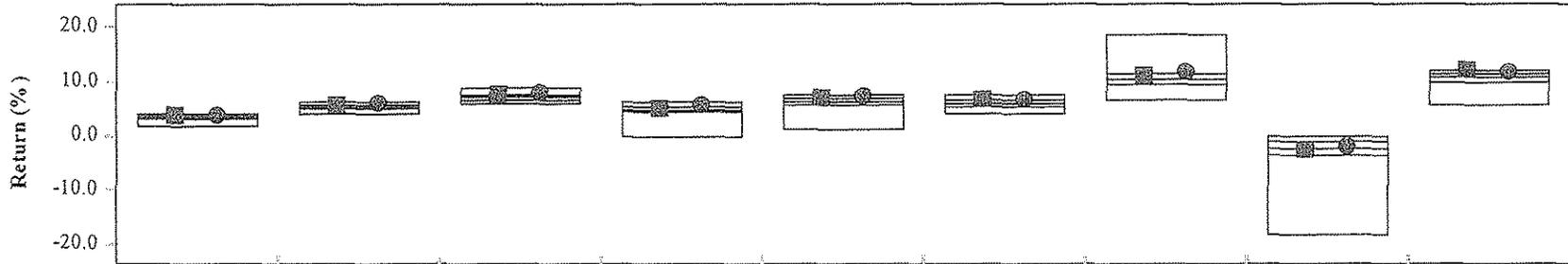


Manager Evaluation

Vanguard Infl-Prot;Adm

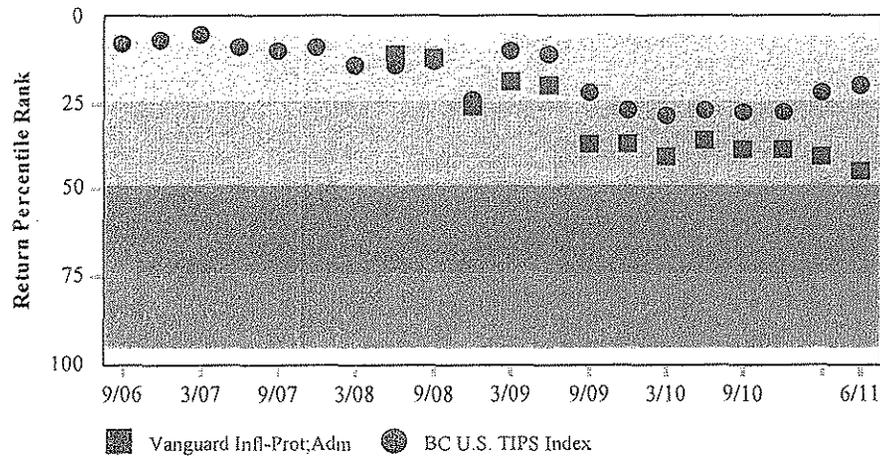
As of June 30, 2011

Peer Group Analysis vs. IM U.S. TIPS (MI)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Vanguard Infl-Prot;Adm	3.4 (24)	5.3 (37)	7.3 (34)	4.7 (45)	6.6 (24)	6.3 (25)	11.0 (32)	-2.8 (59)	11.7 (7)
● BC U.S. TIPS Index	3.7 (7)	5.8 (6)	7.7 (15)	5.3 (20)	6.9 (14)	6.3 (25)	11.4 (23)	-2.4 (49)	11.6 (8)
5th Percentile	3.7	6.0	8.8	6.0	7.2	7.5	18.4	-0.3	11.8
1st Quartile	3.4	5.4	7.4	5.1	6.6	6.3	11.1	-1.3	11.1
Median	3.2	5.1	6.9	4.6	6.1	5.8	10.3	-2.4	10.6
3rd Quartile	2.9	4.8	6.3	4.0	5.5	5.2	9.3	-3.9	9.6
95th Percentile	1.5	3.8	5.6	-0.4	0.9	3.8	6.3	-18.4	5.3

3 Year Rolling Percentile Ranking vs. IM U.S. TIPS (MI)



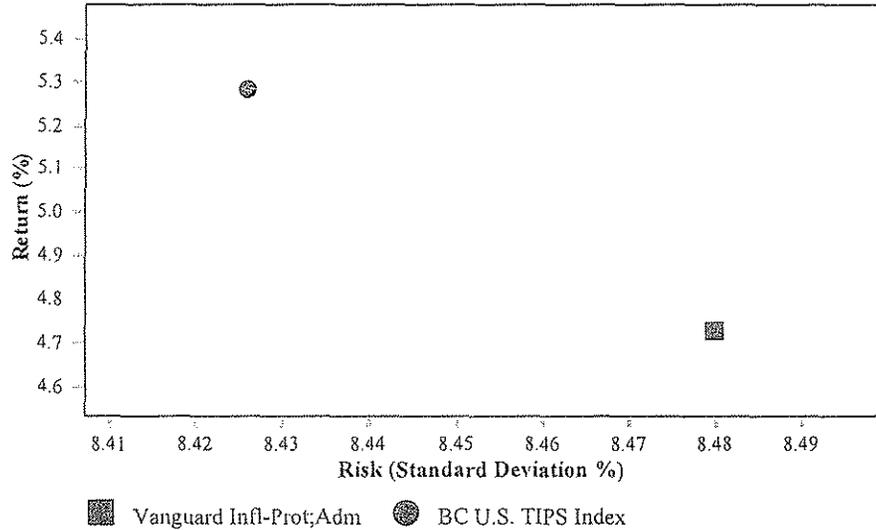
Manager Commentary

2Q 2011 - In accordance with its objective, the Fund performed approximately in line with the Barclays US TIPS Index.

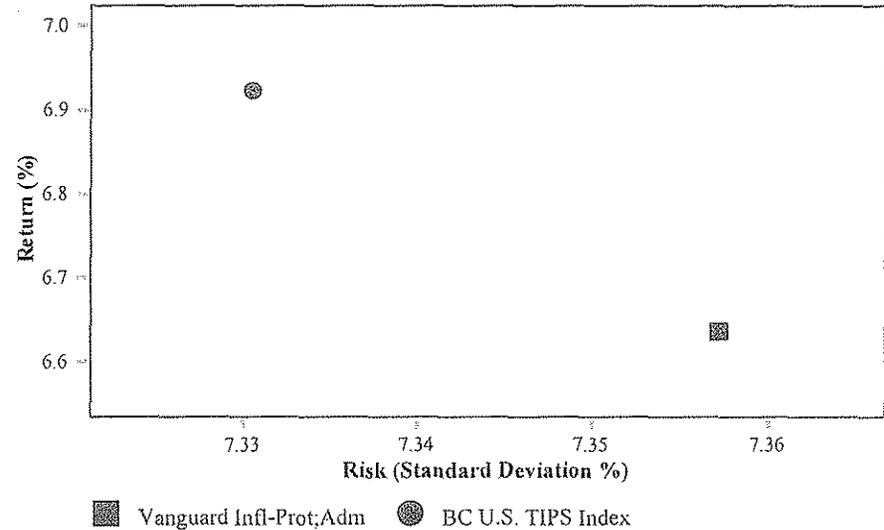
Manager Evaluation

Vanguard Infl-Prot;Adm
As of June 30, 2011

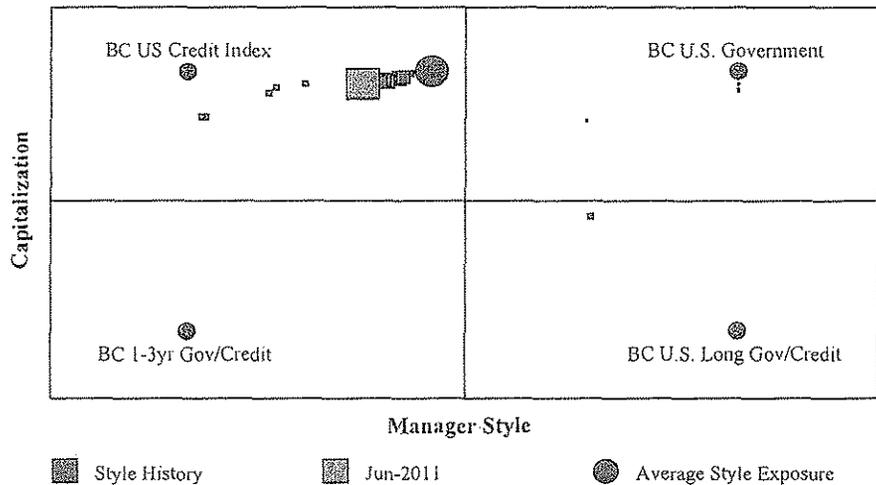
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. BC U.S. TIPS Index

	3 Years	5 Years
Return	4.7	6.6
Standard Deviation	8.5	7.4
vs. BC U.S. TIPS Index		
Alpha	-0.5	-0.3
Beta	1.0	1.0
R-Squared	1.0	1.0
Consistency	41.7	45.0
Up Market Capture	95.3	97.0
Down Market Capture	98.6	98.0
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.5	0.6

Manager Evaluation

Vanguard Infl-Prot; Adm

As of June 30, 2011

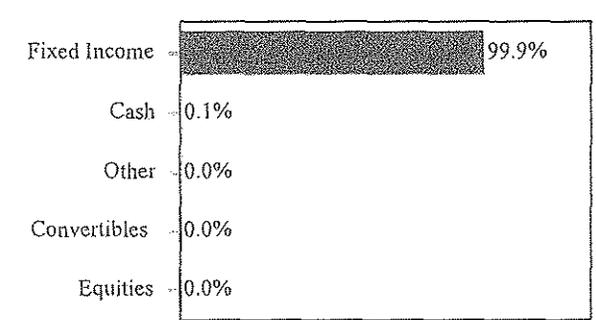
Mutual Fund Information

Fund Name :	Vanguard Bond Index Funds: Vanguard Inflation-Protected Securities Fund; Admiral Shares	Portfolio Assets :	\$35,225.20 Million
Fund Family :	Vanguard Group Inc	Portfolio Manager :	Hollyer/Volpert
Ticker :	VAIPX	PM Tenure :	2005--2005
Inception Date :	06/10/2005	Fund Style :	IM U.S. TIPS (MF)
Fund Assets :	\$12,225.30 Million	Style Benchmark :	Barclays Capital U.S. Treasury: U.S. TIPS
Portfolio Turnover :	29.0 %		

Fund Investment Policy

The Fund seeks to provide investors inflation protection and income, consistent with investment in inflation-indexed securities. The Fund invests at least 80% of its assets in inflation-indexed bonds issued by the U.S. government, its agencies and instrumentalities, and corporations.

Asset Allocation as of 06/30/11



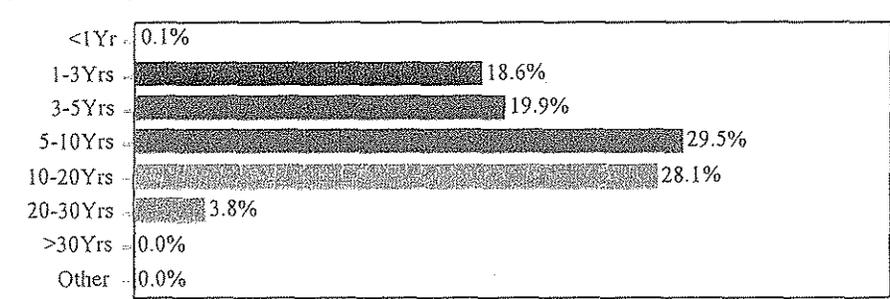
Top 10 Securities as of 06/30/11

Treasury Notes/Bonds	99.9 %
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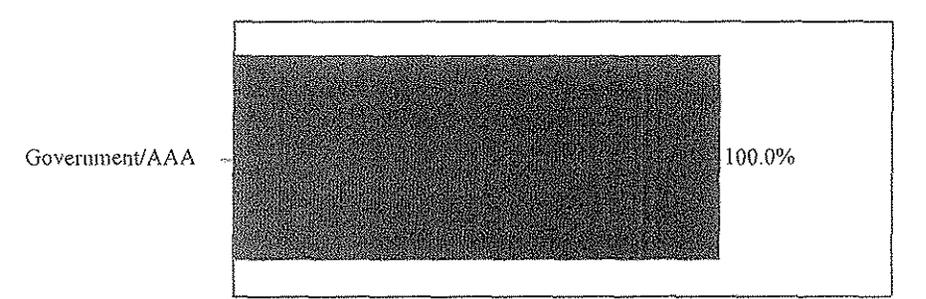
Fixed Income Characteristics as of 06/30/11

Avg. Coupon	2.0 %
Nominal Maturity	0.00 Years
Effective Maturity	8.99 Years
Duration	7.25 Years
SEC 30 Day Yield	0.6
Avg. Credit Quality	AAA

Maturity Distribution as of 06/30/11



Quality Allocation as of 06/30/11

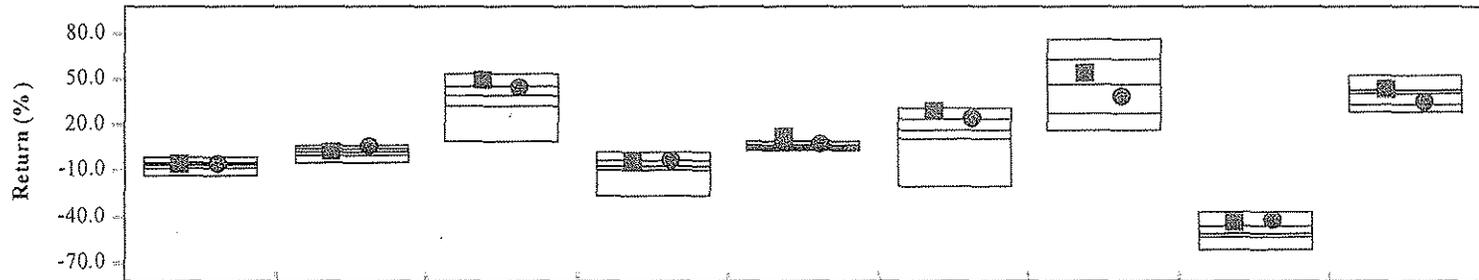


Manager Evaluation

Van Eck:GI Hard Asst;I

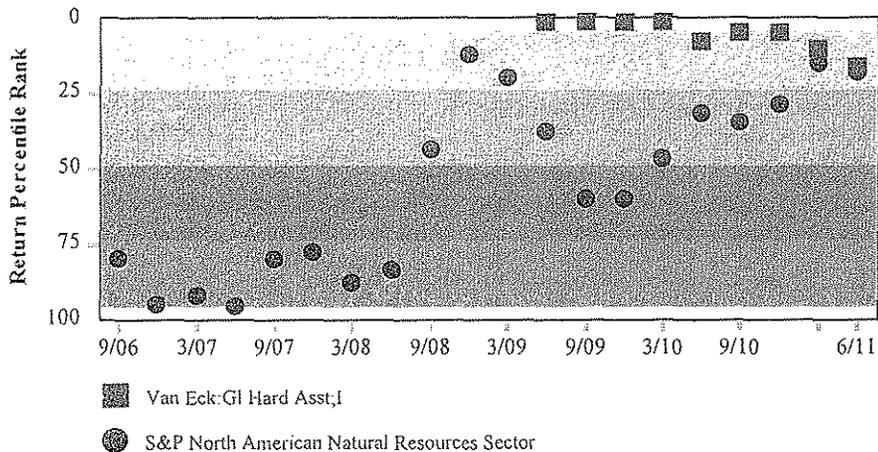
As of June 30, 2011

Peer Group Analysis vs. IM Global Natural Resources (MI)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ Van Eck:GI Hard Asst;I	-6.1 (48)	1.7 (51)	48.7 (15)	-3.3 (16)	11.3 (1)	28.9 (8)	53.2 (38)	-44.5 (18)	43.2 (27)
● S&P North American Natural Resources Sector	-6.3 (52)	5.6 (14)	44.3 (30)	-3.4 (18)	7.4 (20)	23.9 (23)	37.5 (66)	-42.6 (12)	34.4 (72)
5th Percentile	-1.3	7.4	53.4	2.0	9.7	30.3	75.6	-36.4	52.3
1st Quartile	-4.6	4.4	45.4	-4.1	6.9	23.1	62.9	-46.6	43.2
Median	-6.3	1.7	39.6	-7.0	5.6	16.6	46.4	-51.2	40.2
3rd Quartile	-7.9	-0.1	31.6	-9.7	4.1	11.0	27.2	-53.9	32.8
95th Percentile	-13.0	-4.5	9.9	-26.6	3.3	-20.6	16.8	-61.6	27.9

3 Year Rolling Percentile Ranking vs. IM Global Natural Resources (MI)



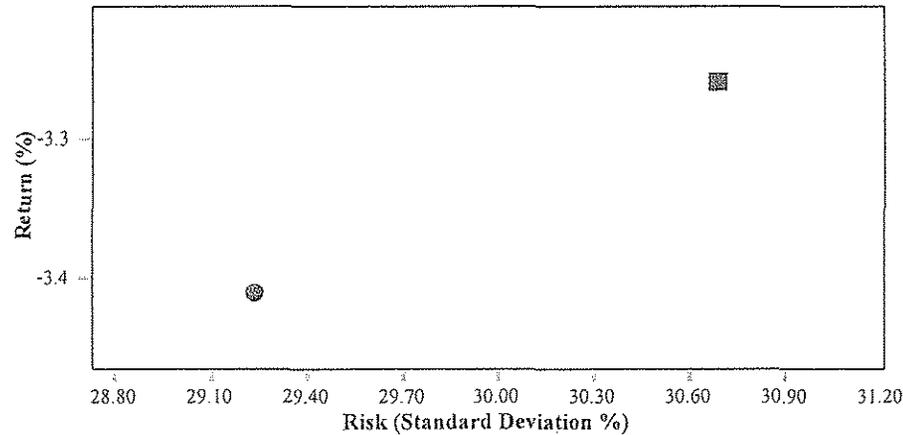
Manager Commentary

2Q 2011 - The Fund declined on an absolute basis, but did outpace its benchmark in the quarter. Hard asset commodities and their corresponding equity sectors struggled in the period on reduced demand and increased risk aversion. The agricultural sub-sector was the weakest performer in the period, driven downward by falling wheat and corn prices. Energy related positions also struggled on falling crude prices and the sector's historically high beta to global economic trends. Despite weak sector results, strong security selection in the space boosted the fund's relative returns. Positions in Cabot Oil & Gas (+25.3%) and Holly Corp (+14.5%) were two of the primary contributors. Precious metals were the only major subsector to post positive returns in the quarter. Gold bullion prices drove returns for the sector, as investors continue to seek safety amidst geopolitical unrest and an uncertain economy. Base metals declined modestly, weighed down by price declines for lead, aluminum, and nickel. A sizable position in First Quantum Minerals (+12.66), which rallied on the relative strength of copper, was beneficial. The investment team remains committed to the energy sub-sector, focusing on unconventional oil opportunities and international exploration and production companies. In addition, the fund's allocation to precious metals was increased, primarily in gold mining companies that did not participate in the recent run up in bullion prices.

Manager Evaluation

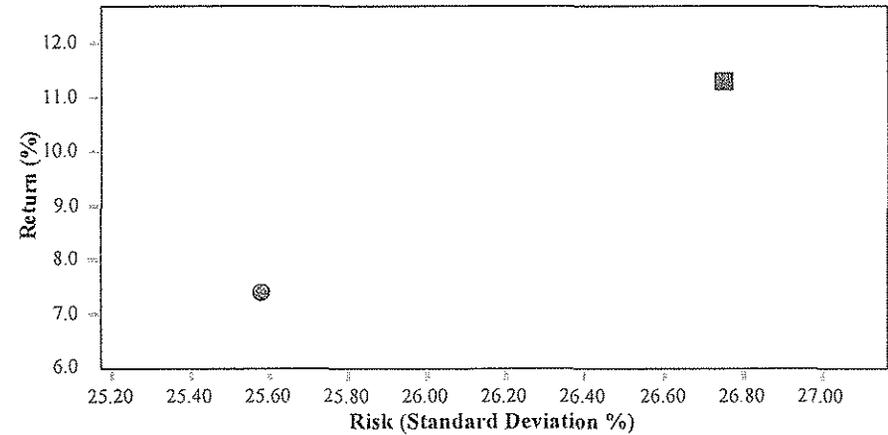
Van Eck:GI Hard Asst;I
As of June 30, 2011

3 Year Risk and Return



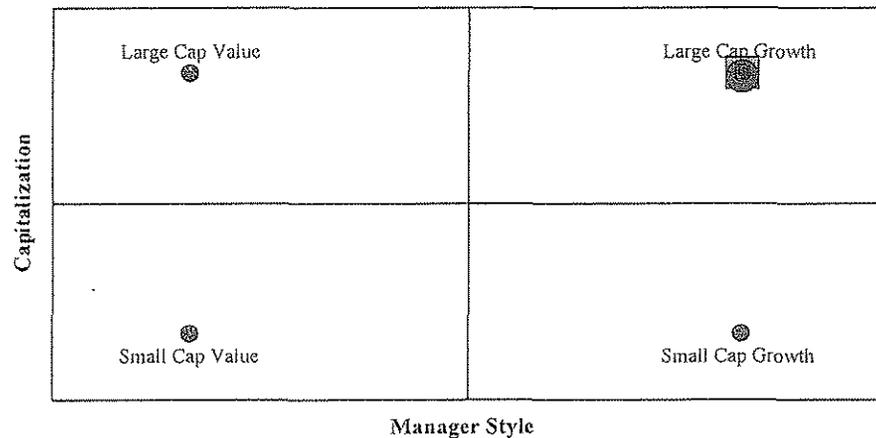
■ Van Eck:GI Hard Asst;I
● S&P North American Natural Resources Sector

5 Year Risk and Return



■ Van Eck:GI Hard Asst;I
● S&P North American Natural Resources Sector

Style Map - 3 Years



■ Style History ■ Jun-2011 ● Average Style Exposure

MPI Statistics vs. S&P North American Natural Resources Sector

	3 Years	5 Years
Return	-3.3	11.3
Standard Deviation	30.7	26.8
vs. S&P North American Natural Resources Sector		
Alpha	0.6	3.9
Beta	1.0	1.0
R-Squared	0.9	0.9
Consistency	52.8	56.7
Up Market Capture	105.4	106.4
Down Market Capture	104.0	95.4
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	0.0	0.5

Manager Evaluation

Van Eck:GI Hard Asst;I

As of June 30, 2011

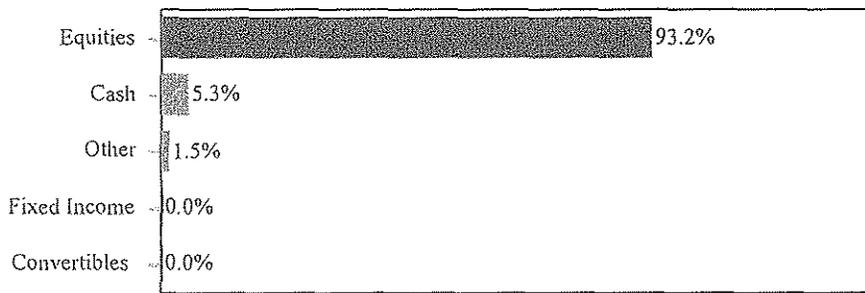
Mutual Fund Information

Fund Name :	Van Eck Funds: Global Hard Assets Fund; Class I Shares	Portfolio Assets :	\$5,126.30 Million
Fund Family :	Van Eck Associates Corporation	Portfolio Manager :	Team Managed
Ticker :	GHAIX	PM Tenure :	
Inception Date :	05/02/2006	Fund Style :	IM Global Natural Resources (MF)
Fund Assets :	\$1,905.50 Million	Style Benchmark :	MSCI World/Energy
Portfolio Turnover :	66.0 %		

Fund Investment Policy

The Fund seeks long-term capital appreciation by investing primarily in "Hard Asset Securities". Income is a secondary consideration.

Asset Allocation as of 06/30/11



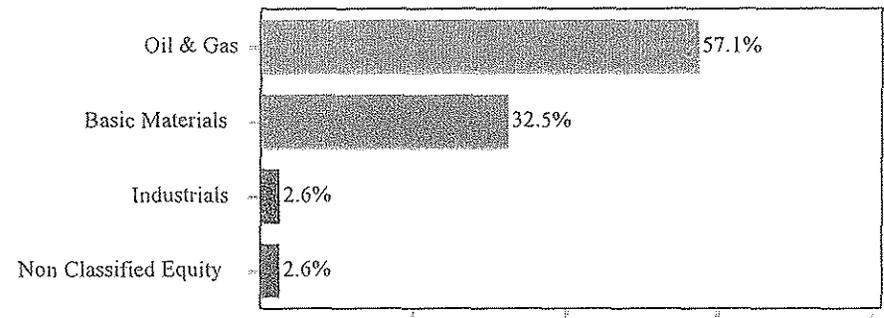
Top 10 Securities as of 06/30/11

Invesco Treasury Portfolio;Institutional	5.0 %
Schlumberger NV ORD	3.6 %
Anadarko Petroleum Corp ORD	3.6 %
Newfield Explor ORD	3.5 %
Halliburton Co ORD	3.4 %
Pioneer Natl Rsc ORD	3.1 %
Alpha Natural Resources Inc ORD	2.9 %
Weatherford Intl ORD	2.9 %
Xstrata PLC ORD	2.9 %
Cameron International Corp ORD	2.7 %

Equity Characteristics as of 06/30/11

Total Securities	66
Avg. Market Cap	\$32,102 Million
P/E	30.3
P/B	3.3
Div. Yield	1.0 %
Annual EPS	54.8
5Yr EPS	5.2
3Yr EPS Growth	5.6

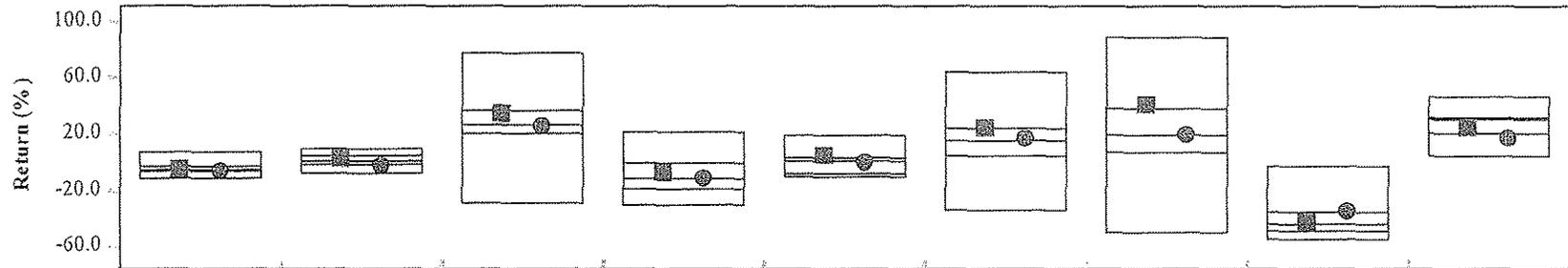
Sector Allocation as of 06/30/11



Manager Evaluation

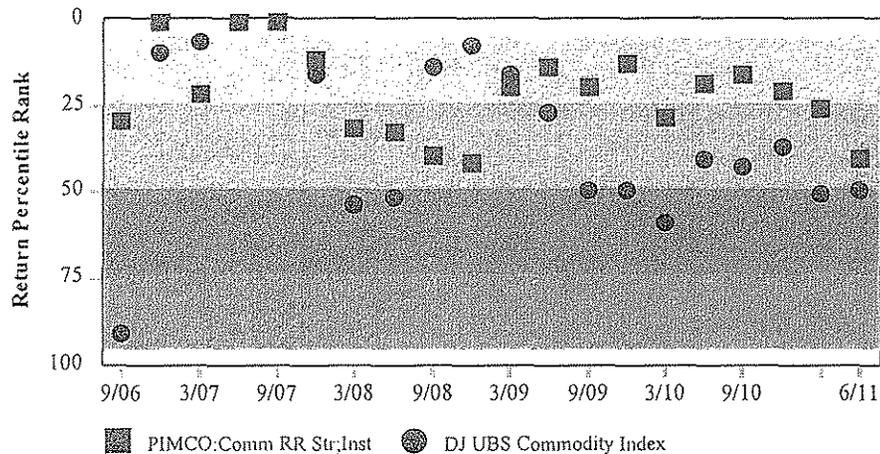
PIMCO:Comm RR Str;Inst
As of June 30, 2011

Peer Group Analysis vs. All Commodities (MF)



	QTR	YTD	1 Year	3 Years	5 Years	2010	2009	2008	2007
■ PIMCO:Comm RR Str;Inst	-5.0 (45)	1.8 (39)	34.7 (29)	-8.5 (41)	3.9 (18)	24.1 (24)	39.9 (20)	-43.3 (41)	23.8 (60)
● DJ UBS Commodity Index	-6.7 (69)	-2.6 (79)	25.9 (58)	-11.9 (50)	0.0 (57)	16.8 (41)	18.9 (52)	-35.6 (24)	16.2 (75)
5th Percentile	7.0	8.9	77.7	22.2	19.2	64.0	88.6	-2.7	46.8
1st Quartile	-3.0	4.0	37.1	-0.8	3.4	23.7	37.5	-36.0	31.8
Median	-5.1	1.3	27.2	-11.7	0.1	15.5	19.7	-44.2	30.0
3rd Quartile	-7.2	-2.2	21.1	-19.4	-8.6	4.7	6.4	-49.1	20.6
95th Percentile	-11.8	-7.6	-29.8	-30.7	-10.7	-34.5	-50.7	-54.9	5.0

3 Year Rolling Percentile Ranking vs. All Commodities (MF)



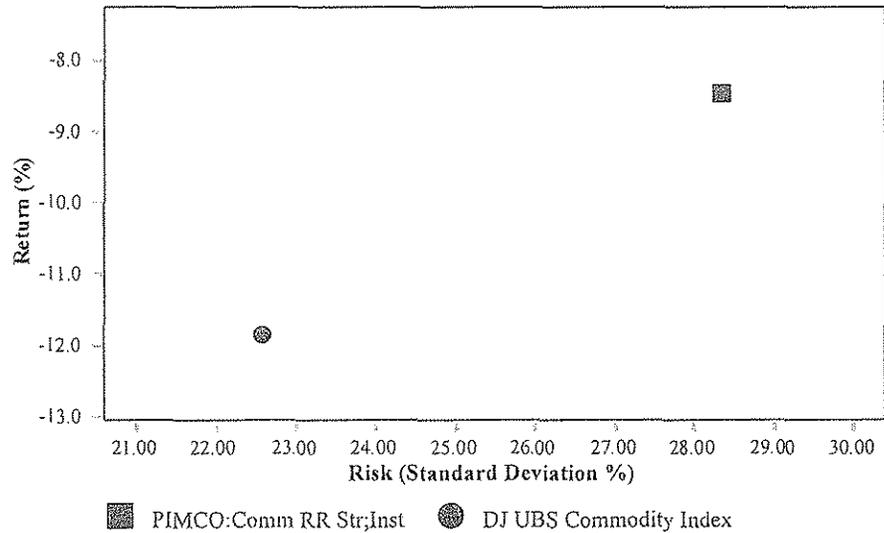
Manager Commentary

2Q 2011 - The fund finished with a negative absolute return in the quarter, but did outperform its target benchmark. Structural alpha strategies implemented in the commodity allocation continued to add relative value. Within the collateral allocation, a focus on fixed income sectors that provided attractive risk-adjusted yields compared to nominal treasuries were beneficial. More specifically, positions in shorter maturity money market futures, sovereign debt in Brazil, and emerging markets currencies all produced positive results. Exposure to Build America Bonds also contributed, in light of fewer negative headlines for municipals and minimal supply. The strategy's use of TIPS as the primary collateral to the commodity futures contracts again contributed to relative results, although the fund did reduce its direct exposure modestly, which muted results. Corporate debt positions also detracted, weighed down by contagion from the European debt crisis.

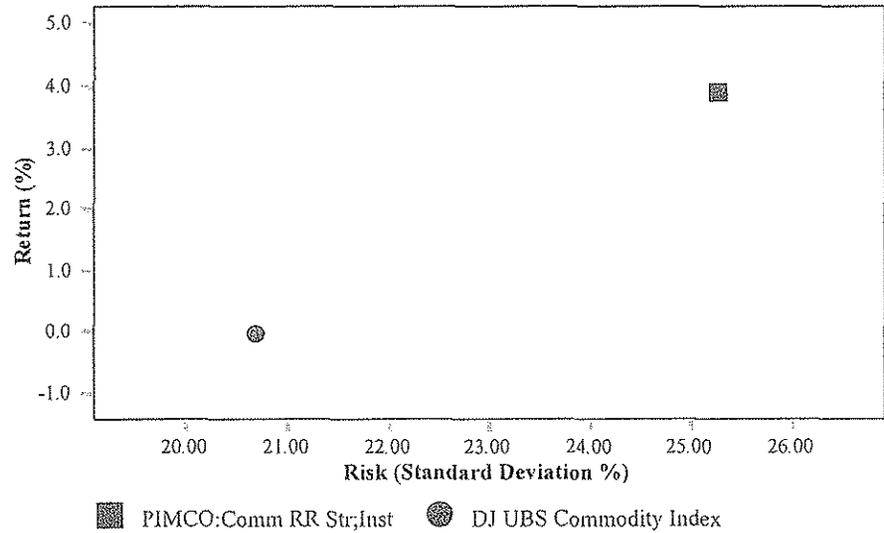
Manager Evaluation

PIMCO:Comm RR Str;Inst
As of June 30, 2011

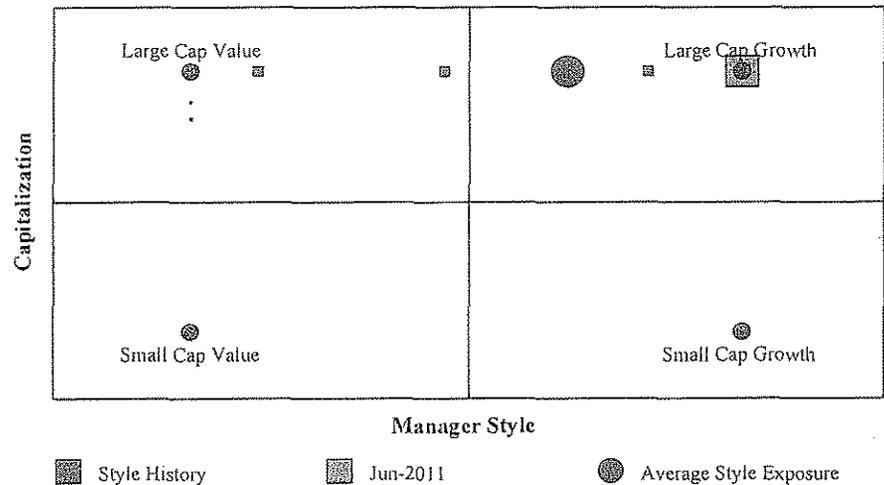
3 Year Risk and Return



5 Year Risk and Return



Style Map - 3 Years



MPT Statistics vs. DJ UBS Commodity Index

	3 Years	5 Years
Return	-8.5	3.9
Standard Deviation	28.3	25.3
vs. DJ UBS Commodity Index		
Alpha	7.8	4.8
Beta	1.2	1.2
R-Squared	0.9	0.9
Consistency	66.7	61.7
Up Market Capture	132.7	123.5
Down Market Capture	107.7	106.3
vs. 90 Day U.S. Treasury Bill		
Sharpe Ratio	-0.2	0.2

Manager Evaluation

PIMCO:Comm RR Str;Inst

As of June 30, 2011

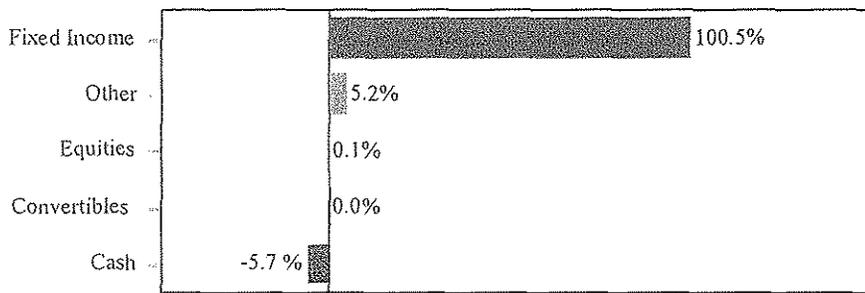
Mutual Fund Information

Fund Name :	PIMCO Funds: CommodityRealReturn Strategy Fund; Institutional Class Shares	Portfolio Assets :	\$26,631.00 Million
Fund Family :	PIMCO	Portfolio Manager :	Mihir Worah
Ticker :	PCRIX	PM Tenure :	2007
Inception Date :	06/28/2002	Fund Style :	IM Commodities General (MF)
Fund Assets :	\$17,981.60 Million	Style Benchmark :	Dow Jones-UBS Commodity Index

Fund Investment Policy

The Fund seeks maximum real return consistent with prudent investment management by investing in commodity-linked derivative instruments backed by a portfolio of inflation-indexed and other fixed income securities.

Asset Allocation as of 06/30/11



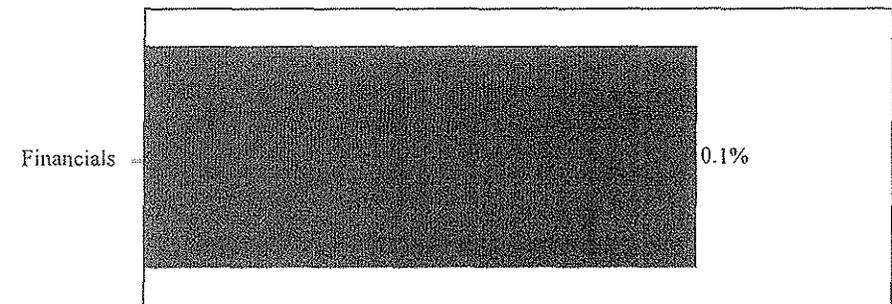
Top 10 Securities as of 06/30/11

Wells Fargo & Co PFD	0.0 %
Ally Financial PFD	0.0 %
Citigrp Cp XIII PFD	0.0 %

Equity Characteristics as of 06/30/11

Total Securities	1242
Avg. Market Cap	-
P/E	N/A
P/B	N/A
Div. Yield	N/A
Annual EPS	N/A
5Yr EPS	N/A
3Yr EPS Growth	N/A

Sector Allocation as of 06/30/11



Prospectus Links - Town of Trumbull Employee Pension Plan

As of June 30, 2011

<u>FUND FAMILY</u>	<u>WEB SITE</u>
Vanguard Funds	www.vanguard.com
PIMCO Funds	www.pimco-funds.com
Aston/Montag & Caldwell Fund	www.astonfunds.com
MainStay Investments	www.mainstayinvestments.com
Diamond Hill	www.diamond-hill.com
Boston Trust	www.btim.com
American Funds	www.americanfunds.com
Thornburg Funds	www.thornburginvestments.com
Van Eck Funds	www.vaneck.com

Statistics Definitions

Statistics	Description
Sharpe Ratio	-- Represents the excess rate of return over the risk free return divided by the standard deviation of the excess return. The result is the absolute rate of return per unit of risk. The higher the value, the better the product's historical risk-adjusted performance.
Alpha	-- A measure of the difference between a portfolio's actual returns and its expected performance, given its level of risk as measured by beta. It is a measure of the portfolio's historical performance not explained by movements of the market, or a portfolio's non-systematic return.
Beta	-- A measure of the sensitivity of a portfolio to the movements in the market. It is a measure of a portfolio's non-diversifiable or systematic risk.
R-Squared	-- The percentage of a portfolio's performance explained by the behavior of the appropriate benchmark. High R-Square means a higher correlation of the portfolio's performance to the appropriate benchmark.
Treynor Ratio	-- Similar to Sharpe ratio, but focuses on beta rather than excess risk (standard deviation). Represents the excess rate of return over the risk free rate divided by the beta. The result is the absolute rate of return per unit of risk. The higher the value, the better the product's historical risk-adjusted performance.
Tracking Error	-- A measure of the standard deviation of a portfolio's performance relative to the performance of an appropriate market benchmark.
Information Ratio	-- Measured by dividing the active rate of return by the tracking error. The higher the Information Ratio, the more value-added contribution by the manager.
Consistency	-- The percentage of quarters that a product achieved a rate of return higher than that of its benchmark. The higher the consistency figure, the more value a manager has contributed to the product's performance.
Excess Return	-- Arithmetic difference between the managers return and the risk-free return over a specified time period.
Active Return	-- Arithmetic difference between the managers return and the benchmark return over a specified time period.
Excess Risk	-- A measure of the standard deviation of a portfolio's performance relative to the risk free return.
Up Market Capture	-- The ratio of average portfolio return over the benchmark during periods of positive benchmark return. Higher values indicate better product performance.
Down Market Capture	-- The ratio of average portfolio return over the benchmark during periods of negative benchmark return. Lower values indicate better product performance.



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: JOSEPH E. GRILLO		
	Social Security Number: 045-34-5257	Code: <input type="checkbox"/>	Date Of Birth (MM/DD/YYYY): 08/15/1943
	Address: 57 Craig Lane		
	Address:		
	Address:		
	City: Trumbull	State: CT	Zip Code: 06611

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

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: 07/31/2011 Participation Date: 07/01/1997 Termination Date: 05/31/2011 Retirement Date: 06/01/2011		
	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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: 1 <input type="checkbox"/> Flat amount of \$ <input type="text"/> 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 type="checkbox"/> I Do want State Income Tax Withheld State of Withholding: <input type="text"/> <input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: <input type="text"/> <input type="checkbox"/> Flat amount of \$ <input type="text"/> plus calculated amount <input checked="" type="checkbox"/> Flat amount \$ 50.00 <input type="checkbox"/> Percentage <input type="text"/> %			

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 \$ 1,143.51		Commencement Date: 06/01/2011 (MM/DD/YYYY)				
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		1,143.51		06/01/2011		1,143.51	<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	
	0.00				0.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTALS:	\$1,143.51	\$0.00			\$1,143.51		

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: 2	Total Retroactive Amount \$: 2,287.02 (MTP)
	Payment Set-Up: <input type="checkbox"/> Fixed Payment <input type="checkbox"/> Declining Balance	Beginning Balance: \$ <input type="text"/>

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

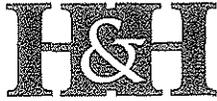
Mailing Instructions (If no selection provided, checks will be mailed to participant.)	<input type="checkbox"/> First check to Company <input type="checkbox"/> Check to Participant <input type="checkbox"/> Check to Company <input type="checkbox"/> Other: <input type="text"/>
--	--

Additional Information	<input type="text"/>
-------------------------------	----------------------

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, (EO) 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
---	------

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

June 2, 2011

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

Re: Joseph Grillo

Dear Phyllis:

We have calculated the retirement benefit to which Joseph Grillo is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your fax dated May 27, 2011.

The benefit to which Mr. Grillo is entitled is a monthly retirement income of \$1,143.51 beginning June 1, 2011. This annuity is payable during his lifetime with a minimum of 120 monthly payments payable to Mr. Grillo or his beneficiary. Before forwarding the benefit calculation to him, please verify the data and salary information outlined below:

Date of Birth:	August 15, 1943
Spouse's Date of Birth:	N/A
Date of Hire:	July 31, 1995
Date of Participation:	July 1, 1997
Date of Termination:	May 31, 2011
Benefit Commencement Date:	June 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2010 to 05-31-2011	\$ 39,846.60	11.0	\$ 39,846.60
07-01-2005 to 06-30-2006	43,810.55	12.0	43,810.55
07-01-2004 to 06-30-2005	41,603.39	12.0	41,603.39
07-01-2003 to 06-30-2004	40,607.61	1.0	<u>3,383.97</u>
Total 3 consecutive years' annual salary			\$ 128,644.51

Page 2
June 2, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: Joseph Grillo

Benefit payable to	Mr. Grillo	Beneficiary upon Mr. Grillo's death
Life Income with 10 years certain	\$1,143.51	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 Mr. Grillo 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 **JOSEPH GRILLO**

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	05-31-2011	(B) Birth Date	08-15-1943
(C) Date of Hire	07-31-1995	(D) Benefit Commencement Date	06-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	68		
(F) Normal Retirement Date	09-01-2005		
(G) Spouse's Birth Date	07-18-1949		

1. Aggregate Salary (the highest 3 years' annual salary)	\$128,644.51
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$42,881.50
3. Total Credited Service rounded to the nearest year*	16
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)	\$13,722.08
6. Adjustment for early payment commencement:	
a. Payments commence	6/1/2011
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)]	\$13,722.08
8. Monthly normal form pension : [(7) / 12]	\$1,143.51

* 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: 4/28/11

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

I, Joseph E. Grillo, hereby make application for retirement from active service as a Custodian in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 6-1-11

My present home address is 57 CRAIG LA, TRUMBULL 06611

Telephone Number: 203-261-3776

Social Security Number 045-34-5257

Date of Birth 8-15-43

Date of Hire 7-31-95

Date of Termination ~~5-4-11~~ full 5-31-11

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 Virginia A. Grillo (sister)

Address 57 Craigh N. Trumbull, Conn 06611

Social Security Number 040-46-6407

Date of Birth 2-18-49 *

[Signature]
Witness

[Signature]
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Joseph E Grillo

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>1143.51</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>—</u>	<u>—</u>
66-2/3% Joint & Survivor	<u>—</u>	<u>—</u>

Joseph E Grillo
Pensioner's Signature

10-14-11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: n/A
(Please Print)

n/A
Spouse's Signature

n/A
Date

Plan Name: _____ Distribution Company Code: _____

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

Participant Data: Name: Syberth Augustus, Social Security Number: 580-16-6444, Date Of Birth: 8/5/1951, Address: 155 Shell Street, City: Bridgeport, State: CT, Zip Code: 06605

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

Tax Withholding (Substitute W-4P): Hire Date: 9/18/1995, Participation Date: 7/1/1997, Termination Date: 10/23/2006, Retirement Date: 6/1/2011. Check ONE of the following (FEDERAL): [X] I Do Not want Federal Income Tax Withheld, [] I Do want Federal Income Tax Withheld. Check ONE of the following (STATE): [X] I Do Not want State Income Tax Withheld, [] I Do want State Income Tax Withheld.

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.

Payment Method: [] Send check, [X] 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.

Participant Signature: _____ Date: _____

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

Type of Transaction: [X] 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: [X] Monthly, [] Quarterly, [] Annually, [] Semi-Annually (Frequency will default to monthly if no selection indicated.)

Benefit Amount and Fund Breakdown table with columns: Acct #, Taxable Amount, Non-Taxable Amount, Effective Date, Stop Date, Total Per Fund, Employee Money. Total Periodic Payment Amount \$ 591.31, Commencement Date: 6/1/2011.

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

Deductions: [] Medical \$: _____, [] Dental \$: _____, [] Insurance \$: _____, [] Union Dues \$: _____, [] Other \$: _____

Mailing Instructions: [X] First check to Company, [] Check to Participant, [] Check to Company, [] 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.

Plan Administrator Signature: _____ Date: 5/10/11

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



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Benefit Consultants and Actuaries

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

Confidential

April 26, 2011

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

Re: Symberth Augustus

Dear Phyllis:

We have calculated the retirement benefit to which Symberth Augustus is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your fax dated April 19, 2011.

The benefit to which Mr. Augustus is entitled is a monthly retirement income of \$591.31 beginning June 1, 2011. This annuity is payable during his lifetime with a minimum of 120 monthly payments payable to Mr. Augustus or his beneficiary. If Mr. Augustus were to defer his benefit until his Normal Retirement Date of September 1, 2013, he would be entitled to \$683.60 per month. Before forwarding the benefit calculation to him, please verify the data and salary information outlined below:

Date of Birth:	August 5, 1951
Spouse's Date of Birth:	N/A
Date of Hire:	September 18, 1995
Date of Participation:	July 1, 1997
Date of Termination:	October 23, 2006
Benefit Commencement Date:	June 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2006 to 10-23-2006	\$ 12,715.36	3.75	\$ 12,715.36
07-01-2005 to 06-30-2006	38,184.23	12.0	38,184.23
07-01-2004 to 06-30-2005	36,880.04	12.0	36,880.04
07-01-2003 to 06-30-2004	35,027.60	8.25	<u>24,081.48</u>
Total 3 consecutive years' annual salary			\$ 111,861.11

Page 2
 April 26, 2011
 Ms. Phyllis Collier
 Town of Trumbull
 Re: *Syberth Augustus*

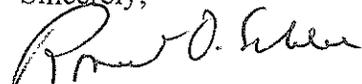
Benefit payable to	Mr. Augustus	Beneficiary upon Mr. Augustus' death
Life Income with 10 years certain	\$591.31	Balance of initial 120 payments, if any
100% Joint and Survivor	N/A	N/A
66 2/3% Joint and Survivor	N/A	N/A

We have calculated the non-taxable amount of monthly benefit for Mr. Augustus 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 **SYMBERTH AUGUSTUS**

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	10-23-2006	(B) Birth Date	08-05-1951
(C) Date of Hire	09-18-1995	(D) Benefit Commencement Date	06-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	60		
(F) Normal Retirement Date	09-01-2013		
(G) Spouse's Birth Date	n/a		

- | | |
|---|--------------|
| 1. Aggregate Salary (the highest 3 years' annual salary) | \$111,861.11 |
| 2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3) | \$37,287.04 |
| 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) | \$8,203.15 |
| 6. Adjustment for early payment commencement: | |
| a. Payments commence | 6/1/2011 |
| b. Yrs., Mos. Early [age 62 - (E)] E R factor (3 decimals) | |
| 1/2% per month reduction | 0.8650 |
| $\frac{6/11 - 6/12 = 12}{6/12 - 6/13 = 12}$ | |
| $\frac{6/13 - 7/13 = 3}{27} \times .5\% = .135 - 11 = \underline{\underline{.865}}$ | |
| 7. Annual normal form pension : [(5) times (6b)] | \$7,095.72 ✓ |
| 8. Monthly normal form pension : [(7) / 12] | \$591.31 ✓ |

* 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: 4/29/2011

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

I, Syberth Augustus, hereby make application for retirement from active service as a Custodian in the Town of Trumbull.

I request that my retirement allowance become effective on (date) June 1, 2011

My present home address is 155 Shell Street
Bridgeport, CT 06605

Telephone Number: 203-681-8663 Date of Plan Participation 5/21/1997

Social Security Number 580-16-6444

Date of Birth 8/5/51

Date of Hire 9/18/95

Date of Termination 10/23/06

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 ① Candace A. Augustus,
② Aldrin A. Augustus, ③ Adrian A. Augustus
Address ① 155 Shell St, Bridgeport, CT
② " " " "
③ " " " "
Social Security Number ① 111-80-7198 ③ 048- (to follow)
② 048-02-3859
Date of Birth ① 11/21/80 ③ 3/15/86
② 5/6/83

Alycia Clavin
Witness

Syberth Augustus
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: SyMBERth Augustus

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>591.31</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	_____	_____
66-2/3% Joint & Survivor	_____	_____

X SyMBERth Augustus
Pensioner's Signature

4/29/2011
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: N/A
(Please Print)

Spouse's Signature

Date



Traditional Periodic Payment Request

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

Participant Data	Name: Marcella Chamberlain		
	Social Security Number: 044-26-9766	Code:	Date Of Birth (MM/DD/YYYY): 03/13/1934
	Address: P.O. Box 292		
	Address:		
	Address:		
	City: Trumbull	State: CT	Zip Code: 06611

Beneficiary Data (If applicable, Death Benefit Payment)	Name:		
	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: 01/24/1991 Participation Date: 07/01/1992 Termination Date: Retirement Date: 06/30/2011		
	Check ONE of the following (FEDERAL):		
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input type="checkbox"/> I Do want Federal Income Tax Withheld <input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: 0 <input checked="" type="checkbox"/> Flat amount of \$ 200.00 plus calculated amount		
	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: CT <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: 0 <input checked="" type="checkbox"/> Flat amount of \$ 83.00 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
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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.)
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Benefit Amount and Fund Breakdown	Total Periodic Payment Amount \$ 1,439.36		Commencement Date: 07/01/2011		(MM/DD/YYYY)		
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		1,439.36		07/01/2011		1,439.36	<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	
	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:	\$1,439.36	\$0.00			\$1,439.36		

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: 1	Total Retroactive Amount \$: 1,439.36
	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 checked="" 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: 07/12/2011
---	------------------

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

July 1, 2011

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

Re: Marcella Chamberlain

Dear Phyllis:

We have calculated the retirement benefit to which Marcella Chamberlain is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your fax dated June 27, 2011.

The benefit to which Ms. Chamberlain is entitled is a monthly retirement income of \$1,439.36 beginning July 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Chamberlain or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	March 13, 1934
Spouse's Date of Birth:	N/A
Date of Hire:	January 24, 1991
Date of Participation:	July 1, 1992
Date of Termination:	June 30, 2011
Benefit Commencement Date:	July 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2007 to 06-30-2008	\$44,470.40	12.0	\$ 44,470.40
07-01-2006 to 06-30-2007	43,160.00	12.0	43,160.00
07-01-2005 to 06-30-2006	41,912.00	12.0	<u>41,912.00</u>
Total 3 consecutive years' annual salary			\$ 129,542.40

Page 2
 July 1, 2011
 Ms. Phyllis Collier
 Town of Trumbull
 Re: *Marcella Chamberlain*

Benefit payable to	Ms. Chamberlain	Beneficiary upon Ms. Chamberlain's death
Life Income with 10 years certain	\$1,439.36	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. Chamberlain 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

NATRUMBULLBENCALCS2011\Chamberlain.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **MARCELLA CHAMBERLAIN**

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	06-30-2011	(B) Birth Date	03-13-1934
(C) Date of Hire	01-24-1991	(D) Benefit Commencement Date	07-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	77		
(F) Normal Retirement Date	04-01-1996		
(G) Spouse's Birth Date	N/A		

1. Aggregate Salary (the highest 3 years' annual salary)	\$129,542.40
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$43,180.80
3. Total Credited Service rounded to the nearest year*	20
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)	\$17,272.32
6. Adjustment for early payment commencement:	
a. Payments commence	7/1/2011
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)]	\$17,272.32
8. Monthly normal form pension : [(7) / 12]	\$1,439.36

** 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: February 24, 2011

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

I, Marcello Chamberlain, hereby make application for retirement from active service as a secretary at Madison Middle School in the Town of Trumbull.

I request that my retirement allowance become effective on (date) June 30, 2011

My present home address is P.O. Box 292
Trumbull, CT 06611

Telephone Number: 203-261-6182

Social Security Number 044 26 9766

Date of Birth March 13, 1934

Date of Hire January 24, 1991

Date of Termination June 30, 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.

Name of Beneficiary Brian Chamberlain

Address P.O. Box 292
Trumbull, CT 06611

Social Security Number 044-96-5276

Date of Birth November 19, 1969

[Signature]
Witness

Marcello Chamberlain
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Marcella Chamberlain

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>1439.36</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>-</u>	<u>-</u>
66-2/3% Joint & Survivor	<u>-</u>	<u>-</u>

✓ Marcella Chamberlain
Pensioner's Signature

✓ 7/12/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: n/a
(Please Print)

n/a
Spouse's Signature

n/a
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: CAROL BONAZZO		
	Social Security Number: 047-34-7347	Code: <input type="checkbox"/>	Date Of Birth (MM/DD/YYYY): 11/23/1944
	Address: 557 Asbury Ridge		
	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: _____		
	City: _____ State: _____ Zip Code: _____		

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: 08/22/1988 Participation Date: 07/01/1990 Termination Date: _____ Retirement Date: 06/30/2011		
	Check ONE of the following (FEDERAL):		
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input type="checkbox"/> I Do want Federal Income Tax Withheld <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		
	Check ONE of the following (STATE): <input type="checkbox"/> I Do Not want State Income Tax Withheld <input type="checkbox"/> I Do want State Income Tax Withheld <i>See ATTACHED W-4P</i> 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 \$ _____ <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 \$ 1,806.66		Commencement Date: 7/1/2011 (MM/DD/YYYY)				
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		1,806.66		7/1/2011		1,806.66	<input type="checkbox"/> Yes <input type="checkbox"/> No
	TOTALS:	\$1,806.66	\$0.00			\$1,806.66	<input type="checkbox"/> Yes <input type="checkbox"/> No

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: 2	Total Retroactive Amount \$: 3,613.32
	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 type="checkbox"/> Other: _____
--	---

Additional Information
 ** Tax Withholding info on W-4P form attached. (Wells Fargo form)

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 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: **07/28/2011** **8/18/2011**

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

July 1, 2011

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

Re: Carol Bonazzo

Dear Phyllis:

We have calculated the retirement benefit to which Carol Bonazzo is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated June 27, 2011.

The benefit to which Ms. Bonazzo is entitled is a monthly retirement income of \$1,877.19 beginning July 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Bonazzo or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	November 23, 1944
Spouse's Date of Birth:	June 26, 1941
Date of Hire:	August 22, 1988
Date of Participation:	July 1, 1990
Date of Termination:	June, 30, 2011
Benefit Commencement Date:	July 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2010 to 06-30-2011	\$ 50,024.00	12.0	\$ 50,024.00
07-01-2009 to 06-30-2010	48,921.60	12.0	48,921.60
07-01-2008 to 06-30-2009	47,964.80	12.0	<u>47,964.80</u>
Total 3 consecutive years' annual salary			\$ 146,910.40

Page 2
 July 1, 2011
 Ms. Phyllis Collier
 Town of Trumbull
 Re: Carol Bonazzo

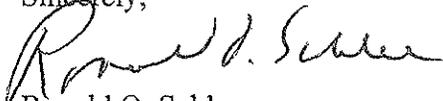
Benefit payable to	Ms. Bonazzo	Beneficiary upon Ms. Bonazzo's death
Life Income with 10 years certain	\$1,877.19	Balance of initial 120 payments, if any
100% Joint and Survivor	1,701.92	\$1,701.92
66 2/3% Joint and Survivor	1,806.66	1,204.44

We have calculated the non-taxable amount of monthly benefit for Ms. Bonazzo 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\BENCALCS2011\Bonazzo.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **CAROL BONAZZO**

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	06-30-2011	(B) Birth Date	11-23-1944
(C) Date of Hire	08-22-1988	(D) Benefit Commencement Date	07-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	66		
(F) Normal Retirement Date	12-01-2006		
(G) Spouse's Birth Date	06-26-1941		

1. Aggregate Salary (the highest 3 years' annual salary)	\$146,910.40
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$48,970.13
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)	\$22,526.26
6. Adjustment for early payment commencement:	
a. Payments commence	7/1/2011
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)]	\$22,526.26
8. Monthly normal form pension : [(7) / 12]	\$1,877.19

* 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: March 14, 2011

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

I, Carol Bonazzo, hereby make application for retirement from active service as a administrative secretary in the Town of Trumbull.

I request that my retirement allowance become effective on (date) June 30, 2011

My present home address is 557 Asbury Ridge
Shelton, CT 06484

Telephone Number: 203-926-0163

Social Security Number 047-34-7347

Date of Birth November 23, 1944

Date of Hire August 22, 1988

Date of Termination June 30, 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.

Name of Beneficiary Louis J. Bonazzo, Sr.

Address 557 Asbury Ridge
Shelton, CT 06484

Social Security Number 043-32-8139

Date of Birth June 21, 1941

Robert Foster
Witness

Carol Bonazzo
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: CAROL DONAZZO

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>1877.19</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>1701.92</u>	<u>1701.92</u>
66-2/3% Joint & Survivor	<u>1806.66</u>	<u>1204.44</u>

Carol Donazzo
Pensioner's Signature 7/22/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: LOUIS J DONAZZO SR.
(Please Print)
[Signature] 7/22/11
Date
Spouse's Signature



Traditional Periodic Payment Request

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

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

Participant Data	Name: Margaret <u>Neill</u>		
	Social Security Number: <u>048-26-1620</u>	Code: <input type="checkbox"/>	Date Of Birth (MM/DD/YYYY): <u>06/18/1934</u>
	Address: <u>23 Arbic Drive</u>		
	City: <u>Trumbull</u> State: <u>CT</u> Zip Code: <u>06611</u>		
Beneficiary Data (If applicable, Death Benefit Payment)	Name: _____ Relationship: _____		
	Social Security Number: _____	Code: _____	Date Of Death (MM/DD/YYYY): _____
	Address: _____		
	City: _____ State: _____ Zip Code: _____		

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: <u>09/08/1999</u> Participation Date: <u>07/01/2001</u> Termination Date: _____ Retirement Date: <u>06/17/2011</u>		
	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 type="checkbox"/> I Do want Federal Income Tax Withheld <input type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: _____ # Flat amount of \$ _____ plus calculated amount		<input checked="" type="checkbox"/> I Do Not want State Income Tax Withheld <input type="checkbox"/> I Do want State Income Tax Withheld State of Withholding: _____ # of exemptions: _____ <input type="checkbox"/> Flat amount of \$ _____ plus calculated amount <input type="checkbox"/> Flat amount \$ _____ <input type="checkbox"/> Percentage _____ %
	NOTE: You cannot enter a flat amount without entering the number of exemptions, including zero.		

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.)
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Benefit Amount and Fund Breakdown	Total Periodic Payment Amount \$ <u>251.66</u>		Commencement Date: (MM/DD/YYYY) _____				
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		251.66		07/01/2011		251.66	<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:	\$251.66	\$0.00			\$251.66	

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: <u>1</u>	Total Retroactive Amount \$: <u>251.66</u>
	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 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.

<u>Maria T. Pines</u> Plan Administrator Signature (Required on all payments)	<u>07/13/2011</u> Date
--	---------------------------

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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July 1, 2011

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

Re: Margaret O'Neill

Dear Phyllis:

We have calculated the retirement benefit to which Margaret O'Neill is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated June 27, 2011.

The benefit to which Ms. O'Neill is entitled is a monthly retirement income of \$251.66 beginning July 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. O'Neill or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	June 18, 1934
Spouse's Date of Birth:	N/A
Date of Hire:	September 8, 1999
Date of Termination:	June 17, 2011
Benefit Commencement Date:	July 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2010 to 06-30-2011	\$ 12,546.71	11.5	\$ 12,546.71
07-01-2009 to 06-30-2010	12,490.82	12.0	12,490.82
07-01-2008 to 06-30-2009	12,194.77	12.0	12,194.77
07-01-2007 to 06-30-2008	12,403.33	0.5	<u>516.81</u>
Total 3 consecutive years' annual salary			\$ 37,749.11

Page 2
July 1, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: Margaret O'Neill

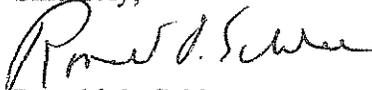
Benefit payable to	Ms. O'Neill	Beneficiary upon Ms. O'Neill's death
Life Income with 10 years certain	\$251.66	Balance of initial 120 payments, if any
100% Joint and Survivor	N/A	N/A
66 2/3% Joint and Survivor	N/A	N/A

We have calculated the non-taxable amount of monthly benefit for Ms. O'Neill 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:TRUMBULLABENCALCS2011\ONeill.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **MARGARET O'NEILL**

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	06-17-2011	(B) Birth Date	06-18-1934
(C) Date of Hire	09-08-1999	(D) Benefit Commencement Date	07-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]			77
(F) Normal Retirement Date	07-01-1996		
(G) Spouse's Birth Date	N/A		

1. Aggregate Salary (the highest 3 years' annual salary)	\$37,749.11
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$12,583.04
3. Total Credited Service rounded to the nearest year*	12
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)	\$3,019.93
6. Adjustment for early payment commencement:	
a. Payments commence	7/1/2011
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)]	\$3,019.93
8. Monthly normal form pension : [(7) / 12]	\$251.66

** 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

DATE: 3/29/11

PERSONNEL DEPT.

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

I, MARGARET L. O'NEILL, hereby make application for retirement from active service as a Food Server General Worker in the Town of Trumbull.

I request that my retirement allowance become effective on (date) June 17~~th~~ 2011 mlw

My present home address is 23 ABRIC DRIVE
Trumbull CT 06611

Telephone Number: 203 3726842

Social Security Number 048 26 1620

Date of Birth 6-18-34

Date of Hire 9/8/99

Date of Termination n/A

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 Sarah Berne Jessi Jackowski

Address 23 ABRIC Drive 23 ABRIC DR

Trumbull, CT Trumbull CT

Social Security Number 046 74 0369 044 88 6858

Date of Birth Feb 25 1983 OCT 28 1989

Margaret L O'Neill
Witness Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Margaret O'Neill

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>251.66</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>-</u>	<u>-</u>
66-2/3% Joint & Survivor	<u>-</u>	<u>-</u>

Margaret L O'Neill
Pensioner's Signature

7/13/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: n/A
(Please Print)

n/A
Spouse's Signature

n/A
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: Felix Dausilio		
	Social Security Number: 041-44-0545	Code:	Date Of Birth (MM/DD/YYYY): 06/21/1947
	Address: 305 Pulaski Street		
	Address:		
	Address:		
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: 11/05/1990 Participation Date: 07/01/1992 Termination Date: Retirement Date: 06/30/2011		
	Check ONE of the following (FEDERAL):		Check ONE of the following (STATE):
	<input type="checkbox"/> Do Not want Federal Income Tax Withheld		<input type="checkbox"/> Do Not want State Income Tax Withheld
	<input checked="" type="checkbox"/> Do want Federal Income Tax Withheld		<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Flat amount of \$ plus calculated amount		State of Withholding: CT <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: 0 <input type="checkbox"/> Flat amount of \$ plus calculated amount <input type="checkbox"/> Flat amount \$ <input type="checkbox"/> Percentage %
NOTE: You cannot enter a flat amount without entering the number of exemptions, including zero.			

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 \$ 1,184.10		Commencement Date: 07/01/2011						
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money	Yes	No
		1,184.10		07/01/2011		1,184.10		<input type="checkbox"/>	<input type="checkbox"/>
		0.00				0.00		<input type="checkbox"/>	<input type="checkbox"/>
		0.00				0.00		<input type="checkbox"/>	<input type="checkbox"/>
		0.00				0.00		<input type="checkbox"/>	<input type="checkbox"/>
		0.00				0.00		<input type="checkbox"/>	<input type="checkbox"/>
		0.00				0.00		<input type="checkbox"/>	<input type="checkbox"/>
		0.00				0.00		<input type="checkbox"/>	<input type="checkbox"/>
	TOTALS:	\$1,184.10	\$0.00			\$1,184.10		<input type="checkbox"/>	<input type="checkbox"/>

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: 1	Total Retroactive Amount \$: 1,184.10
	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 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 and 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
---	------

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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2

July 6, 2011

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

Re: Felix Dausilio

Dear Phyllis:

We have calculated the retirement benefit to which Felix Dausilio is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated June 30, 2011.

The benefit to which Mr. Dausilio is entitled is a monthly retirement income of \$1,384.07 beginning July 1, 2011. This annuity is payable during his lifetime with a minimum of 120 monthly payments payable to Mr. Dausilio or his beneficiary. Before forwarding the benefit calculation to him, please verify the data and salary information outlined below:

Date of Birth:	June 21, 1947
Spouse's Date of Birth:	October 1, 1950
Date of Hire:	November 5, 1990
Date of Participation:	July 1, 1992
Date of Termination:	June 30, 2011
Benefit Commencement Date:	July 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2007 to 06-30-2008	\$41,968.71	12.0	\$ 41,968.71
07-01-2006 to 06-30-2007	38,300.57	12.0	38,300.57
07-01-2005 to 06-30-2006	38,365.09	12.0	<u>38,365.09</u>
Total 3 consecutive years' annual salary			\$ 118,634.37

Page 2
 July 6, 2011
 Mr. Phyllis Collier
 Town of Trumbull
 Re: *Felix Dausilio*

Benefit payable to	Mr. Dausilio	Beneficiary upon Mr. Dausilio's death
Life Income with 10 years certain	\$1,384.07	Balance of initial 120 payments, if any
100% Joint and Survivor	\$1,184.10	\$1,184.10
66 2/3% Joint and Survivor	\$1,269.12	\$ 846.08

We have calculated the non-taxable amount of monthly benefit for Mr. Dausilio 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

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

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **FELIX DAUSILIO**

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	06-30-2011	(B) Birth Date	06-21-1947
(C) Date of Hire	11-05-1990	(D) Benefit Commencement Date	07-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	64		
(F) Normal Retirement Date	07-01-2009		
(G) Spouse's Birth Date	10-01-1950		

1. Aggregate Salary (the highest 3 years' annual salary)	\$118,634.37
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$39,544.79
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)	\$16,608.81
6. Adjustment for early payment commencement:	
a. Payments commence	7/1/2011
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)]	\$16,608.81
8. Monthly normal form pension : [(7) / 12]	\$1,384.07

** 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
PERSONNEL DEPT.

APPLICATION FOR RETIREMENT

DATE: 3-31-2011

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

I, Felix J. Dausilio, hereby make application for retirement from active service as a custodian in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 7/1/2011

My present home address is 305 Pulaski St.
Bridgeport, CT 06608-2323

Telephone Number: (203) 333-0772

Social Security Number 041-44-0545

Date of Birth 6/21/47

Date of Hire 11/5/90

Date of Termination 6/30/2011

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.

Name of Beneficiary Patricia J. Dausilio

Address 305 Pulaski St.
Bridgeport, CT 06608-2323

Social Security Number 043-46-7799

Date of Birth 10/1/51

[Signature]
Witness

[Signature]
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Felix Dausilio

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>1384.07</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>1184.10</u>	<u>1184.10</u>
66-2/3% Joint & Survivor	<u>1269.12</u>	<u>846.08</u>

Felix Dausilio
Pensioner's Signature

7/13/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: Patricia J. Dausilio
(Please Print)

Patricia J. Dausilio
Spouse's Signature

7-13-11
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: RACHEL S. MERCURIO		
	Social Security Number: 045-36-6352	Code: []	Date Of Birth (MM/DD/YYYY): 01/12/1945
	Address: 570 Booth Hill Road		
	City: Trumbull State: CT Zip Code: 06611		
Beneficiary Data (If applicable, Death Benefit Payment)	Name: [] Relationship: []		
	Social Security Number: []	Code: []	Date Of Death (MM/DD/YYYY): []
	Address: []		
	City: [] State: [] Zip Code: []		

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: 09/03/1986 Participation Date: 07/01/1988 Termination Date: [] Retirement Date: 06/30/2011		
	Check ONE of the following (FEDERAL):		
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld <input type="checkbox"/> I Do want Federal Income Tax Withheld <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 checked="" type="checkbox"/> Percentage 10%		
	Check ONE of the following (STATE): <input type="checkbox"/> I Do Not want State Income Tax Withheld <input type="checkbox"/> I Do want State Income Tax Withheld 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 checked="" type="checkbox"/> Percentage 3%		

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 \$ 908.13		Commencement Date: 07/01/2011 (MM/DD/YYYY)				
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
		908.13		07/01/2011		908.13	<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	
	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:	\$908.13	\$0.00			\$908.13		

1099-R	Number of Monthly Retroactive Payments Due: 2	Total Retroactive Amount \$: 1,816.26
Distribution Code: []	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 type="checkbox"/> Other: []
--	---

Additional Information	<input checked="" type="checkbox"/> Federal Withholding tax is 10% of pension payment withheld. See Wells Fargo W-4P form attached.
-------------------------------	---

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, DCL 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
---	------

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

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

Confidential

July 6, 2011

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

Re: Rachel Mercurio

Dear Phyllis:

We have calculated the retirement benefit to which Rachel Mercurio is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated June 30, 2011.

The benefit to which Ms. Mercurio is entitled is a monthly retirement income of \$929.96 beginning July 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Mercurio or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	January 12, 1945
Spouse's Date of Birth:	November 16, 1939
Date of Hire:	September 3, 1986
Date of Participation:	July 1, 1988
Date of Termination:	June 22, 2011
Benefit Commencement Date:	July 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2010 to 06-30-2011	\$22,699.70	11.75	\$ 22,699.70
07-01-2009 to 06-30-2010	22,150.65	12.0	22,150.65
07-01-2008 to 06-30-2009	21,664.01	12.0	21,664.01
07-01-2007 to 06-30-2008	21,239.72	0.25	<u>442.49</u>
Total 3 consecutive years' annual salary			\$ 66,956.85

Page 2
 July 6, 2011
 Ms. Phyllis Collier
 Town of Trumbull
 Re: *Rachel Mercurio*

Benefit payable to	Ms. Mercurio	Beneficiary upon Ms. Mercurio's death
Life Income with 10 years certain	\$929.96	Balance of initial 120 payments, if any
100% Joint and Survivor	\$863.97	\$863.97
66 2/3% Joint and Survivor	\$908.13	\$605.42

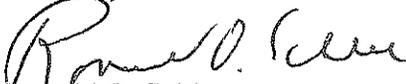
We have calculated the non-taxable amount of monthly benefit for Ms. Mercurio at her Retirement Date. The non-taxable amount is as follows:

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

If Ms. Mercurio had pre-1989 contributions, please provide the amount and we will calculate the non-taxable amount of her annuity.

Please let us know if you have any questions.

Sincerely,


 Ronald O. Schlee

/mmh
 Enclosure

N:\TRUMBULL\BENCALCS2011\Mercurio.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **RACHEL MERCURIO**

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	06-22-2011	(B) Birth Date	01-12-1945
(C) Date of Hire	09-03-1986	(D) Benefit Commencement Date	07-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	66		
(F) Normal Retirement Date	02-01-2007		
(G) Spouse's Birth Date	11-16-1939		

- | | |
|---|---|
| 1. Aggregate Salary (the highest 3 years' annual salary) | \$66,956.85 |
| 2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3) | \$22,318.95 |
| 3. Total Credited Service rounded to the nearest year* | 24 25 |
| 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) | 10,713.10 \$11,159.48 |
| 6. Adjustment for early payment commencement: | |
| a. Payments commence | 7/1/2011 |
| 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)] | \$11,159.48 |
| 8. Monthly normal form pension : [(7) / 12] | 892.76 \$929.96 |

* 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

DATE: 6/20/11 PERSONNEL DEPT.

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

I, Rachel S. Mercurio, hereby make application for retirement from active service as a P.P.S. Paraprofessional with the Board of Education in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 6/30/11

My present home address is 570 Booth Hill Road
Trumbull, Connecticut 06611-4008

Telephone Number: 203-375-6431

Social Security Number 045-36-6352

Date of Birth January 12, 1945

Date of Hire September 3, 1986

Date of Termination 6/30/11

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.

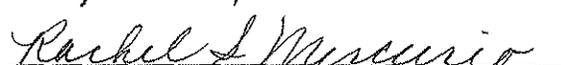
Name of Beneficiary Leonard J. Mercurio

Address 570 Booth Hill Road
Trumbull, CT 06611-4008

Social Security Number 040-32-6242

Date of Birth November 16, 1939


Witness


Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Rachel Mercurio

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.

 X **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>929.96</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>863.97</u>	<u>863.97</u>
66-2/3% Joint & Survivor	<u>908.13</u>	<u>605.42</u>

Rachel J. Mercurio
Pensioner's Signature

August 5, 2011
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: Leonard J. Mercurio
(Please Print)

Leonard J. Mercurio
Spouse's Signature

AUG. 5TH 2011
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: <u>Elfriede K. Larsen</u>		
	Social Security Number: <u>045-36-8982</u>	Code: <input type="checkbox"/>	Date Of Birth (MM/DD/YYYY): <u>10/20/1946</u>
	Address: <u>225D Edgemoor Road</u>		
	Address: _____		
Beneficiary Data (If applicable, Death Benefit Payment)	Name: _____		Relationship: _____
	Social Security Number: _____	Code: _____	Date Of Death (MM/DD/YYYY): _____
	Address: _____		
	Address: _____		
# <input type="checkbox"/> of <input type="checkbox"/>	City: _____		State: _____ Zip Code: _____

Tax Withholding (Substitute W-4P)	(MM/DD/YYYY) Hire Date: <u>08/16/2001</u> Participation Date: <u>07/01/2003</u> Termination Date: _____ Retirement Date: <u>06/30/2011</u>		
	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"/> Single <input type="checkbox"/> Married, Joint <input type="checkbox"/> Married, Single Rate # of exemptions: <u>0</u> <input type="checkbox"/> Flat amount of \$ _____ plus calculated amount		<input type="checkbox"/> I Do Not want State Income Tax Withheld <input type="checkbox"/> I Do want State Income Tax Withheld State of Withholding: _____ <input checked="" 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 checked="" type="checkbox"/> Flat amount \$ <u>32.74</u> <input type="checkbox"/> Percentage _____ %
	NOTE: You cannot enter a flat amount without entering the number of exemptions, including zero.		

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 \$ _____	(MM/DD/YYYY) Commencement Date: <u>07/01/2011</u>						
	Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money	
		<u>392.74</u>				<u>392.74</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<u>0.00</u>				<u>0.00</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<u>0.00</u>				<u>0.00</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<u>0.00</u>				<u>0.00</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTALS:	\$392.74	\$0.00			\$392.74	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

1099-R Distribution Code:	Number of Monthly Retroactive Payments Due: <u>2</u>	Total Retroactive Amount \$: <u>785.48</u>
	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 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
---	------

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

July 6, 2011

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

Re: Elfriede Larsen

Dear Phyllis:

We have calculated the retirement benefit to which Elfriede Larsen is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated June 30, 2011.

The benefit to which Ms. Larsen is entitled is a monthly retirement income of \$392.74 beginning July 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Larsen or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	October 20, 1946
Spouse's Date of Birth:	N/A
Date of Hire:	August 16, 2001 ✓
Date of Participation:	July 1, 2003 ✓
Date of Termination:	June 30, 2011
Benefit Commencement Date:	July 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2010 to 06-30-2011	\$32,252.88	12.0	\$ 32,252.88 ✓
07-01-2009 to 06-30-2010	19,409.73	12.0	19,409.73 ✓
07-01-2008 to 06-30-2009	19,031.32	12.0	<u>19,031.32</u> ✓
Total 3 consecutive years' annual salary			\$ 70,693.93

Page 2
July 6, 2011
Ms. Phyllis Collier
Town of Trumbull
Re: Elfriede Larsen

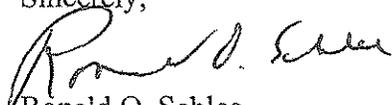
Benefit payable to	Ms. Larsen	Beneficiary upon Ms. Larsen's death
Life Income with 10 years certain	\$392.74	Balance of initial 120 payments, if any
100% Joint and Survivor	N/A	N/A
66 2/3% Joint and Survivor	N/A	N/A

We have calculated the non-taxable amount of monthly benefit for Ms. Larsen 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

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TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **ELFRIEDE LARSEN**

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	06-30-2011	(B) Birth Date	10-20-1946
(C) Date of Hire	08-16-2001	(D) Benefit Commencement Date	07-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	64		
(F) Normal Retirement Date	01-01-2011		
(G) Spouse's Birth Date	N/A		

- | | |
|---|-------------|
| 1. Aggregate Salary (the highest 3 years' annual salary) | \$70,693.93 |
| 2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3) | \$23,564.64 |
| 3. Total Credited Service rounded to the nearest year* | 10 |
| 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) | \$4,712.93 |
| 6. Adjustment for early payment commencement: | |
| a. Payments commence | 7/1/2011 |
| 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)] | \$4,712.93 |
| 8. Monthly normal form pension : [(7) / 12] | \$392.74 |

** 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
MAY 27 2011
PERSONNEL

APPLICATION FOR RETIREMENT

DATE: 5/24/2011 RECEIVED

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

MAY 27 2011
TOWN OF TRUMBULL

I, Elfriede K. Larsen, hereby make application for retirement from active service as a Secretary in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 6/29/2011

My present home address is 225 D Edgemoor Rd.
Bridgeport, CT 06606

Telephone Number: 203-374-7569

Social Security Number 045-36-8982

Date of Birth 10/20/1946

Date of Hire 8/16/2001

Date of Termination/ -

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 Karin Marie Finelli

Address 503 Devon Road

Moorestown, N.J. 08057

Social Security Number 042-78-0694

Date of Birth 11/23/1969

Betty Sue Joyce
Witness

Elfriede K. Larsen
Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Elfriede Larsen

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>392.74</u>	Balance of initial 120 payments, if any
100% Joint & Survivor	<u>—</u>	<u>—</u>
66-2/3% Joint & Survivor	<u>—</u>	<u>—</u>

Elfriede K. Larsen
Pensioner's Signature

7/20/11
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: n/a
(Please Print)

n/a
Spouse's Signature

n/a
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: Jo-Ann Nanni
 Social Security Number: 042-32-1024 Code: _____ Date Of Birth (MM/DD/YYYY): 03/18/1941
 Address: 38 Clemens Avenue
 Address: _____
 Address: _____
 City: Trumbull State: CT Zip Code: 06611

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: _____

(MM/DD/YYYY)
 Hire Date: 02/21/1989 Participation Date: 07/01/1990 Termination Date: _____ Retirement Date: 07/08/2011

Tax Withholding (Substitute W-4P)

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: 2
 Flat amount of \$ _____ plus calculated amount

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: 2
 Flat amount of \$ _____ plus calculated amount
 Flat amount \$ _____
 Percentage _____ %

NOTE: You cannot enter a flat amount without entering the number of exemptions, including zero.

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 \$ 1,740.20 Commencement Date: 08/01/2011 (MM/DD/YYYY)

Acct #	Taxable Amount	Non-Taxable Amount	Effective Date	Stop Date	Total Per Fund	Employee Money
	1,740.20		08/01/2011		1,740.20	<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:	\$1,740.20	\$0.00			\$1,740.20	<input type="checkbox"/> Yes <input type="checkbox"/> No

1099-R Distribution Code: _____

Number of Monthly Retroactive Payments Due: 1 Total Retroactive Amount \$: 1,740.20
 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

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, DDL 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): Maria T. Pres Date: 8/18/2011

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

July 7, 2011

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

Re: Jo-Ann Nanni

Dear Phyllis:

We have calculated the retirement benefit to which Jo-Ann Nanni is entitled under the Town of Trumbull Retirement Plan. The calculations have been based on the information provided in your email dated July 5, 2011.

The benefit to which Ms. Nanni is entitled is a monthly retirement income of \$1,829.93 beginning August 1, 2011. This annuity is payable during her lifetime with a minimum of 120 monthly payments payable to Ms. Nanni or her beneficiary. Before forwarding the benefit calculation to her, please verify the data and salary information outlined below:

Date of Birth:	March 18, 1941
Spouse's Date of Birth:	September 30, 1935
Date of Hire:	February 21, 1989
Date of Participation:	July 1, 1990
Date of Termination:	July 8, 2011
Benefit Commencement Date:	August 1, 2011

Year	Annual Salary	Months Used	Salary for Averaging
07-01-2011 to 07-08-2011	\$ 1,977.68	0.46	\$ 1,977.68
07-01-2010 to 06-30-2011	52,362.59 ✓	12.0	52,362.59
07-01-2009 to 06-30-2010	48,951.39 ✓	12.0	48,951.39
07-01-2008 to 06-30-2009	48,280.31 ✓	11.54	<u>46,429.56</u>
Total 3 consecutive years' annual salary			\$ 149,721.22

Page 2
 July 7, 2011
 Ms. Phyllis Collier
 Town of Trumbull
 Re: *Jo-Ann Nanni*

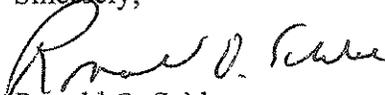
Benefit payable to	Ms. Nanni	Beneficiary upon Ms. Nanni's death
Life Income with 10 years certain	\$1,829.93	Balance of initial 120 payments, if any
100% Joint and Survivor	\$1,740.20	\$1,740.20
66 2/3% Joint and Survivor	\$1,838.69	\$1,225.79

We have calculated the non-taxable amount of monthly benefit for Ms. Nanni 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\Nanni.DOC

TOWN OF TRUMBULL RETIREMENT PLAN

Pension Calculation Worksheet for **JO-ANN NANNI**

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	07-08-2011	(B) Birth Date	03-18-1941
(C) Date of Hire	02-21-1989	(D) Benefit Commencement Date	08-01-2011
(E) Age at Benefit Commencement Date [(D) - (B)]	70		
(F) Normal Retirement Date	04-01-2003		
(G) Spouse's Birth Date	09-30-1935		

1. Aggregate Salary (the highest 3 years' annual salary)	\$149,721.22
2. Final Average Salary (Aggregate Salary shown in Item (1) divided by 3)	\$49,907.07
3. Total Credited Service rounded to the nearest year*	22
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)	\$21,959.11
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)]	\$21,959.11
8. Monthly normal form pension : [(7) / 12]	\$1,829.93

** 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: 06/25/2011

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

I, Jean Ann Nanni, hereby make application for retirement from active service as a Executive Asst to the Chief in the Town of Trumbull.

I request that my retirement allowance become effective on (date) 8-1-2011

My present home address is 38 Clemens Ave.

Trumbull, CT 06611

Telephone Number: 203-261-2450 Date of Plan Participation Feb. 1989

Social Security Number 042-32-1024

Date of Birth 03/18/41

Date of Hire 02/21/1989

Date of Termination July 8th 2011 (last day of work)

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 Anthony J. Nanni

Address 38 Clemens Ave.

Trumbull, CT 06611

Social Security Number 071-28-7629

Date of Birth 09/30/1935

Michael Bellamy Witness
Jean Ann Nanni Signature of Applicant

RETIREMENT PLAN FOR THE TOWN OF TRUMBULL

PENSIONER'S NAME: Jo-Ann Nanni

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.

 X **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>1,829.93</u>	Balance of initial 120 payments, if any
* 100% Joint & Survivor	<u>1,740.20</u>	<u>1,740.20</u>
66-2/3% Joint & Survivor	<u>1,838.69</u>	<u>1,225.79</u>

Jo-Ann Nanni
Pensioner's Signature

07/25/2011
Date

SPOUSAL ACKNOWLEDGEMENT:

I understand my spouse has selected the option indicated above.

Spouse's Name: Anthony J. Nanni
(Please Print)

Anthony J. Nanni
Spouse's Signature

07/25/2011
Date

Traditional Distribution Request

Plan Name TOWN OF TRUMBULL Paygroup #

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

Participant Data: Name: BONITA TUOZZOLLI, Social Security Number: 040-46-4141, Date Of Birth: 11/21/1949, Address: 470 THORME STREET, BRIDGEPORT, CT 06606

Reason for Distribution: Total, Retirement/Termination, QDRO, Death Benefit, In-service Withdrawal, Refund of Employee Contributions

Beneficiary Data: Name, Social Security Number, Address, City, State, Zip Code

Payment Method: Entire distribution to participant, Direct Rollover, Pay \$ of my distribution to me and pay \$ of my distribution as Direct Rollover

Rollover Information: Select one of the following: 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...

Tax Withholding (Substitute W-4P): Check one of the following (FEDERAL TAXES) and (STATE TAXES)

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...

Participant Signature / Beneficiary Signature: Bonita Tuozzoli, Date: 7-12-11, Participant Phone Number: 203 371 7627

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

1099 - R Information: Hire Date: 11/1/2004, Participation Date: 7/1/2006, Termination Date: 6/10/2010

Fund Breakdown table with columns: Account #, Total Amount, Distribution Amount, CASH PORTION (Taxable Amount, After-Tax Amount, Pre-87 After-Tax, Post-86 After-Tax, Other Non-Taxable, Outstanding Loan Amount)

Mailing Instructions: Mail participant check(s) to: Company, Participant, Other; Rollover check to: Company, Participant, Rollover Institution; Mail Carrier: Airborne, Federal Express, UPS, Express Mail, 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...

Plan Administrator Signature: [Signature], Date: 6/23/2011

*This Is Your Statement Of
Estimated Retirement Benefits*

Bonita Tuozzoli

**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	Bonita Tuozzoli	Social Security Number	xxx-xx-4141
Date of Birth	11/21/1949	Credited Service Date	11/01/2004
Normal Retirement Date*	05/01/2014	Current Plan Salary	\$1,408.54
Years of Credited Service at Normal Retirement Date*	10	Years of Service to 07/01/2010	
		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 05/01/2014

PENSION BENEFITS ACCRUED TO DATE

PAYABLE AT NORMAL RETIREMENT	
Accrued Pension	\$1,192/yr.
Vested Accrued Pension	\$715/yr.
Vested Pension as a Percentage of Current Plan Salary	51%

PROJECTED RETIREMENT INCOME - Based on Current Plan Salary

Projected Pension Payable at Your Normal Retirement Date*	\$1,987/yr.
Pension as a Percentage of Current Plan Salary	141%
Estimated Social Security Benefit Payable at Age 65*	\$4,800/yr.

YOUR CONTRIBUTIONS TO THE PLAN

Amount You Contributed during the Past Year	\$49.31
Your Total Contributions with Interest	\$1,204.05

* 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.

June 23, 2011

Ms. Bonita Tuozzoli
470 Thorne Street
Bridgeport, CT 06606

Dear Ms. Tuozzoli:

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 \$1,264.25. 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,

Phyllis Collier
Administrative Assistant

Enc.



Traditional Distribution Request

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

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

Participant Data	Name: Matthew Altieri	Phone #:	
	Social Security Number: 040-76-6052	Date of Birth: 11/17/1983	
	(NOTE: If no Date of Birth provided, IRS code defaults to premature distribution indicating 10% IRS penalty due when filing 1040 form.)		
	Address: 21 McNeil Terrace		
Address:			
City: Stratford		State: ct Zip Code: 06614	
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)	Name:	Relationship:	
	Social Security Number:		
	Address:		
	Address:		
	Address:		
# of	City:	State: Zip Code:	
Payment Method	<input checked="" type="checkbox"/> Direct Rollover of my entire distribution into an IRA or Qualified Plan.		
	<input 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 checked="" 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: Putnam Fiduciary Trust Co.		
	Address: P.O. Box 8383		
	Address: Boston, MA 02266-8383		
ATTN:		ACCT #: 0008-057438004	
Tax Withholding (Substitute W-4P)	Check one of the following (FEDERAL TAXES)		Check one of the following (STATE TAXES)
	State of Withholding: CT		
	<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 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
	10/02/2006	07/01/2008	06/30/2011		
Fund Breakdown	Account #	Total Amount	Distribution Amount	CASH PORTION	
		8,573.64		Taxable Amount:	\$
				After-Tax Amount:	\$
				Pre-87 After-Tax:	\$
			Post-86 After-Tax:	\$	
			Other Non-Taxable:	\$	
TOTALS:		8,573.64		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 checked="" type="checkbox"/> Rollover Institution	
	Mail participant check(s) to:	<input type="checkbox"/> Company	<input 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 Matthew Altieri Plan Administrator Signature (Required on all payments) _____ Date 07/11/2011

*This Is Your Statement Of
Estimated Retirement Benefits*

Matthew Altieri

**TOWN OF TRUMBULL
RETIREMENT PLAN FOR MUNICIPAL 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	Matthew Altieri	Social Security Number	xxx-xx-6052
Date of Birth	11/17/1983	Credited Service Date	10/02/2006
Normal Retirement Date*	12/01/2043	Current Plan Salary	\$63,253.42
Years of Credited Service at Normal Retirement Date*	37	Years of Service to 07/01/2010	
		Credited Service	4
		Vesting Service	4

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 04/02/2016

PENSION BENEFITS ACCRUED TO DATE	
PAYABLE AT NORMAL RETIREMENT	
Accrued Pension	\$4,930/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*	\$37,952/yr.
Pension as a Percentage of Current Plan Salary	60%
Estimated Social Security Benefit Payable at Age 65*	\$20,904/yr.

YOUR CONTRIBUTIONS TO THE PLAN	
Amount You Contributed during the Past Year	\$2,530.30
Your Total Contributions with Interest	\$5,050.75

* 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.

BY EMPLOYEE NAME
07/01/2010 to 06/29/2011

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER
003648 ALTIERI, MATTHEW					LOC: 0126 ORG: 01012600							
Check Date: 07/01/2010												
			0126		001103653				7005	TPN	50.21	0.00
			CHECK 07/01/2010 TOTALS:		NET:	928.02	0.00	0.00			50.21	0.00
Check Date: 07/08/2010												
			0126		001103935				7005	TPN	57.15	0.00
			CHECK 07/08/2010 TOTALS:		NET:	930.02	0.00	0.00			57.15	0.00
Check Date: 07/15/2010												
			0126		001104220				7005	TPN	58.14	0.00
			CHECK 07/15/2010 TOTALS:		NET:	943.10	0.00	0.00			58.14	0.00
Check Date: 07/22/2010												
			0126		001104523				7005	TPN	58.14	0.00
			CHECK 07/22/2010 TOTALS:		NET:	943.10	0.00	0.00			58.14	0.00
Check Date: 07/29/2010												
			0126		001104829				7005	TPN	58.14	0.00
			CHECK 07/29/2010 TOTALS:		NET:	1,048.82	0.00	0.00			58.14	0.00
Check Date: 08/05/2010												
			0126		001105136				7005	TPN	58.14	0.00
			CHECK 08/05/2010 TOTALS:		NET:	943.10	0.00	0.00			58.14	0.00
Check Date: 08/12/2010												
			0126		001105439				7005	TPN	58.14	0.00
			CHECK 08/12/2010 TOTALS:		NET:	973.29	0.00	0.00			58.14	0.00
Check Date: 08/19/2010												
			0126		001105745				7005	TPN	58.14	0.00
			CHECK 08/19/2010 TOTALS:		NET:	943.10	0.00	0.00			58.14	0.00
Check Date: 08/26/2010												
			0126		001106047				7005	TPN	58.14	0.00
			CHECK 08/26/2010 TOTALS:		NET:	943.10	0.00	0.00			58.14	0.00
Check Date: 09/02/2010												
			0126		001106340				7005	TPN	58.14	0.00
			CHECK 09/02/2010 TOTALS:		NET:	943.10	0.00	0.00			58.14	0.00
Check Date: 09/09/2010												
			0126		001106618				7005	TPN	58.14	0.00
			CHECK 09/09/2010 TOTALS:		NET:	943.10	0.00	0.00			58.14	0.00
Check Date: 09/16/2010												
			0126		001106894				7005	TPN	58.14	0.00
			CHECK 09/16/2010 TOTALS:		NET:	911.64	0.00	0.00			58.14	0.00
Check Date: 09/23/2010												
			0126		001107167				7005	TPN	58.14	0.00
			CHECK 09/23/2010 TOTALS:		NET:	890.45	0.00	0.00			58.14	0.00

06/29/2011 14:58
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TOWN OF TRUMBULL
DETAIL CHECK HISTORY

PG 2
prhisrpt

BY EMPLOYEE NAME
07/01/2010 to 06/29/2011

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER

003648	ALTIERI, MATTHEW				LOC: 0126 ORG: 01012600							
					Check Date: 09/30/2010							
			0126		001107430					7005 TPN	58.14	0.00
					CHECK 09/30/2010 TOTALS:	NET:	890.45	0.00	0.00		58.14	0.00
					Check Date: 10/07/2010							
			0126		001107688					7005 TPN	58.14	0.00
					CHECK 10/07/2010 TOTALS:	NET:	890.45	0.00	0.00		58.14	0.00
					Check Date: 10/14/2010							
			0126		001107949					7005 TPN	60.80	0.00
					CHECK 10/14/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 10/21/2010							
			0126		001108206					7005 TPN	60.80	0.00
					CHECK 10/21/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 10/28/2010							
			0126		001108464					7005 TPN	60.80	0.00
					CHECK 10/28/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 11/04/2010							
			0126		001108728					7005 TPN	60.80	0.00
					CHECK 11/04/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 11/10/2010							
			0126		001108992					7005 TPN	60.80	0.00
					CHECK 11/10/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 11/18/2010							
			0126		001109253					7005 TPN	60.80	0.00
					CHECK 11/18/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 11/24/2010							
			0126		001109511					7005 TPN	60.80	0.00
					CHECK 11/24/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 12/02/2010							
			0126		001109768					7005 TPN	60.80	0.00
					CHECK 12/02/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 12/09/2010							
			0126		001110089					7005 TPN	60.80	0.00
					CHECK 12/09/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 12/16/2010							
			0126		001110340					7005 TPN	60.80	0.00
					CHECK 12/16/2010 TOTALS:	NET:	925.50	0.00	0.00		60.80	0.00
					Check Date: 12/23/2010							
			0126		001110595					7005 TPN	60.80	0.00
					CHECK 12/23/2010 TOTALS:	NET:	988.69	0.00	0.00		60.80	0.00

BY EMPLOYEE NAME
07/01/2010 to 06/29/2011

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER	
003648 ALTIERI, MATTHEW					LOC: 0126 ORG: 01012600								
Check Date: 12/30/2010													
			0126		001110850					7005	TPN	60.80	0.00
			CHECK 12/30/2010 TOTALS:		NET:	925.50	0.00	0.00				60.80	0.00
Check Date: 01/06/2011													
			0126		001111102					7005	TPN	60.80	0.00
			CHECK 01/06/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 01/13/2011													
			0126		001111343					7005	TPN	60.80	0.00
			CHECK 01/13/2011 TOTALS:		NET:	995.32	0.00	0.00				60.80	0.00
Check Date: 01/20/2011													
			0126		001111585					7005	TPN	60.80	0.00
			CHECK 01/20/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 01/27/2011													
			0126		001111839					7005	TPN	60.80	0.00
			CHECK 01/27/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 02/03/2011													
			0126		001112089					7005	TPN	60.80	0.00
			CHECK 02/03/2011 TOTALS:		NET:	1,239.87	0.00	0.00				60.80	0.00
Check Date: 02/10/2011													
			0126		001112340					7005	TPN	60.80	0.00
			CHECK 02/10/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 02/17/2011													
			0126		001112591					7005	TPN	60.80	0.00
			CHECK 02/17/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 02/24/2011													
			0126		001112842					7005	TPN	60.80	0.00
			CHECK 02/24/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 03/03/2011													
			0126		001113103					7005	TPN	60.80	0.00
			CHECK 03/03/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 03/10/2011													
			0126		001113360					7005	TPN	60.80	0.00
			CHECK 03/10/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 03/17/2011													
			0126		001113614					7005	TPN	60.80	0.00
			CHECK 03/17/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 03/24/2011													
			0126		001113866					7005	TPN	60.80	0.00
			CHECK 03/24/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00

BY EMPLOYEE NAME
07/01/2010 to 06/29/2011

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER	
003648 ALTIERI, MATTHEW						LOC: 0126 ORG: 01012600							
Check Date: 03/31/2011													
			0126		001114117					7005	TPN	60.80	0.00
			CHECK 03/31/2011 TOTALS:		NET:	995.32	0.00	0.00				60.80	0.00
Check Date: 04/07/2011													
			0126		001114372					7005	TPN	60.80	0.00
			CHECK 04/07/2011 TOTALS:		NET:	946.41	0.00	0.00				60.80	0.00
Check Date: 04/14/2011													
			0126		001114628					7005	TPN	64.45	0.00
			CHECK 04/14/2011 TOTALS:		NET:	996.06	0.00	0.00				64.45	0.00
			0126		001114629					7005	TPN	312.11	0.00
			CHECK 04/14/2011 TOTALS:		NET:	4,244.72	0.00	0.00				312.11	0.00
Check Date: 04/21/2011													
			0126		001114893					7005	TPN	63.85	0.00
			CHECK 04/21/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00
Check Date: 04/28/2011													
			0126		001115155					7005	TPN	63.85	0.00
			CHECK 04/28/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00
Check Date: 05/05/2011													
			0126		001115414					7005	TPN	63.85	0.00
			CHECK 05/05/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00
Check Date: 05/12/2011													
			0126		001115674					7005	TPN	63.85	0.00
			CHECK 05/12/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00
Check Date: 05/19/2011													
			0126		001115939					7005	TPN	63.85	0.00
			CHECK 05/19/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00
Check Date: 05/26/2011													
			0126		001116202					7005	TPN	63.85	0.00
			CHECK 05/26/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00
Check Date: 06/02/2011													
			0126		001116466					7005	TPN	63.85	0.00
			CHECK 06/02/2011 TOTALS:		NET:	1,090.50	0.00	0.00				63.85	0.00
Check Date: 06/09/2011													
			0126		001116736					7005	TPN	63.85	0.00
			CHECK 06/09/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00
Check Date: 06/16/2011													
			0126		001117055					7005	TPN	63.85	0.00
			CHECK 06/16/2011 TOTALS:		NET:	987.77	0.00	0.00				63.85	0.00

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TOWN OF TRUMBULL
DETAIL CHECK HISTORY

PG 5
prhisrpt

BY EMPLOYEE NAME
07/01/2010 to 06/29/2011

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED	TYPE	EMPLOYEE	EMPLOYER

003648	ALTIERI, MATTHEW											
Check Date: 06/23/2011												
			0126		001117334					7005 TPN	63.85	0.00
CHECK 06/23/2011 TOTALS:					NET:	1,413.19	0.00	0.00			63.85	0.00
EMPLOYEE TOTALS:					NET:	54,521.68	0.00	0.00			3,459.04	0.00

GRAND TOTALS:					NET:	54,521.68	0.00	0.00			3,459.04	0.00

** END OF REPORT - Generated by Maria Pires **

check Date 6/30/2011

63.85

3,522.89



Traditional Distribution Request

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

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

Participant Data	Name: MATTHEW HEFFERN	Phone #: (203) 257-3468	
	Social Security Number: 045-86-4745	Date of Birth: 12/27/1979	
	(NOTE: If no Date of Birth provided, IRS code defaults to premature distribution indicating 10% IRS penalty due when filing 1040 form.)		
	Address: 35 OHIO AVENUE		
Address:			
City: BRIDGEPORT		State: CT Zip Code: 06610	
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)	Name:	Relationship:	
	Social Security Number:		
	Address:		
	Address:		
	Address:		
# of	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 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)
	<input type="checkbox"/> I Do Not want Federal Income Tax Withheld		State of Withholding: CT
	<input checked="" type="checkbox"/> I Do want Federal Income Tax Withheld		<input type="checkbox"/> I Do Not want State Income Tax Withheld
	<input type="checkbox"/> I want to have \$ (Federal) 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 % (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 Matthew Heffern Participant Signature / Beneficiary Signature 08/17/11 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
	10/10/2006	07/01/2008	07/27/2011		
Fund Breakdown	Account #	Total Amount	Distribution Amount	CASH PORTION	
		9,186.22		Taxable Amount:	\$ 9,186.22
				After-Tax Amount:	\$
				Pre-87 After-Tax:	\$
			Post-86 After-Tax:	\$	
			Other Non-Taxable:	\$	
	TOTALS:	9,186.22		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 Matthew Heffern Plan Administrator Signature (Required on all payments) 8/16/2011 Date

Prepared by: P. Collier

Approved by: *Monica T. P...*

Matthew Heffern
35 Ohio Avenue
Bridgeport, CT 06610

DOB 12/27/1969
DOH 10/10/2006
DOT 7/27/2011

CT 06610

	FY	CONTRIB.	5% INTEREST	TOTAL
	6/30/2010		0.00	5,045.65
	7/1/10 - 6/30/11	3,520.30 ⁽¹⁾	252.28	8,818.23
	7/1/11 - 8/15/11	312.87 ⁽²⁾	55.11 ⁽²⁾	9,186.22 ⁽²⁾
	Total due: \$9,186.22			

- (1) Interest is calculated on \$ 5045.65 for 12 months
- (2) Interest is calculated on \$ 8818.23 for 1.5 months

*This Is Your Statement Of
Estimated Retirement Benefits*

Matthew Heffern

**TOWN OF TRUMBULL
RETIREMENT PLAN FOR MUNICIPAL 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	Matthew Heffern	Social Security Number	xxx-xx-4745
Date of Birth	12/27/1979	Credited Service Date	10/10/2006
Normal Retirement Date*	01/01/2040	Current Plan Salary	\$63,187.97
Years of Credited Service at Normal Retirement Date*	33	Years of Service to 07/01/2010	
		Credited Service	4
		Vesting Service	4

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 04/10/2016

PENSION BENEFITS ACCRUED TO DATE

PAYABLE AT NORMAL RETIREMENT		
Accrued Pension		\$4,926/yr.
Vested Accrued Pension		\$0/yr.
Vested Pension as a Percentage of Current Plan Salary		0%

PROJECTED RETIREMENT INCOME - Based on Current Plan Salary

Projected Pension Payable at Your Normal Retirement Date*	\$37,913/yr.
Pension as a Percentage of Current Plan Salary	60%
Estimated Social Security Benefit Payable at Age 65*	\$20,892/yr.

YOUR CONTRIBUTIONS TO THE PLAN

Amount You Contributed during the Past Year	\$2,527.69
Your Total Contributions with Interest	\$5,045.65

* 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.

August 12, 2011

Mr. Matthew Heffern
35 Ohio Avenue
Bridgeport, CT 06610

Dear Matt:

I am enclosing the form that you need to sign so we can process your request for the return of your pension contributions with interest. The value of this fund is \$9,186.22. 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 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,

Phyllis Collier
Finance Department
Phone: (203) 452-5009
E-mail: pcollier@trumbull-ct.gov

Enc.



Institutional Retirement And Trust
MAC Y1372-034
P O Box 7618
Philadelphia, PA 19101-7618

Tel: 877 877 1219
Fax: 215 973 1900

May 6, 2011

TOWN OF TRUMBULL PENSION PLAN
ATTN: MARIA PIRES
5866 MAIN STREET
TRUMBULL, CT 06611

Dear Plan Sponsor:

Accurate delivery of any payment service is highly dependent on the accuracy of data on file. Wells Fargo Bank has contracted with The Berwyn Group to assist in identifying deceased annuitants. The Berwyn Group's analysis "matches" retirees with various databases of deceased individuals. The report lists the following three categories of matches:

1. Exact Matches – all fields (i.e., social security number, name, and date of birth) match.
2. Highly Probable Matches – only social security number and name match.
3. Other – likely to be "false" matches. Matches tend to be on social security number only.

This report will assist you in determining if any payments should be stopped.¹¹⁶ In our capacity as directed paying agent, Wells Fargo Bank is not authorized to initiate action on its own on the above findings without receiving written direction from the designated plan fiduciaries. If you need additional documentation (i.e., death certificates) before implementing any decision, The Berwyn Group (216-765-8818 or www.berwyngroup.com) can assist in obtaining death certificates or other pertinent information.

We will continue to provide you the opportunity to review this information on a semi-annual basis. We hope this report provides you with valuable information and reduces some of your day-to-day administrative tasks. Please contact your Benefit Payment Specialist at 877-877-1219 with any questions.

Thank you.

Sincerely,

Anne DeMaio
Vice President
Institutional Retirement and Trust

RECEIVED

JUN 08 2011

TOWN OF TRUMBULL *complete*
PC

148949 CT

¹¹⁶ The enclosed report is intended as another tool to help you fulfill your responsibilities as plan administrator and plan sponsor. By its presentation, Wells Fargo Bank is not assuming any responsibility for any past payments or future monitoring of payments to deceased individuals. The plan administrator, plan sponsor or authorized plan committee member is responsible for providing Wells Fargo Bank with all directions regarding the commencement and cessation of plan payments. **Together we'll go far**



The Berwyn Group
Death Check Verification Services

for

148949-TOWN OF TRUMBULL PENSION PLAN

04/25/2011

4 ACRI,GINA

Web Site: www.berwyngroup.com

The following analysis has verified 326 records from your data and matched 5 individuals against The Berwyn Group's National Master Death file.

Positive matches generally indicate that individuals being verified are deceased. However, some positive matches are "false-positives". Source files can and do have data errors, and acquisition of individual death certificates is required for reliable verification.

The Berwyn Group makes no guarantees or warranties that the source files contain the entire universe of deceased individuals. Many deaths remain unreported. Consequently, the absence of a match is not an unequivocal indicator of validation.

The Berwyn Group is dedicated to acquiring and maintaining the most up-to-date, and credible data sources for our analytical and research work. Our commitment to this goal ensures that our customers receive the highest quality work product and the highest degree of customer satisfaction.

Table of Contents

MORTALITY VERIFICATION ANALYSIS

	<u>Observations</u>		<u>Unique SSN's</u>
SECTION I - Exact Matches			
All Fields From Customer and Berwyn Group Files Match Exactly.....	0 -	0	<i>0</i>
SECTION II - Highly Probable Exact Matches			
Social Security Number Data Entry Error.....	0 -	0	<i>0</i>
All Fields Except Date of Birth Matches.....	1 -	4	<i>4</i>
Name Near Matches.....	0 -	0	<i>0</i>
SECTION III - Other Match Categories			
Social Security Number, Last Name and Date of Birth Matches.....	0 -	0	<i>0</i>
Social Security Number, First Name and Date of Birth Matches.....	0 -	0	<i>0</i>
Social Security Number and Date of Birth Matches.....	0 -	0	<i>0</i>
Social Security Number and Last Name Matches.....	5 -	5	<i>1</i>
Social Security Number and First Name Matches.....	0 -	0	<i>0</i>
Social Security Number Matches.....	0 -	0	<i>0</i>
SECTION IV - Invalid Social Security Numbers			
These Social Security Number Are Not Valid Against Berwyn Group's SSN Validation File.....	1 -	1	<i>1</i>

MORTALITY VERIFICATION ANALYSIS

148949-TOWN OF TRUMBULL PENSION PLAN							Berwyn Group Master Death File				MSD (b)	Record Source {Zip-State}
Pr (a)	Obs.	S.S.N.	Last Name	First Name	Birth Date	User Comment	Last Name	First Name	Birth Date	Death Date		

**All Fields Except Date of Birth Matches
(S.S.N., Last Name, and First Name Matches)**

Please verify all findings for your determination
Less than 1% of findings can be false.

✓	1	047309237	BARNONOWSKI	ROBERT		148949	BARONOWSKI	ROBERT	06/19/1937	12/18/2010	4	SSA{06897-CT}
	2	148205918	DIACZAK	LILLIAN		148949	DIACZOK	LILLIAN	12/25/1927	03/15/2011	1	SSA{06611-CT}
	3	268302080	FUESCHSEL	ERNA		148949	FUECHSEL	ERNA	02/23/1919	04/02/2011	0	SSA{20904-MD}
	4	046123680	MALLETTE	SANFORD		148949	MALLETTE	SANFORD	07/13/1923	04/14/2011	0	SSA{06611-CT}

Client Number : Berwyn 7673

04/25/2011

(a) Previously Reported With "*" "
(b) MSD = Months Since Death

>> Locate Missing Employees
>> Obtain Death Certificates
Berwyn Group
(216)765-8818

MORTALITY VERIFICATION ANALYSIS

148949-TOWN OF TRUMBULL PENSION PLAN							Berwyn Group Master Death File				MSD (b)	Record Source {Zip-State}
Pr (a)	Obs.	S.S.N.	Last Name	First Name	Birth Date	User Comment	Last Name	First Name	Birth Date	Death Date		

Social Security Number and Last Name Matches

. May not be deceased

. Sharing SSN with the deceased (spouse?) or a typing error in first name

*	5	041141642	SLATER	JOYCE	148949		SLATER	RICHARD	07/05/1919	05/01/2009	23	SSA{06484-CT}
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Client Number : Berwyn 7673

(a) Previously Reported With "*"

(b) MSD = Months Since Death

>> Locate Missing Employees

>> Obtain Death Certificates

Berwyn Group

(216)765-8818

04/25/2011

LISTING INVALID SOCIAL SECURITY NUMBER

148949-TOWN OF TRUMBULL PENSION PLAN						
Obs.	S.S.N.	Last Name	First Name	Birth Date	User Comment	Berwyn Comment

Invalid Social Security Number

Based on 04/01/2011 SSA Social Security Number Issuance

1	047656562	LADZINSKI	ANTHONY		148949	
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