

Westlake ERISA Settlement

Class Member Payment Election Form

If you were a participant in a defined contribution retirement plan known as the Westlake Services Holding Company Employee Stock Ownership Plan (the “Plan”) whose employment with Westlake or any of its affiliates terminated between January 1, 2019 and March 31, 2020 (the “Class Period”), at which time you had an account balance in the Plan greater than \$5,000, or are a Beneficiary or Alternate Payee (in the case of a person subject to a Qualified Domestic Relations Order) of such a participant, and would like your amount payable to be paid to your retirement account as a rollover, you must complete the form below and mail it to:

Westlake ERISA Settlement Administrator
600 N. Jackson Street, Suite 205, Media, PA 19063
to be received NO LATER THAN JANUARY 2, 2025.

“Beneficiary” or “Alternate Payee” means, for the purposes of this Class Member Payment Election Form, a Beneficiary or Alternate Payee of a participant in the Plan who maintained an account balance greater than \$5,000 in the Plan during the Class Period.

PARTICIPANT INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____

Participant’s Social Security Number: _____

Email Address: _____

Phone: _____

Participant’s Date of Birth: _____

PAYMENT ELECTION

_____ **I WANT A CHECK MADE PAYABLE TO ME AND MAILED TO ME.** Choosing this option entails the Settlement Administrator withholding 20% or more of your total payment for tax withholdings. The Settlement Administrator will mail your check to the Name and Address listed above.

_____ **I WANT A CHECK MADE PAYABLE TO MY RETIREMENT ACCOUNT AS A ROLLOVER**

Account Name: _____

Account Number: _____

Contact or Trustee (if required): _____

Mailing Address: _____

DISTRIBUTION 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.

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, accurate, and current copy of any applicable QDRO is attached hereto along with the name and address of any payee other than the Class Member. Payment will be made in accordance with any QDRO supplied.

Signature (Required): _____

Date Signed (Required): _____

DECEASED CLASS MEMBERS

Deceased Class Members are not eligible for rollover treatment. A Beneficiary of a deceased person who was a participant in the Plan at any time during the Class Period, including executors, heirs, assigns, estates, personal representatives, or successors-in interest, must provide the following information with this Class Member Payment Election Form to Westlake ERISA Settlement Administrator:

- Death certificate and 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 percentage amount(s) of check(s).

BENEFICIARY INFORMATION

(only provide if this person should receive payment instead of the participant)

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____

Beneficiary’s Social Security Number: _____

Email Address: _____

Phone: _____

Beneficiary’s Date of Birth: _____