

SECTION II. ELECTION

Please select the method in which you would like to receive your Distribution Election Amount by filling in the applicable circle below.

You must select only one option (A or B). An election is required in order for this Election Form to be valid.

- A. CASH: I elect 100% of the Distribution Election Amount, less any required tax withholdings, be paid directly to me as a cash payment. I understand that if my Distribution Election Amount is \$600 or more, the federal government requires 20% to be withheld for taxes. State tax withholding may also apply.
- B. ROLLOVER: I elect 100% of the Distribution Election Amount be paid as a direct rollover to the Roth IRA, or the non-Roth IRA named below. (Complete Section III.)

SECTION III. DIRECT ROLLOVER INFORMATION

If you selected a direct rollover in option B above, you are required to provide the information below. Your direct rollover distribution will be a check made payable to the financial institution or employer plan you name below. It will be mailed to you at your address as shown on the other side of this form. To complete the rollover, you will need to deliver the distribution check to the designated financial institution or employer plan. Please check with the financial institution or employer plan to find out the correct name and account information for the IRA or employer plan prior to returning the form to ensure that you are able to complete the rollover.

Choose one: Non-Roth IRA* Roth IRA*

IRA Financial Institution

Plan Name

Name of Account/Participant

Account Number

***ROTH vs. NON-ROTH IRA:** Amounts rolled over to non-Roth IRAs, along with their earnings, are taxable in the year you withdraw them from the IRA. Amounts rolled over to Roth IRAs are taxable in the year you make the rollover, and earnings in the Roth IRA are not ordinarily subject to income tax.

SECTION IV. AUTHORIZATION

I, the undersigned, make the election indicated above for payment of my Distribution Election Amount. If I selected a direct rollover, I represent that the IRA named above is a proper recipient for a direct rollover. I have reviewed the enclosed "Special Tax Notice Regarding Plan Payments" and understand the tax impact of my election. I also have been advised to discuss any tax implications with my personal tax advisor.

Participant/Beneficiary Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____

Complete and sign this form, then mail it by July 31, 2022. If you do not return a completed Election Form by the deadline, your Distribution Election Amount will be issued as listed in Section II A above; the Distribution Election Amount, less any required tax withholdings, will be paid directly to you as a cash payment. Forms can be returned by email to info@seventysevensettlement.com, or by mail to:

Snider v. Seventy Seven Energy Settlement Administrator
P.O. Box 8060
San Rafael, CA 94912-8060

