

Golf Retirement Plus™ Program

Mr. Pat Dalton Senior Director of Sales Administration and Operations FootJoy U.S. **Acushnet Company** 333 Bridge Street Fairhaven, MA 02719

Option #1

To be signed by both the financially responsible party authorizing another individual to receive Golf Retirement Plus program contributions and the individual receiving the contribution.

(If independently owned and operated, please skip to option #2 below)

Dear Mr. Dalton:

I serve in the capacity indicated below for the FootJoy direct account indicated below. The PGA Professional indicated below is an employee of our facility. We have been informed of the Golf Retirement Plus™ Program and of this employee's desire to participate in that program. We want to assist this employee's participation by making available for contribution to the Golf Retirement Plus™

Progra	m, account discounts or incentives offered to ι	is by FootJoy.	
or ince	capacity I have the authority to and do hereby a ntives for which this account would otherwise the shed by the PGA of America. This authorization is an outlified by us in writing.	be eligible, to the Golf Retirement Plus	[™] Program
	3	Respectfully,	
		Financially Responsible Party Title:	Date
		Title:Account Name:	
		FootJoy Account #:	
	oy acknowledge that my employer (indicated ab utions to the Golf Retirement Plus™ Program. utions.		
		PGA Ret+ Recipient PGA Member #:	Date
		FootJoy Account #:	
	Option of the contract of the		
		Name: PGA Member #: FootJoy Account #:	Date
Doforr	ed Payment Discount Option (applies to bo	oth entions above):	
Delett	ed i ayment biscount option (applies to be	ori options above j.	
	I would also like to select the Deferred Payment Discount Option and authorize FootJoy to direct early payment discounts which would otherwise be payable to such PGA Professional's employe to the appropriate Golf Retirement Plus™ account, in lieu of receiving such early payment discounts.		
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