

# EXHIBIT 1

**THE NBA REFEREES' PENSION PLAN**

**APPLICATION FOR PENSION BENEFITS**

Participant Woody Mayfield Date of Birth 07/25/1948 Soc. Sec. No. 448-48-8676

Address 2016 Brookfield Drive Norman OK 73072  
Street City State Zip Code

Beneficiary or Joint Annuitant (if applicable) Linda J. Mayfield Date of Birth 9/8/48 Soc. Sec. No. 444-52-2538

Address 2016 Brookfield Dr. Norman OK 73072  
Street City State Zip Code

**I. REASON FOR PAYMENT**

<input type="radio"/> Normal Retirement	<input type="radio"/> Early Retirement	<input checked="" type="radio"/> Deferred Retirement	<input type="radio"/> Disability Retirement
Date of Termination <u>3/2/98</u>	Payment Determination Date <u>May 1, 2006</u>	To be completed by Plan Representative	

**II. FORM OF PAYMENT**

Applicant, please select one option.

	Participant's Benefit	Survivor's Benefit
<input type="checkbox"/> Qualified Joint and 50% Survivor Annuity to Spouse	\$3,580.69	\$1,790.35
<input type="checkbox"/> Straight Life Annuity	\$3,818.41	None
<input type="checkbox"/> Life Annuity Guaranteed for 120 months	\$3,714.41	Remaining balance of guaranteed payments.
<input type="checkbox"/> Joint and 100% Survivor Annuity to Spouse	\$3,376.40	\$3,376.40
<input type="checkbox"/> Periodic Payments not to Exceed Referee's Life Expectancy	N/A	Remaining balance, if any.
<input checked="" type="checkbox"/> Single Lump Sum Payment	\$656,749.47	None.
	* Amount to be inserted by Plan representative.	* Amount to be inserted by Plan representative

Note: If you are married, your pension will be paid to you as a Qualified Joint and 50% Survivor Annuity unless your spouse consents to your selection of one of the other optional forms of payments. Please read the attached Qualified Joint and 50% Survivor Annuity Explanation before you select a form of payment and then complete the necessary forms with your spouse. If you are not married, your pension will be paid to you as a Life Annuity Guaranteed for 120 months unless you select an optional form of payment and complete and return the necessary forms.

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I hereby apply for my pension benefit to be paid to me in the Form of Payment I selected above. I understand that by selecting any optional form of payment, I have automatically waived the standard form of payment applicable to me and must complete and timely return the Waiver Form that applies to my choice. In addition, I understand that I must obtain timely written spousal consent if I am married and that such consent must be notarized. I understand that neither I nor my beneficiary or beneficiaries have any other claim for benefits under the Plan except as designated above. I agree to submit more information if needed to process my benefit payment(s). I understand that I have the right to a period of 30 days following receipt of the benefit election forms to consider my benefit election and that if I return the completed election forms before the 30 day period has elapsed I am waiving this right.

I hereby confirm that no portion of the pension benefit that I am applying for is subject to a Domestic Relations Order that could affect the payment of all or any portion of my pension benefit.

To the best of my knowledge, I have provided accurate information and I understand that the Plan has the right to recover any benefits paid to me as a result of any incorrect information I provided.

Participant's Signature

*Robert W. Mayfield*

Date

6/2/06

Plan Representative

*Kyanna Allen*

Date

6/7/06

Forms mailed or delivered to Participant

Date

May 24, 2006

**THE NBA REFEREES' PENSION PLAN  
 WAIVER OF QUALIFIED JOINT AND 50% SURVIVOR ANNUITY  
 AND ELECTION OF IMMEDIATE LUMP SUM DISTRIBUTION**

I hereby elect to waive my right to receive my pension benefit under the National Basketball Association Referees' Pension Plan in the form of a Joint and 50% Survivor Annuity with my spouse as beneficiary and elect to receive, in lieu thereof, an immediate distribution of my benefits in a lump sum cash payment (that I can further elect to rollover in whole or in part) and also waive my right to the minimum 30 day election period. I understand that upon payment of my pension benefit I will not be entitled to any further benefits under the National Basketball Association Referees' Pension Plan. I also understand that my spouse must consent to my election at the time it is made and that his/her consent must be witnessed by a Notary Public.

6/2/06  
 Date

James Woody Mayfield  
 Participant's Signature

Name: James Woody Mayfield  
 (Please Print)

**CONSENT OF SPOUSE  
 TO WAIVER OF QUALIFIED JOINT AND 50% SURVIVOR ANNUITY  
 AND ELECTION OF IMMEDIATE LUMP SUM PAYMENT**

I hereby consent to my spouse's election to waive payment of his pension benefit from the National Basketball Association Referees' Pension Plan in the form of a Joint and 50% Survivor Annuity. I understand that benefits under the Plan will be paid to my spouse as a lump sum cash payment and, as a result, I will not be entitled to any death benefits under the Plan in the event of my spouse's death.

6/2/06  
 Date

Linda J Mayfield  
 Spouse's Signature

Name: Linda J. Mayfield  
 (Please Print)

STATE OF OKLAHOMA )  
 ) ss.:  
 COUNTY OF Cleveland )

I, SUSAN E SASSER, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that LINDA J MAYFIELD is personally known to me to be the same person whose name is subscribed to the foregoing, and acknowledges that She appeared before me this day in person and that she signed, sealed, and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this 2nd day of JUNE 2006.

NOTARY PUBLIC Susan E Sasser  
 Commission expires 07/02, 2007.

