

The Lubrizol Corporation Employees' Profit Sharing and Savings Plan

ROLLOVER CONTRIBUTION ELECTION FORM

STEP 1: PLEASE ENTER YOUR PERSONAL INFORMATION HERE PLEASE PRINT CLEARLY

Name
First MI Last

Street Address

City State Zip

Date of Birth / / Date of Hire / /

Social Security Number

Daytime Telephone Evening Telephone

☐ I hereby elect to make a rollover contribution* to The Lubrizol Corporation Employees' Profit Sharing and Savings Plan in the amount of: \$

As evidenced by the attached documentation, this amount does not exceed the taxable amount which I received within the past 60 days from my former employer's qualified plan, 457 plan or from the conduit IRA to which I rolled over the amount originally received from my former employer's qualified plan.

* Please note: The amount should be the total amount of your rollover contribution.

STEP 2: PLEASE CHOOSE YOUR PLAN INVESTMENTS BELOW

Please select how you would like your Rollover Contribution to be invested. Allocation may be made in 1% increments, and must total 100%. If you would like to review information on the available investment choices, please call the Plan Information Line or visit the Plan's website.

Lubrizol Stable Value Fund	%	Templeton Institutional Foreign Smaller Co Fund	%
Baird Aggregate Bond Fund	%	DFA Emerging Markets Portfolio	%
State Street Russell Large Cap Value Index Fund	%	Berkshire Hathaway Stock Fund *	%
State Street S&P 500 Index Fund	%	State Street Target Retirement Income Fund	%
State Street Russell Large Cap Growth Index Fund	%	State Street Target Retirement 2020 Fund	%
Vanguard Selected Value Fund	%	State Street Target Retirement 2030 Fund	%
MassMutual Mid Cap Growth Fund	%	State Street Target Retirement 2040 Fund	%
DFA Small Cap Value Portfolio	%	State Street Target Retirement 2050 Fund	%
Hartford Small Cap Growth HLS Fund	%	State Street Target Retirement 2060 Fund	%
Fidelity Advisors Diversified International Fund	%		

TOTAL 100%

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*There is a maximum allocation of 50% into the Berkshire Hathaway Stock Fund. If your investment allocation percent into the Berkshire Hathaway Stock Fund exceeds 50% on this form, the difference will automatically be invested in the State Street Target Retirement Fund that most closely corresponds to your normal retirement date.

STEP 3: PLEASE READ INSTRUCTIONS AND SIGN BELOW

By signing below, I certify that a description of each investment alternative offered under the Plan has been made available to me—including a description of the investment objectives, the risk and return characteristics, the type and diversification of the assets of each alternative, and the transaction fees and expenses that will be charged to my account if I purchase or sell interests in each investment. A prospectus for each mutual fund which is an investment under the Plan and a brochure for each investment which is a collective fund have been made available to me. I realize that I will not be able to vote any securities held in my plan account. Decisions about voting securities will be made by my company on behalf of the Plan. I may, upon request, receive the latest information made available to the Plan concerning annual operating expenses of each investment alternative, including investment management fees, administrative fees, and transaction costs that reduce the rate of return to participants and beneficiaries; the aggregate amount of annual operating expenses expressed as a percentage of average net assets of each investment alternative; copies of prospectuses and financial statements; and performance information relating to the value of shares or units as well as past and current investment performance, net of expenses, for each alternative.

I have attached the following:

- A copy of the distribution statement from my prior plan demonstrating that the original source of the fund is a qualified retirement plan (or 457 plan). For rollovers from a conduit IRA, I have attached the most recent account statement.
- If the rollover contribution is from a former employer's plan, please print the name of your former employer. If the rollover contribution is from a conduit IRA, please print the name of the financial institution that provides your conduit IRA account.
- A check made payable to "Voya Institutional Trust Company, for the Benefit of (Your Name)" for the amount of the rollover contribution. No personal checks will be accepted.

I hereby certify that my distribution qualifies as an eligible rollover distribution.

Financial Institution or Retirement Plan Sponsor

I hereby certify that my rollover contribution consists of Pre-tax money.

NOTE: ROLLOVER CONTRIBUTIONS WILL BE PROCESSED AFTER THIS FORM, A CHECK, AND THE PROPER DOCUMENTATION HAVE BEEN RECEIVED AND APPROVED. REMEMBER TO MAKE A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.

Under the penalties of perjury, I certify that the number shown on this form is my correct Social Security Number or Taxpayer Identification Number.

Signature

Date

Forward this completed form with your check and required documentation to:

Voya Financial
Attn: The Lubrizol Corporation Employees' Profit Sharing and Savings Plan
P.O. Box 55772
Boston, MA 02205-5772