EXHIBIT 4

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THE NBA REFEREES' PENSION PLAN

APPLICATION FOR PENSION BENEFITS

Participant	Edmund Middleton	Date of Birth	2/13/1943	Soc. Sec. No.	204-32-9457
Address	56000 Pebble Beach		La Quinta	CA	92253
407.00	Street		City	State	Zip Code
Beneficiary or Joint Annuitant (if applicable)		Date of Birth		Soc. Sec. No.	
Address					
	Street		City	State	Zip Code
I. REASON FO	OR PAYMENT				
() Normal Retirem	ent () Early Reti	rement (x)	Deferred Retire	ment ()	Disability Retirement
Date of Termination	1/15/1999	Payme	nt Determination D		May 1, 2006 npleted by Plan Representative

II. FORM OF PAYMENT

Applicant, please select one option.

		Participant's Benefit*	Survivor's Benefit*
[]	Qualified Joint and 50% Survivor Annuity to Spouse	\$9,290.54	\$4,645.27
[]	Straight Life Annuity	\$10,988.25	None
[]	Life Annuity Guaranteed for 120 months	\$10,415.40	Remaining balance of guaranteed payments.
[]	Joint and 100% Survivor Annuity to Spouse	\$8,051.10	\$8,051.10
[]	Periodic Payments not to Exceed Referee's Life Expectancy	N/A	Remaining balance, if any.
IXI	Single Lump Sum Payment	\$1,661,342.10	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.

THE NBA REFEREES' PENSION PLAN DIRECT ROLLOVER ELECTION

I have elected in my Pension Application to receive my pension benefit from the National Basketball Association Referees' Pension Plan in a single lump sum payment. I further direct the Plan to transmit: [1] 100% of my single lump sum as a Direct Rollover to; or [1] \$ of my single lump sum payment as a Direct Rollover (with the remainder paid directly to me) to:
1. Traditional DRA HS6 4547-1135. Name of Plan or IRA A. G. E. C. (F. IRA Account No. (If applicable)
2. Ed Middle ton For the Benefit of
Name of Trustee (or Custodian) of Plan or IRA to whom Direct Rollover is to be made
4. 73-993 Huy III #100 Palm Davard CA 9326 (Address of Trustee (or Custodian) of Plan or IRA to whom Direct Rollover is to be made.
If I am directing the rollover of my benefit to a tax-qualified plan, I have attached a statement from that plan that (1) it is a qualified plan described in Section 401(a) of the Internal Revenue Code, annuity plan described in Section 403(b), or eligible deferred compensation plan described in Section 457(b) sponsored by a governmental employer, and (2) it will accept the direct rollover of your pension benefit.
I hereby acknowledge that I have received and read the Special Tax Notice Regarding Plan Payments and understand that the 20% of the payment made directly to me will be deducted and withheld for federal income taxes.
Date Participant's Signature Participant's Signature
Name (Please Print)
STATE OF CA) (COUNTY OF FINESCHE) I, Michele M. Lulow, a notary public in and for
I, michole M. Lulow, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Zamund Maddelon is personally known to me to be the same person whose name is subscribed to the foregoing, and acknowledges that the appeared before me this day in person and that the signed, sealed, and delivered the said instrument as h15 free and voluntary act, for the uses and purposes therein set forth.
GIVEN under my hand and official seal, this 1st day of 2006
NOTARY PUBLIC / Clark / World
Commission expires