

4. Delivery Method (Choose *only one* of the following.)

- A. **First-class mail.** Check will be mailed via U.S. Postal Service.
- B. **Priority delivery.**
 - Not available for P.O. boxes or nonstreet addresses.
 - A transaction charge of \$15 will be applied to your account.
 - Your withdrawal check will be sent via priority delivery after your withdrawal request has been processed (no Saturday or holiday delivery). A withdrawal request normally takes 3–5 business days to process if received in good order before the close of the New York Stock Exchange (usually 4 p.m., Eastern time).

5. Amount of Withdrawal (Choose *one*)

- A. **Full Balance.** Withdraw the entire amount held in all of the investment options in my account, discontinue my automatic Investment Plan (if applicable), and close this account. If you contribute to your account through payroll direct deposit, you must notify your employer to cancel these contributions.
- B. **Partial amount as follows. (Important:** If the dollar amount you indicate for a particular investment option exceeds the amount available for withdrawal, we will liquidate the entire balance of that investment option.)

Name of Investment Option	Dollar Amount (for partial amounts)	OR	Total Balance (Check if applicable)
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"><input type="text"/><input type="text"/></input>	<input type="checkbox"/>	<input type="checkbox"/>

6. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent and agree to all terms and conditions of the Brighter Future Advisor Plan Program Description and Participation Agreement and understand the rules and regulations governing withdrawals from my Brighter Future Advisor Plan account. I also certify that the information provided on this form is accurate and hereby instruct the Brighter Future Advisor Plan to distribute my account as I have indicated.

➤ SIGNATURE
Signature of Account Owner

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Date (mm/dd/yyyy)