

If you intend to seek rollover treatment, provide all necessary information, e.g., IRA account name and number, trustee name and address, etc. here:

Please make check payable to: _____

NOTE: There is no promise or assurance that these funds are eligible for rollover or tax-preferred treatment. The decision to seek rollover treatment is yours alone. Any questions about taxation or rollover treatment must be directed to your tax advisor or accountant. No one associated with this case can provide you with assistance or advice of any kind in this regard or answer any tax questions. Similarly, no promise or assurance is or can be made in regard to any actual or potential actions or positions of the Pension Benefit Guarantee Corporation in relation to the Correlated Pension Plan or otherwise.

***1* Signature (Required):** _____ **Date:** _____

Required Certification Regarding Qualified Domestic Relations Order (QDRO): I hereby certify and represent under penalty of perjury that no portion of the payment to be received hereunder is subject to a QDRO, or, that a true and accurate and current copy of any applicable QDRO is attached hereto along with name and address of any payee other than Class Member. Payment will be made in accordance with any QDRO supplied.

***2* Signature (Required):** _____ **Date:** _____

Deceased Class Members

The executor, heirs, assigns, estate, personal representative or successor-in-interest to a deceased Class Member must provide the following information with this Claim Form to **Rockford Settlement, c/o Strategic Claims Services, 600 North Jackson Street, Suite 3, Media, PA 19063:**

- Evidence that such person is authorized to receive distribution of the deceased Class Member's settlement payment and the name and if applicable the percentage entitlement of each person entitled to receive distribution;
- Social Security Number of each person entitled to receive payment;
- Current mailing address of each person entitled to receive payment; and
- Person(s) to whom check(s) should be made payable, and amount(s) of check(s).

Rockford Settlement
c/o Strategic Claims Services
600 N Jackson Street - Suite 3
Media, PA 19063

[id]
[name]
[address]
[city st zip]