

**MRMC Employee Stock Ownership Plan
SETTLEMENT PAYMENT DISTRIBUTION ELECTION FORM
FOR FORMER ESOP PARTICIPANTS**

PLEASE COMPLETE THIS FORM ONLY AFTER YOU HAVE READ AND UNDERSTOOD THE ACCOMPANYING CLASS NOTICE AND SPECIAL TAX NOTICE. IF YOU DO NOT RETURN THE FORM, YOU WILL RECEIVE YOUR PORTION OF THE SETTLEMENT, AFTER APPLICABLE TAXES ARE WITHHELD, BY CHECK

Participant Name: _____

Address: _____

STEP I: ROLLOVER OR DIRECT PAYMENT

Box 1 **ROLLOVER:** I elect to have all of my settlement payment under the ESOP paid in a “direct rollover” to the IRA (Individual Retirement Arrangement) or Other Qualified Employer Plan indicated below:

Financial Institution or Name of Plan: _____
Account# _____

Check here **if electing a rollover to a Roth IRA.**

Please note if you elect a rollover, the rollover check will be mailed directly to you. It will be your responsibility to deliver the rollover check to your rollover institution along with any other forms they require you to complete.

Box 2 **DIRECT PAYMENT:** I elect to have all of my settlement payment under the ESOP paid directly to me.

Please complete the following tax information if you would like additional tax withheld.

Federal Tax Withholding: 20% Mandatory Additional: _____

State Tax Withholding: Variable % Additional: _____
(Mandatory withholding may also apply depending on your State)

STEP II: SIGNATURE AND DATE

By signing below and returning the form, I consent to distribution of the settlement payment and affirmatively waive the unexpired portion of the minimum 30-day notice period during which I am entitled to consider this election.

Date: _____ Signature _____

Phone: _____ Print Name _____

Social Security # _____ Email: _____

You can make your election by returning this postage-paid card or return via e-mail to info@MRMCESOPSettlement.com by **September 10, 2020**