# EXHIBIT 3

### THE NBA REFEREES' PENSION PLAN

### APPLICATION FOR PENSION BENEFITS

Participant	Michael Mathis	Date of Birth	11-20-42	Soc. Sec. No.	269-38-9749
Address	559 Asbury Road		Cincinnati	ОН	45255
Addicss	Street		City	State	Zip Code
Beneficiary or Joint Annuitant (if applicable)	SHARON E. MATHIS	Date of Birth	5-24-44 UNNATI City	Soc. Sec. No.	313-46-7546
	9 ASBURY RD	CINIC	CANATI	OH	45255
Address 33	Street	(///	Çity	State	Zip Code
I. REASON	N FOR PAYMENT			·	
() Normal Ret	tirement () Early Retire	ment (x)	) Deferred Retiren	nent () D	isability Retirement
Date of Termin	nation 12-18-01	Paym	ent Determination Da	To be comp	leted by Plan Representative
II. FORM (	OF PAYMENT				
Applican	t, please select one option.			•	
		Particip	oant's Benefit*	Survi	vor's Benefit*
[ ] Qualified Joint and 50% Survivor Annuity to Spouse		\$_11,054.92/mth		\$5,527.46/mth	
[ ] Automati	ic Single Life Annuity		n/a	None.	
_ [ ] Straight :	Life Annuity	\$12,1	34.01/mth	_ None	
	uity Guaranteed for 120 months	\$ 11	,479.67/mth	Remaining bapayments.	llance of guaranteed
[ ] Joint and Spouse	d 100% Survivor Annuity to	\$10,	170.99/mth	\$10,170	99mth
[ ] Periodic Life Exp	Payments not to Exceed Referee's sectancy		ı/a	Remaining ba	alance, if any.
Single L	ump Sum Payment	\$1,8	06,785.26	None.	
		*Amount to be representative.	inserted by Plan	* Amount to b representative	e inserted by Plan
consents to your Survivor Annuity If you are not ma	married, your pension will be paid to selection of one of the other optional y Explanation before you select a for arried, your pension will be paid to yo complete and return the necessary for	forms of payment rm of payment ar ou as an Automat	its. Please read the and then complete the i	necessary forms w	ith your spouse.

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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 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	Mathis 7. Wathro	Date	5-31-06	
Plan Representative	Jespeans Dely	Date	6-13-06.	
Forms mailed or delivere	ed to Participant	Date	4-12-06	

## THE 1BA REFEREES' PENSION PLANDIRECT ROLLOVER ELECTION

Associa 10	elected in my Pension Application to receive my pension benefit from the National Basketball ation Referees' Pension Plan in a single lump sum payment. I further direct the Plan to transmit: 0% of my single lump sum as a Direct Rollover to; or [ ] \$ of my single lump sum at as a Direct Rollover (with the remainder paid directly to me) to:
1.	Robert W. BAIRD IRA  Name of Plan or IRA  RA Account No. (If applicable)
2.	MICHAEL F. MATHIS  For the Benefit of
3.	Robert W. BAIRD  Name of Trustee (or Custodian) of Plan or IRA to whom Direct Rollover is to be made
4.	777 EAST WISCONSIN AVE MILWAUREE WISCONSIN Address of Trustee (or Custodian) of Plan or IRA to whom Direct Rollover is to be made.
plan that describe	directing the rollover of my benefit to a tax-qualified plan, I have attached a statement from that at (1) it is a qualified plan described in Section 401(a) of the Internal Revenue Code, annuity plan ed in Section 403(b), or eligible deferred compensation plan described in Section 457(b) sponsored vernmental employer, and (2) it will accept the direct rollover of your pension benefit.
understa income	31-06 Haput (Mallis
Date  MIC  Name (P	Participant's Signature  CHAEL F. MATHIS  Please Print)
	OF Ohio)  TY OF Hamilton)
said Co known he ap	I, Zenniter S, Say , a notary public in and for unty, in the State aforesaid, DO HEREBY CERTIFY that Thing the State aforesaid, DO HEREBY CERTIFY that Thing the State personally to me to be the same person whose name is subscribed to the foregoing, and acknowledges that preared before me this day in person and that he signed, sealed, and delivered the said ent as h free and voluntary act, for the uses and purposes therein set forth.
	GIVEN under my hand and official seal, this 3 day of \( \text{May} \) 2000
Commis	JENNIFER S. BATH  NOTARY PUBLIC, STATE OF OHIO  MY COMMISSION EXPIRES 03-31-08

## 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. Name: MICHAEL F. MATHIS 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. STATE OF () L'V ) ss.: COUNTY OF Hamilton , a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Sharok E. Marhis is personally known to me to be the same person whose name is subscribed to the foregoing, and acknowledges that he appeared before me this day in person and that \_he signed, sealed, and delivered the said instrument as h free and voluntary act, for the uses and purposes therein set forth. GIVEN under my hand and official seal, this

NOTARY PUBLIC

JENNIFER S. BATH

NOTARY PUBLIC, STATE OF OHIO

MY COMMISSION EXPIRES 03-31-08