

**Instructions for Completing The Lubrizol Corp. Employees' Profit Sharing and
Savings Plan
Application for Rollover Distribution**

Recipient Information

1. Write the Name of the Recipient.
2. Write the Social Security Number of the Recipient.
3. Write the Daytime Phone Number and Address of the Recipient.
4. Please check the appropriate distribution type. If you are an alternate payee (QDRO recipient) or beneficiary, please check the appropriate box.

Rollover Distribution

1. Indicate the percentage or actual dollar amount (partial distributions only) of Rollover Distribution. **Please note, if you are currently receiving installment payments, you cannot request a partial distribution.**
2. Check the box to roll over pre-tax only or pre-tax and after-tax. By checking pre-tax only, your after-tax contributions will be paid directly to you.
3. Check the box to designate if the distribution will be rolled over to an IRA, Qualified Plan, or Roth IRA. Write the Name of the IRA or Qualified Plan. **Please note if you are rolling over Roth dollars, you can only elect Roth IRA.**
4. Check the box to state that the IRA or Qualified Plan is an eligible retirement plan under Section 402(c)(8)(B) of the Internal Revenue Code of 1986, as amended.

Payment Election (Both Profit Sharing and 401(k) portions will be distributed at the same time. If you have Roth 401(k) money, you must check off the box under the Taxable Distribution section if you would like the money distributed.)

1. Choose Cash or Shares for your **Berkshire Hathaway Stock Fund** balance. All other 401(k) Funds will automatically be distributed in cash.
2. Choose an option for payment:
 - **Mail check directly to participant**- A check will be mailed to the address on file.
 - **Wire Transfer** *- Payment will be wired to the rollover institution bank account provided in the Wire transfer section. Please provide **complete** wire instructions and a signature guarantee for this option. A signature guarantee can be obtained from a Federally Insured Bank. The recipient must sign the wire instruction section as well. If you have any questions, please call the Information Line at 1-866-597-4015.

***Please note, wire requests will not be processed if any of the fields are incomplete or if a Signature Guarantee is not included.**

Signature

The recipient must sign and date the form. Send completed application to:

**Attn: Lubrizol Plan Administration
PO Box 389
Hartford, CT, 06141**



The Lubrizol Corporation Employees' Profit Sharing and Savings Plan Application for Rollover Distribution

Read the instructions for completing this form. Incomplete information can result in delays in processing your application. This form must be provided with a Signature Guarantee if you are requesting a wire transfer.

Recipient Information - Please Print

Name of Recipient:

Social Security No.:

Daytime Phone Number.:

Address:

Distribution Type: (please check one) ☐ Termination ☐ Disability ☐ Beneficiary ☐ Alternate Payee (QDRO)

Rollover Distribution

Check all boxes and complete information, as applicable.

_____ % Make payment to the new trustee/custodian

\$_____ Make payment to the new trustee/custodian (Partial distributions only)

☐ Pre-tax
only

☐ Pre-tax and
after-tax

☐ Please distribute my Roth 401(k) balance**

** Please note, this box must be checked off to receive your Roth 401(k) balance.

Where are the funds going? Choose either a qualified plan or IRA

☐ IRA (Name):

☐ Qualified Plan (Name):

☐ Roth IRA (Name):

☐ I hereby represent that the above-named IRA(s)/qualified plan(s) is an eligible retirement plan under Section 402(c)(8)(B) of the Internal Revenue Code of 1986, as amended.

Payment Election - Both the Profit Sharing and 401(k) portions of your account will be distributed at the same time.

☐ Rollover my Berkshire Hathaway Stock Fund Balance according to my election below:

☐ Cash

☐ Shares of Stock (in-kind)

All other funds will automatically be distributed in cash.

NOTE: If you have a balance in the Berkshire Hathaway Stock Fund and you do not complete this section, your distribution form will be rejected.

Choose one option (Mark with an X)

☐ Mail check directly to participant. The recipient is responsible for delivering the check to the rollover institution.

Credit to Institution Name:

Participant Acct No.:

☐ Wire transfer to institution. Complete the following information for a Wire transfer to the rollover institution. A Signature Guarantee must be provided for Wire transfer processing.

Institution ABA No.:

Institution Acct No.:

Participant Acct No.:

Receiving Bank Name:

Credit to Institution Name:

Receiving Bank Address:

DTC # (for distribution of in-kind shares):

Contact Person:

Telephone No.:

X

X

X

Date

Recipient Authorization to Wire Funds

Signature Guarantee SEAL

Signature

X

X

Date

Recipient Signature

Send completed application to: Voya, Attn: Lubrizol 401(k) Administration, P.O. Box 389, Hartford, CT 06141