

00002092L
JEFFERSON-PILOT LIFE INSUR CO
P. O. BOX 21008
GREENSBORO, NC 27420

00002092L
E.I.N. 56-0359860

CLIENT SERVICES
IF QUESTIONS CALL 800-487-1485

This Statement is Issued in Lieu of a 1099R US Information Return
or 5498 IRA Statement

MAURINE P HAMILTON 5070
9902 CHILDRESS DR
AUSTIN TX 78753

For Calendar Year
2002

Taxpayer ID Number
459-20-2593

2002 - 1099-R, DISTRIBUTIONS FROM PENSIONS, ANNUITIES,
RETIREMENT OR PROFIT-SHARING PLANS, IRAS,
INSURANCE CONTRACTS, ETC

	ACCOUNT NUMBER	
CONTRACT PAYMT	5070 0523940	
BOX 1	GROSS DISTRIBUTION	899.63
BOX 2A	TAXABLE AMOUNT	561.76
BOX 2B	TOTAL DISTRIBUTION	
BOX 7	DISTRIBUTION CODE	7
TOTAL GROSS DISTRIBUTIONS		899.63

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported. 1099R (OMB No. 1545-0119), 5498 (OMB No. 1545-0747).

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S name, street address, city, state, and ZIP code EMPLOYEES RETIREMENT SYSTEM PO BOX 13207 AUSTIN, TEXAS 78711 <i>867 7711</i>		1. Gross distribution \$ 22,700.64 2a. Taxable amount \$ 21,559.32	OMB No 1545-0119 2002 Form 1099-R	
PAYER'S Federal identification number 74-6000098	RECIPIENT'S identification number 458-24-4617	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/> 3 Capital Gain (included in box 2a) \$ 5 Employee Contributions \$ 1,141.32	4 Federal Income Tax withheld \$ 6 Net unrealized appreciation in employer's securities \$	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name, street address, city, state, and ZIP code ALFRED HAMILTON 580 COUNTRY RD 329 YOAKUM, TX 77995		7 Distribution code 7 IRA/SEP <input type="checkbox"/>	8 Other \$ %	
Account number (optional) 458-24-4617		9a Your percentage of total distribution % 10 State Tax withheld - \$ ----- \$	9b Total employee contributions \$ 11 State/Payer's state no. ----- \$	
ALFRED HAMILTON		13 Local Tax withheld - \$ ----- \$	14 Name of locality ----- \$	
				12 State distribution - \$ ----- \$ 15 Local distribution - \$ ----- \$

Contract Number

RET1216352

CORRECTED (if checked)

12/12/02

PAYER'S name, street address, city, state, and ZIP code

DEFENSE FINANCE AND ACCOUNTING SERVICE
US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

1 Gross distribution

\$ 71184.00

OMB No. 1545-0119

2002

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

2a Taxable amount

\$ 71184.00

Form 1099-R

PAYER'S Federal identification number

34-0727612

RECIPIENT'S identification number

458-24-4617

2b Total distribution

RECIPIENT'S name, address and ZIP code

RET1216352
ALFRED HAMILTON
580 CO RD 329
YOAKUM TX 77995-0000

4 Federal income tax withheld

\$ 11100.35

7 Distribution code

7

Copy 2

File this copy
with your
state, city, or
local income
tax return, when
required.

9 Your percentage of total distribution

%

10 State income tax withheld

\$

11 State/Payer's state number

016352

RETIRED

01012002-12312002

Form 1099-R

Department of the Treasury-Internal Revenue Service

2002

FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc.

Copy 2
File this copy with your state, city, or local income tax return when required.

PAYER'S name, street address, city, state, and ZIP code GARCO STATE OF TEXAS 11815 NORTH PENNSYLVANIA ST. CARMEL IN 46032 QUESTIONS? CALL (866) 595-2255		1 Gross distribution \$ 4117.26	2b Taxable amount not determined <input type="checkbox"/>
PAYER'S Federal identification number 35-1802779		2a Taxable amount \$ 4117.26	Total distribution <input type="checkbox"/>
RECIPIENT'S identification number 458-24-4617		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$
RECIPIENT'S name, street address, city, state, and zip code. ALFRED HAMILTON RT 2 BOX 319 YOAKUM TX 77995		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
		7 Distribution code 7	IRA/SEP SIMPLE <input type="checkbox"/> 8 Other _____ %
		9 Your percentage of total distribution %	9b. Total employee contributions \$
Account number (optional) 3248 SS003715		10 State income tax withheld \$	11 State/payer's state number TX/351802779
		12 State Distribution \$ 4117.26	
		13 Local income tax withheld \$	14 Name of locality 15 Local Distribution \$

ACCOUNT NUMBER:
UA7728312 7 1

PAYER:

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

IDENTIFICATION NUMBERS:

PAYER'S: RECIPIENT'S:
470322111 459-20-2593

RECIPIENT:

HAMILTON MAURINE P
9902 CHILDRESS DR
AUSTIN TX787534332

FOR INQUIRIES CALL 1 (800) 877-1038

1. GROSS DISTRIBUTION.....	3,496.17
2A. TAXABLE AMOUNT.....	3,496.17
2B. TOTAL DIST: NO TAX AMT NOT DET: NO	
3. LINE 2A FOR CAPITAL GAIN...	0.00
4. FEDERAL INCOME TAX WITHHELD	0.00
5. EMPLOYEE CONTRIBUTIONS OR INSURANCE PREMIUMS.....	0.00
6. NET UNREALIZED APPRECIATION IN EMPLOYER'S SECURITIES...	0.00
7. CATEGORY OF DISTRIBUTION..7 IRA/SEP/SIMP	
8. OTHER..... %.....	0.00
9A. YOUR % OF TOTAL DISTRIBUTION	0%
9B. TOTAL EMPLOYEE CONTR.....	0.00
10. STATE INCOME TAX WITHHELD.	0.00
11. PAYER'S STATE NUMBER...	

2002

DISTRIBUTIONS FROM
PENSIONS, ANNUITIES, RETIREMENT OR
PROFIT-SHARING PLANS, IRAS,
INSURANCE CONTRACTS, ETC.

COPY C
FOR RECIPIENT'S RECORDS

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1099R

ACCOUNT NUMBER:

UA7728306 7 1

2002

DISTRIBUTIONS FROM
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PROFIT-SHARING PLANS, IRAS,
INSURANCE CONTRACTS, ETC.

FOR INQUIRIES CALL 1 (800) 877-1038

PAYER:

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

1. GROSS DISTRIBUTION.....	2,790.00
2A. TAXABLE AMOUNT.....	2,790.00
2B. TOTAL DIST: NO TAX AMT NOT DET: NO	
3. LINE 2A FOR CAPITAL GAIN...	0.00
4. FEDERAL INCOME TAX WITHHELD	0.00
5. EMPLOYEE CONTRIBUTIONS OR INSURANCE PREMIUMS.....	0.00
6. NET UNREALIZED APPRECIATION IN EMPLOYER'S SECURITIES...	0.00
7. CATEGORY OF DISTRIBUTION..7	
8. OTHER..... %.....	0.00
9A. YOUR % OF TOTAL DISTRIBUTION	0%
9B. TOTAL EMPLOYEE CONTR.....	0.00
10. STATE INCOME TAX WITHHELD.	0.00
11. PAYER'S STATE NUMBER...	

IDENTIFICATION NUMBERS:

PAYER'S: 470322111
RECIPIENT'S: 459-20-2593

RECIPIENT:

HAMILTON MAURINE P
9902 CHILDRESS DR
AUSTIN TX787534332

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ACCOUNT NUMBER:
UA7762551 7 1

PAYER:

UNITED OF OHAMA LIFE INSURANCE COMPANY
MUTUAL OF OHAMA PLAZA
OHAMA NE 68175

IDENTIFICATION NUMBERS:

PAYER'S: RECIPIENT'S:
470322111 459-20-2593

RECIPIENT:

HAMILTON MAURINE P
9902 CHILDRESS DR
AUSTIN TX787534332

FOR INQUIRIES CALL 1 (800) 877-1038

1. GROSS DISTRIBUTION.....	7,200.00
2A. TAXABLE AMOUNT.....	7,200.00
2B. TOTAL DIST: NO TAX AMT NOT DET: NO	
3. LINE 2A FOR CAPITAL GAIN...	0.00
4. FEDERAL INCOME TAX WITHHELD	0.00
5. EMPLOYEE CONTRIBUTIONS OR INSURANCE PREMIUMS.....	0.00
6. NET UNREALIZED APPRECIATION IN EMPLOYER'S SECURITIES...	0.00
7. CATEGORY OF DISTRIBUTION..7	
8. OTHER..... %.....	0.00
9A. YOUR % OF TOTAL DISTRIBUTION	0%
9B. TOTAL EMPLOYEE CONTR.....	0.00
10. STATE INCOME TAX WITHHELD.	0.00
11. PAYER'S STATE NUMBER...	

2002

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ACCOUNT NUMBER:
UA7728307 7 1

PAYER:

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

IDENTIFICATION NUMBERS:

PAYER'S: RECIPIENT'S:
470322111 459-20-2593

RECIPIENT:

HAMILTON MAURINE P
9902 CHILDRESS DR
AUSTIN TX787534332

FOR INQUIRIES CALL 1 (800) 877-1038

1. GROSS DISTRIBUTION.....	8,000.00
2A. TAXABLE AMOUNT.....	8,000.00
2B. TOTAL DIST: NO TAX AMT NOT DET: NO	
3. LINE 2A FOR CAPITAL GAIN...	0.00
4. FEDERAL INCOME TAX WITHHELD	0.00
5. EMPLOYEE CONTRIBUTIONS OR INSURANCE PREMIUMS.....	0.00
6. NET UNREALIZED APPRECIATION IN EMPLOYER'S SECURITIES...	0.00
7. CATEGORY OF DISTRIBUTION..7	
8. OTHER..... %.....	0.00
9A. YOUR % OF TOTAL DISTRIBUTION	0%
9B. TOTAL EMPLOYEE CONTR.....	0.00
10. STATE INCOME TAX WITHHELD.	0.00
11. PAYER'S STATE NUMBER...	

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1099R

2002

H Maurine P. Hamilton
9902 Childress Dr
Austin, TX 78753-4332

Dorothy Milek
Tax Service

8100 Shoal Creek, Suite 101
459-4157
FAX 459-0067

P.O. Box 9846
Austin, Texas 78766

2002