

# 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 OH 45255  
 Street City State Zip Code

Beneficiary or Joint Annuitant (if applicable) SHARON E. MATHIS Date of Birth 5-24-44 Soc. Sec. No. 313-46-7546

Address 559 ASBURY RD CINCINNATI OH 45255  
 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>12-18-01</u>	Payment Determination Date _____	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	<u>\$ 11,054.92/mth</u>	<u>\$5,527.46/mth</u>
<input type="checkbox"/> Automatic Single Life Annuity	<u>n/a</u>	None.
<input type="checkbox"/> Straight Life Annuity	<u>\$12,134.01/mth</u>	None
<input type="checkbox"/> Life Annuity Guaranteed for 120 months	<u>\$ 11,479.67/mth</u>	Remaining balance of guaranteed payments.
<input type="checkbox"/> Joint and 100% Survivor Annuity to Spouse	<u>\$10,170.99/mth</u>	<u>\$10,170.99mth</u>
<input type="checkbox"/> Periodic Payments not to Exceed Referee's Life Expectancy	<u>n/a</u>	Remaining balance, if any.
<input checked="" type="checkbox"/> Single Lump Sum Payment	<u>\$1,806,785.26</u>	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 an Automatic Single Life Annuity unless you select an optional form of payment and complete and return the necessary forms.





**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.

5-31-06  
Date

*Michael F. Mathis*  
Participant's Signature

Name: MICHAEL F. MATHIS  
(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.

5/31/06  
Date

*Sharon E. Mathis*  
Spouse's Signature

Name: SHARONE MATHIS  
(Please Print)

STATE OF Ohio )  
COUNTY OF Hamilton ) ss.:

I, Jennifer S. Bath, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Sharon E. Mathis 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 his free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal, this 31 day of May 2006

NOTARY PUBLIC *Jennifer S. Bath*

Commission expires \_\_\_\_\_  
JENNIFER S. BATH  
NOTARY PUBLIC - STATE OF OHIO  
MY COMMISSION EXPIRES 03-31-08