

EXHIBIT 4

THE NBA REFEREES' PENSION PLAN
APPLICATION FOR PENSION BENEFITS

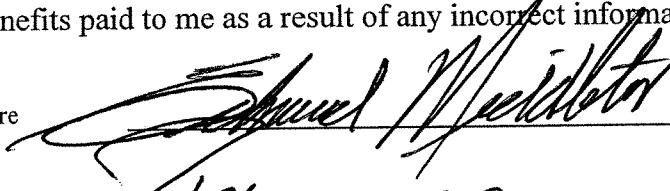
Page 2

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.

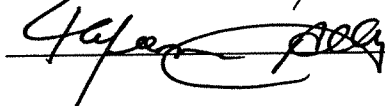
Participant's Signature



Date

6/13/06

Plan Representative



Date

6/16/06

Forms mailed or delivered to Participant

Date

June 5, 2006

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:
 100% of my single lump sum as a Direct Rollover to; or [] \$ _____ of my single lump sum payment as a Direct Rollover (with the remainder paid directly to me) to:

1. Traditional IRA 486 4547-1135
Name of Plan or IRA A.G.E.C.I.F. IRA Account No. (If applicable)
2. Ed Middleton
For the Benefit of
3. A.G. Edwards & Sons, IRA
Name of Trustee (or Custodian) of Plan or IRA to whom Direct Rollover is to be made
4. 73993 Hwy 111 #100 Palm Desert, CA 92260
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.

6/1/06
Date

Edmund Middleton
Participant's Signature

Edmund Middleton
Name (Please Print)

STATE OF CA)
COUNTY OF Riverside) ss.:

I, Michele M. Lulow, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Edmund Middleton 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 1st day of June 2006

NOTARY PUBLIC Michele M. Lulow

Commission expires 5/17/2010, 2010

